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REPORT OF BEST PRACTICES EXCHANGE

**INTIT - Transnational Exchange
BARNAHUS AND TRAUMA INFORMED SERVICES**
March 17th and 26th, 2021



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I.N.T.I.T Transnational Exchange
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The first transnational exchange focused on the provision of care and services for child victims of violence in relation to Barnahus models operating in Cyprus, Estonia, Germany and Spain as well as other trauma informed care and prevention models with emphasis on services integration and cooperation with other agencies.

Participating experts presented the following practices:

Cyprus

- Barnahus in Cyprus (Tania Masia, “Hope for Children” CRC Policy Center)
- Best Practices in working with abused children in Cyprus (Alexandra Iacovidou Kameri, “Hope for Children” CRC Policy Center)

Estonia

- Children’s House (Anna Frank-Viron, Child Protection Department, Social Insurance Board)
- Multi-agency cooperation in service provision to traumatized children in Estonia (Kati Valma and Marge Green, Nõmme District (Tallinn) Social Welfare Department)

Italy

- The First 1000 Days (Mariella De Santis, Senior Social Worker specialized in institutional empowerment, Ministry of Health)
- Towards a national plan and guidelines for interventions with child victims of abuse and maltreatment: pillars and envisaged intervention strategies (Cristiana Coviello, National Observatory on Childhood and Adolescence)
- The GIADA project to contrast, diagnose and provide early treatment for different forms of violence against children in the South of Italy (Grazia Maria Foschino Barbato, Pediatric Hospital “Giovanni XXIII” od Bari)

Germany

- Childhood Haus (Anne Eberstein, World Childhood Foundation)
- Kind in Diagnostik (KID) – Children in Diagnostics: Assessment of Child Victims of Violence (Ramdas Weichert, KJHV, Association of Child and Youth Services in Berlin)

Spain

- Barnahus in Terragona, Catalonia (Ester Cabanes, Attention to Children and Adolescents of the Government of Catalonia)
- Trauma Informed Care for Child Victims of Sexual Assault in Spain (Alberto Rodriguez Beceiro, Foundation Meniños)

The exchange saw the presentation of 10 practices and one set of elements that should inform national guidelines regarding to trauma informed care and services for child victims of violence with the presentation of Barnahus models in four countries (Cyprus, Estonia, Germany, and Spain). The variety of models and practices allowed for a rich exchange of knowledge and experiences that highlight the multiple means by which similar services can be provided and how local and national needs and cultures influence and shape service development. This summary report looks at both the differences and commonalities and how these factors influence service provision.

The practices presented represent various methods of adopting a trauma informed approach with varying levels of services integration and multi-agency cooperation.

Barnahus Adaptations

The various Barnahus models (in Cyprus, Estonia, Germany, and Spain), while representing different approaches and at different levels of development and implementation, all adhere to a recognized best practice that bring together trauma informed elements with a “under one roof” multi-disciplinary, multi-agency approach to child friendly justice. Key considerations brought into evidence by the practices include:

- Reason for development
- The founding organization or body (public or private) and funding sources
- Physical structure (i.e., adaptation of existing building or construction of a new facility)
- Scope (e.g., only sexual abuse and violence, different forms of abuse and violence; geographical scope)
- Multi-agency cooperation
- The legal system and requirements related to child testimony
- Child friendly measures
- Referral procedures

All Barnahus presented share the common principle of providing treatment of services under one roof in accordance with child friendly principles. The first and perhaps most fundamental determinant of the nature of the Barnahus rests in *why* it was initiated and *by whom*.

Ultimately, Barnahus result from the identification of a need to address problems or failures in

the existing system in regards to the way children are treated when there is reason to believe that the child has been a victim of abuse (e.g., national study demonstrating the prevalence of sexual abuse).

Why? The Reason for Developing a Barnahus

The Barnahus model provides a ready template for addressing common challenges associated with child victims of violence supported by the PROMISE Barnahus Network to which all presented practices belong. Ultimately, Barnahus represent a demonstrated best practice for assisting child abuse victims that nonetheless requires an investment and re-thinking of the service system procedures within different systems.

Presented practices point to the central role played by child sexual abuse in driving the development of Barnahus as this is viewed as a particularly difficult form of abuse to address while protecting and treating the child and enabling the effective functioning of the justice system. Countries such as Estonia and Cyprus developed Barnahus after recognizing the problems inherent in the current system and problem prevalence. Ultimately, it is important to have a documented need for Barnahus in order to gather the necessary support from public and/or private actors and practitioners. Any country or body considering establishing a Barnahus needs to verify the possibility of involving all relevant public and private actors with police, prosecutors and the judiciary being essential.

Who? The role of public and private actors

Barnahus may be operated and funded by public and/or private actors. Presented models represent three different forms:

- 1) *Completely public* in that the Barnahus is both funded and operated by a public body/authority as is currently done in Estonia and Catalonia, Spain.
- 2) *Public funding, private operation*: in this model (utilized in Cyprus), a public authority pays a private organization to operate Barnahus in accordance with specific guidelines.
- 3) *Private funding and operation*: this model, currently operational in Germany, allows for the development of Barnahus by private actors without the need for public funding or political backing, making it possible to develop Barnahus without addressing potentially complex governmental funding and services provision issues. This model, however, requires a certain amount of work in order to ensure that it can cooperate with public services and play a role in the judicial system. Funding may also be more precarious if the initial funding source aims to switch the funding model once the Barnahus has been well-established as is the case with the Childhood Foundation in Germany, which sets up

each “Childhood Haus” in cooperation with other actors (including public) with the intent of finding alternative future funding in order to make it sustainable. *Privately run Barnahus must be able to involve and cooperate with the police, prosecutors, judicial system, social services, and other relevant actors.*

Physical Structure

Beyond providing all services “under one roof” with a designated room for each service, the physical structure and location all play a role in making the Barnahus more or less child friendly. While each practice presented utilizes a different approach, key features are essential:

- Child at the center: create child friendly spaces with the child in mind with a focus on color, furniture and other child friendly features regardless of whether it is a newly built or existing facility
- Think about how children view and react to the space potentially asking their input in naming and designing rooms (e.g., refer to the room used for forensic examinations as the health room)
- Location matters: the Barnahus should be in a non-threatening, safe, child friendly area with appropriate architecture.

Scope

While the Barnahus standard states that the Barnahus should welcome *all* child victims of violence and abuse, the reality in many countries is more limited with a tendency to focus on sexual assault as is the case in Cyprus, Estonia and Spain whereas German “Childhood Haus” also address physical violence.

Limitations in scope in the involved countries reflects a broader concern about resources and the current stage of development. Catalonia, for example, has just started setting up its first Barnahus as a pilot project with long-term development plans, whereas Cyprus and Estonia point to limitations in the availability of resources to include other forms of abuse as well as plans on developing Barnahus in other geographical areas to ensure coverage beyond the major cities.

The issue of “eligible” cases appears connected with a concern that opening up the Barnahus to all forms of violence and abuse would greatly increase the number of cases making it, at present, impossible for the currently established Barnahus to deal with them. At the same time there is a recognition that during interventions in cases of child sexual abuse, as well as in cases of physical violence, the risk that juvenile justice procedures expose the victim to re-victimisation is particularly high, since the victim has to undergo medical examinations, has to participate in police and forensic interviews where she/he is forced to repeat his/her story

again and again and the number of professionals and services that come into contact with the child for social and health care procedures is large. It is therefore particularly important that multi-agency collaboration strategies are established to avoid the risk of re-victimisation by the care system and this is why some countries choose to have all the relevant professionals on the case working as a stable specialized team and under the same roof.

At the same time, the Estonian Barnahus model, while currently limited to sexual abuse, is considered a work-in-progress with continuous adaptations and development including innovative changes such as the incorporation of restorative justice practices. Such an approach has the potential to allow for the gradual development of more extensive and innovative Barnahus once a basic foundation – in this case services for sexual abuse – has been established. This gradual approach can be seen in the other countries where each is or has started with one service with a clearly defined scope.

Multi-agency cooperation

The Barnahus model depends on multi-agency cooperation, bringing together external services (e.g., police, prosecutors, medical personnel, social services) with in-house personnel (e.g., social workers, psychologists, youth workers). While the legal frameworks and practices vary from country to country (notably in relation to which evidence is permissible in court and whether a child victim must give in-court testimony), police, prosecutors and social services must be part of the services integration in order to ensure that child testimony and forensic evidence is collected in accordance with legal standards that ensure the highest degree of protection for the child and child friendly justice as well as the necessary protections and services outside of the justice system.

Cooperation is important not only for managing the case, but also in the collection of evidence as psychologists and social workers can play a critical role in supporting the child during forensic interviews and examinations. The means, however, varies by country as each has its own standards and legal requirements. Regardless of who conducts the forensic interview (e.g., a specially trained police officer alone or accompanied by other professionals such as a psychologist), it is important to allow for the involvement of other professionals (e.g., psychologist, social worker) to ensure that the interview does not cause undue stress for the child or violate his/her rights.

Legal framework

The specific nature of the multi-agency cooperation as well as the overall functioning of the Barnahus and level of child friendly justice ultimately depends on the country's legal framework and requirements placed on the giving of testimony by child victims. Ideally the child should not have to give any testimony or provide evidence outside of the Barnahus, which in turn takes

steps to ensure that forensic testimony and medical examinations (including forensic examinations) are reduced to a minimum and done in a child friendly manner. Countries that do not allow for this and require in-court testimony (such as Cyprus) have fundamental limitations in their capacity to assure child friendly justice for child victims.

Child friendly, trauma informed measures

Barnahus are, by definition, designed to be child friendly and trauma informed as their development derives from efforts to reduce the trauma imposed by the system involved on child victims of abuse. As such, the greater the capacity to achieve services integration and child friendly justice, the greater the level of trauma informed practice. Child friendly, trauma informed measures are not limited to these realms however and the practices presented demonstrated key principles of child friendly design in relation to the physical building and space as well as other measures such as asking the children to give input on the design and creation of the space (in Estonia) as well as utilization of extra aids such as dogs who accompany the child throughout (in Cyprus and Spain). Giving the children a say in the design of the space when setting up a Barnahus reflects a key principle of trauma informed care that affects not only the children involved, but all children utilizing the space who benefit from the input. In the Estonian case this included giving a child friendly name to the forensic examination room, which the children suggested be called “health room” thereby changing the nature of the experience from deficit or problem identification to something positive. Such opportunities for child involvement may play a key role in the further development of Barnahus that are not only designed for children, but also, in part, by the children who use them.

Other Trauma Informed Practices

While the Barnahus model is growing, there are a number of other practices and services that provide trauma informed care and treatment to child victims of abuse while supporting – to various degrees - child friendly justice. The practices include early prevention (the first 1000 days), identification, treatment, social services and protection, justice-system involvement, and special services for children whose needs have not been addressed by the system. In looking at these various practices we see different services that have grown out of locally or nationally identified needs that embody trauma informed principles and services integration to various degrees.

The discussion that follows focuses on the key features of each practice and how these reflect trauma informed principles and multi-agency cooperation/services integration.

GIADA (Apulia Region, Italy)

GIADA represents an innovative development in Italy that brings together trauma informed care, trauma specific services and services integration that includes cooperation with the justice system as part of an ongoing effort to: identify abuse and violence early, provide appropriate treatment and services, and establish child friendly justice for victims of abuse. Key features of the service include:

- Early detection and identification of less evident forms of abuse (primarily in hospitals and by family doctors/pediatricians)
- Multi-agency network of services for referral (from pediatricians) and case management
- Cooperation with prosecutors to ensure child friendly justice in the collection of forensic evidence
- Utilization of a trauma informed approach and trauma specific services
- The integration of the principles of trauma informed care in the organisation of the service system targeting children exposed to violence at regional level in collaboration with the Apulia Region. The system is based on the existence of level I, II and III territorial teams and the appointment of trauma managers in each service.
- Training and outreach to involve the entire region, including more remote rural areas and regular audits

First 1000 Days (Italy)

Established in 2018, this national policy aims to prevent abuse by taking action during the prenatal phase, following parents and child from the time of conception (or contact with health services) in order to inform parents on a general level, identify potential risks and take appropriate action by engaging and supporting parents. While in its infancy, the policy has the potential to offer general prevention throughout the country effectively improving the lives of parents (reduction in smoking, drinking or other at-risk behaviors; interventions in the case of domestic violence; increase in behaviours that promote good health for the child and his/her parents) and to establish a multiagency network that can cooperate at an early stage on potential risks and follow up in a synergic way.

Round table (Estonia)

The round table utilized by social services in Estonia provides a multi-agency tool for handling cases of abuse involving multiple service providers with the goal of ensuring the well-being of every child involved. Based on the Sennet's social triangle, the model effectively ensures multi-

agency cooperation on a case-by-case basis, involving the appropriate actors for the individual case, while reflecting some trauma informed principles such as equal status amongst all roundtable participants, respect and trust. The roundtable does not adopt a trauma informed approach per se in relation to the child and his/her family, but can be viewed as a tool for promoting multi-agency cooperation within a trauma informed system.

Kind in Diagnostik (Germany)

This service (KID) is targeted to children who find themselves outside in a crisis situation or need care that has or cannot be provided by other services (children who have fallen through the “cracks” in the system). KID represents a re-thinking of the approach to children, moving away from the management of symptoms to the recognition that symptoms are rational adaptations to difficult situations in the child’s life. The approach is inherently trauma informed in its view of the basis for acting out and other “problematic” behaviors in children and aims to create a safe place for children to receive treatment and services in accordance with his/her needs. KID works both with the family and within a multi-professional system that includes trauma specific treatment.

The switch from a deficit-based normative focus in care to subjective significance based care can be interpreted within a trauma informed framework in that subjective significance based care recognizes the child’s biographical experiences, aims to understand the emotional and social significance of the child’s behavior and actions (they exist for a “good reason”), recognizes the limitation of factual dimensions, and places primary attention on psychosocial, emotional and relationship dynamics. Ultimately, viewing children as capable and adaptive individuals who have done what they needed to do to survive in a given environment makes it possible to build on their strengths while simultaneously creating a safe environment in which the adaptive mechanisms are not necessary, enabling the child to learn and adopt new behaviours.

Trauma Informed Care for Child Victims of Sexual Assault (Spain)

The work of Foundation Meninos with child victims of sexual assault is based on a trauma informed care approach, albeit with certain restrictions or limitations in that it: does not provide diagnoses, does not give testimony or provide evidence for use in court, and is limited in its level of multi-agency cooperation. The service can be viewed as trauma focused in relation to care and services provided within the organization in addition to communication as needed with the referring agency. As such it works solely with child victims of sexual assault and provides various forms of evidence-based therapy and treatment.

Conclusion

The practices presented demonstrate the variety of trauma informed services and treatment for child victims of violence available in EU member states. This variety allows for the identification of key elements, notably in the development of Barnahus that aim to adhere to clearly defined quality standards developed by the PROMISE Barnahus Network. These standards, as well as the experiences of the Barnahus in partner countries, point both to the potential for individual adaptation and development as well as the need to adhere to key standards and principles. Of fundamental importance is the recognition that they are a work in progress with the potential for continual development and innovation. It is, in essence, better to start small than to not start at all. Furthermore, the impetus for development can come from either the public or private sector with the understanding that public sector buy-in and support is fundamental both to operation and long-term sustainability.

Other trauma informed practices and policies can be seen as developing out the local or national context, based on identified needs and organizational and/or political desire for change. Broadly speaking, there is growing recognition of the prevalence of abuse, much of which has historically been invisible or, when recognized, ignored. The groundbreaking work initiated by the Pediatric Hospital “Giovanni XXIII” provides one such example as it became increasingly aware of previously unrecognized signs of trauma in children as well as studies undertaken to measure incidence (as in the national study of sexual abuse in Cyprus, which led to the creation of the Barnahus).

Therapeutic approaches are also increasingly trauma informed and/or trauma specific as evidenced by Kind in Diagnostik and the work of Foudation Meninos. Taken together, the practices demonstrate a shift in mindset in identifying, approaching and providing services to child victims of abuse and maltreatment regardless of whether they enter the criminal justice system pointing to the need to change at the systemic/policy level with the institution of policies and services accessible by the entire population including rural and remote areas that are traditionally underserved, multi-agency operational level (with multi-agency cooperation characterized by mutual respect and trust), and in the provision of trauma informed and specific services for all children and their families regardless of criminal justice system involvement or outcomes.



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