



UNDER

ONE ROOF



Save the Children

Children's Houses:
a resource for supporting victims of child sexual abuse,
and their families, in Catalonia

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“The Barnabus considers the journey from disclosure of violence to recovery through a child’s eyes”¹

¹ Original quote from the PROMISE Project.

TABLE OF CONTENTS

01 THE CURRENT RESPONSE TO CHILD SEXUAL ABUSE IN CATALONIA

The situation of child sexual abuse victims in Catalonia

A significant, yet largely unknown, problem

A confusing care system

The legal process does not ensure the child's best interests

02 WHAT ARE CHILDREN'S HOUSES?

Children's Advocacy Centres and Barnahus: what are they and what do they do?

The Children's Advocacy Centre model in the United States

The Barnahus model in Europe

Barnahus quality standards

03 A NEW MODEL IS POSSIBLE IN CATALONIA

What is the current situation in Catalonia?

Applying the Barnahus quality standards in Catalonia

The Icelandic Barnahus model, an example to follow in Catalonia

Legal difficulties in implementing the Barnahus model in Catalonia and Spain

04 PROPOSED PILOT PROJECT FOR A CHILDREN'S HOUSE IN CATALONIA

The departments involved

The space

The professionals

The training of professionals

The end-users

The families

05 CHILDREN'S HOUSES IN CATALONIA: WHY ARE THEY NECESSARY?

06 RECOMMENDATIONS

INTRODUCTION

When it comes to protecting children from sexual abuse, everything makes a difference.

By knowing more, we can offer a better response.

By increasing awareness of the problem, more children will be protected.

By detecting more cases, we can provide services better suited to the needs of the victim.

The Catalan system's current response to child sexual abuse is insufficient. Instead of adequately protecting children who have suffered abuse, it puts them through a long and complicated process that does not facilitate their recovery. **Rather than alleviating the problem, the current system adds to it.**

Catalan society has made great strides in addressing the problem of child sexual abuse. The first step was to generate awareness and admit loudly and clearly that child sexual abuse exists. This made it possible to create resources to provide support to the victims.

However, we did not build on this. We did not take the second step, which is decisive in providing children with the protection they need. Many other countries have taken this step. Instead of simply reacting to the consequences of sexual abuse, they have adopted a proactive stance and system to deal with this problem.

The second stage involves solid cooperation between the different departments involved in handling cases of child sexual abuse. In the United States and in many European countries, **the departments of justice, interior, child protection, and health work together under one roof** to offer victims of child sexual abuse the best, fastest, most coordinated and efficient care possible in order to aid their recovery. The time has come for Catalonia to take this step and say, **'Working together is the solution.'**

At Save the Children, we cannot stand by and watch children go through this ordeal, and we want to provide solutions that will reduce their suffering. Faced with this situation, we felt it was our responsibility to find the best practices that are being implemented around the world to help children who have suffered sexual abuse. We are pleased to share our findings with you here.

THE CURRENT RESPONSE TO CHILD SEXUAL ABUSE IN CATALONIA

WHAT IS CHILD SEXUAL ABUSE?

Sexual abuse is one of the multiple types of sexual victimisation that children can be subjected to, and it is characterised by the fact that the **perpetrator does not use force or threats, but rather manipulates the minor, or abuses their relationship of trust or authority with them, to achieve their goal.**²



In this report, we focus on sexual abuse, because it is the area that has been studied the most, and it is the term most frequently used by professionals to refer to various types of sexual victimisation.

² Articles 181 and 182 of Organic Law 10/1995 of 23 November on the Criminal Code.

A significant, yet largely unknown, problem

Child sexual abuse is a problem with serious repercussions for the victims' development. However, in Catalonia we still don't know how widespread it really is among children. This lack of official data contributes negatively to the secrecy around child sexual abuse and makes it difficult to allocate resources to address this serious problem. **You cannot treat what you cannot see.**

Without knowing the scope, it is impossible to respond to a situation.

According to data collected by the Mossos d'Esquadra (Catalan police force):



549 cases of sexual abuse of minors reported in 2017.



1 of every 2 victims that reports sexual abuse is a minor.

However, studies on this issue confirm that:



1 in 5 people suffered sexual abuse in their childhood.³



1 in 10 adolescent victims of sexual abuse report said abuse to the police or the courts.⁴

Professionals are only aware of the cases that are disclosed and/or reported, which only represent the tip of a much larger iceberg. The majority of abuses lie below the surface and are never brought to light.

³ Ibidem . Child Abuse & Neglect, 31, 417-426.

⁴ Ibidem . Child Abuse & Neglect, 31, 417-426.

WHY ISN'T CHILD SEXUAL ABUSE REPORTED?



The following are the main reasons why it is not reported:

- **Unawareness of the problem.** Professionals and the population at large do not know what signs to look out for and are unaware of the importance of reporting abuse.
- **Unawareness of everyone's civic duty to report violence against children**
- **Professionals' mistaken perception of their role and responsibility** leading them to assume that reporting abuse is the responsibility of another professional.
- **Negative consequences** for the child's family or in the workplace.
- **Fear of conflict with the minor's family or the repercussions of getting involved in a legal process.**
- **Perception of the criminal justice system as inefficient, believing** that the abuser would go unpunished and that it is therefore better to protect the child by other means.

All of these factors seriously hinder the reporting of child sexual abuse and contribute to silencing the vast majority of cases

A confusing care system

REPORTING CASES OF SUSPECTED CHILD ABUSE

In Catalonia, the process that ensues after a child tells someone that he or she has been a victim of sexual abuse is complex. This is why these situations are often not reported.

A very high percentage of education professionals state that they have detected possible cases of child sexual abuse during their careers (74.4%), a significant finding compared to the low notification rate (27.6%).⁵

The **lack of vocational training** in this field represents one of the most serious obstacles.

Only 1 in 4 teachers who has detected a case of child sexual violence has notified it

Unawareness of the problem and the confusion caused by disclosing child sexual abuse are compounded by:

1

Ignorance of the implications of using certain concepts, such as suspicion, detection, notification and reporting

2

The **multiple agents** that the person who finds out about an abuse case can go to.

3

Their **lack of coordination** among these agents.

4

The **multiple action protocols** in cases of physical and sexual abuse of children

5

The **lack of clarity** throughout the process

6

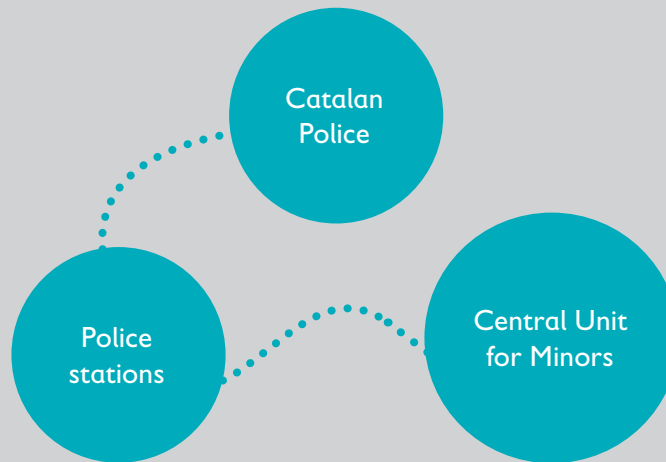
Mistrust of the legal system.



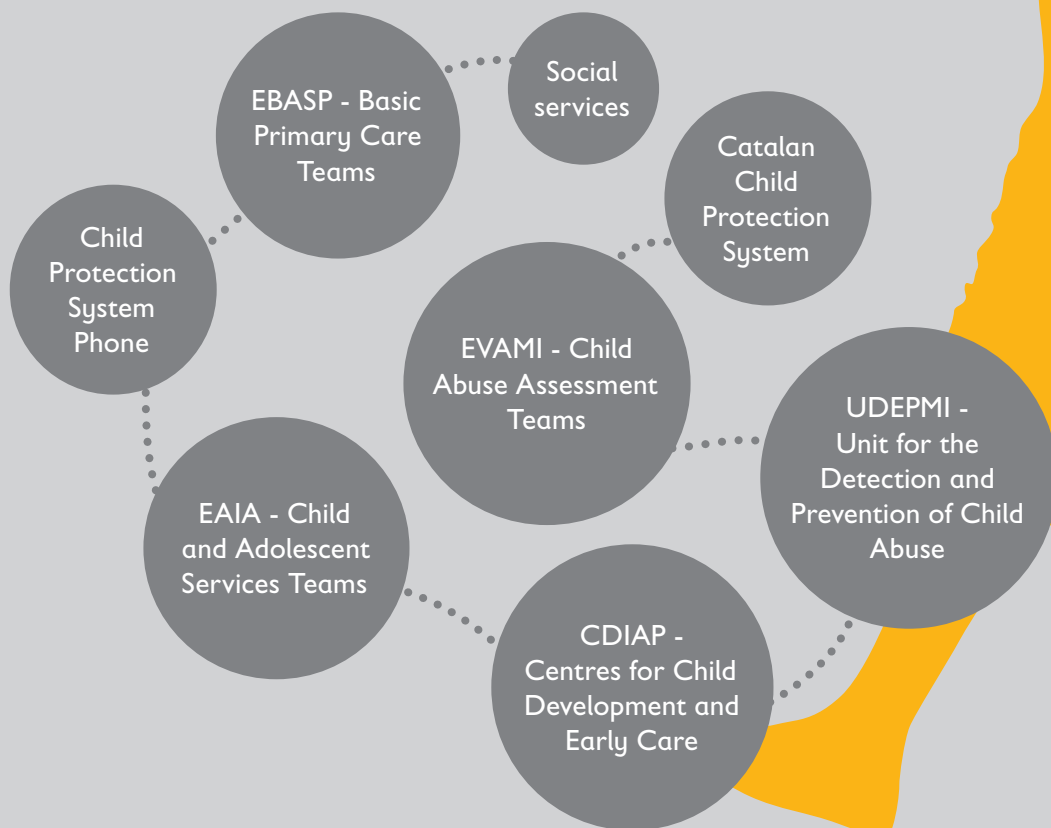
⁵ Greco, A. M., Guilera, G. & Pereda, N. (2017), "School staff members' experience and knowledge in the reporting of potential child and youth victimization", Child Abuse & Neglect, 72C, 22-31

PROFESSIONALS AND SERVICES THAT CAN BE NOTIFIED OF SUSPECTED ABUSE CASES

DEPARTMENT OF THE INTERIOR



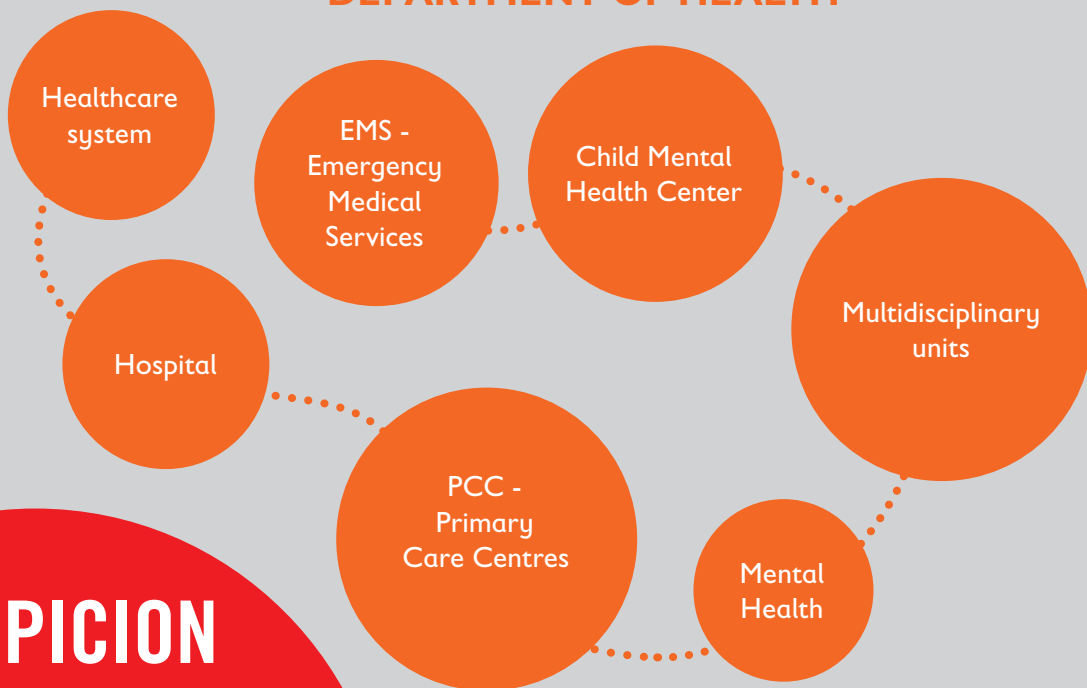
DEPARTMENT OF LABOUR, SOCIAL AFFAIRS AND FAMILIES



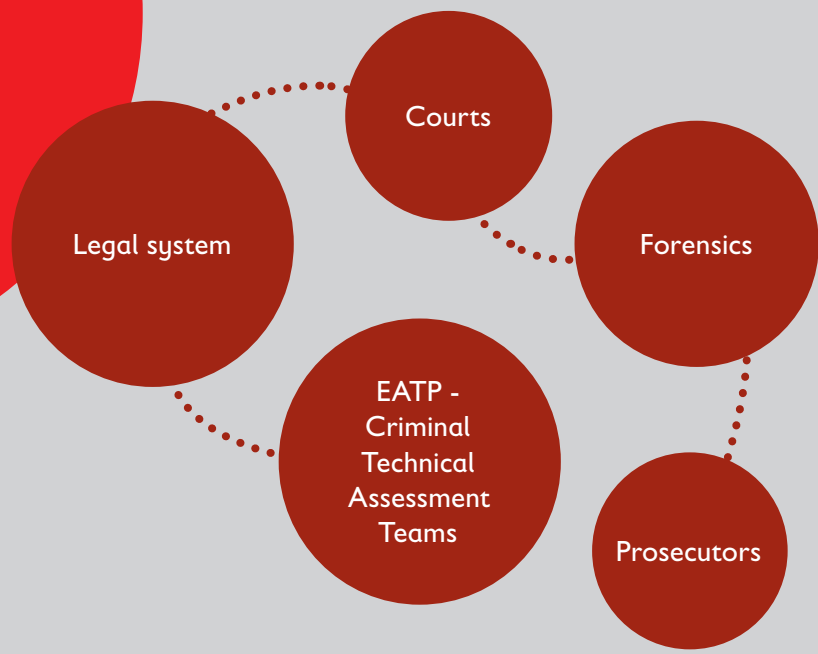


SUSPICION

DEPARTMENT OF HEALTH



DEPARTMENT OF JUSTICE



In many cases, these teams will duplicate tasks and refer the children and their families to other professionals, which results in institutional abuse, or secondary victimisation.⁶

⁶ Secondary victimisation is defined as the damage that can be caused to the victim by the response and actions of the formal support system (police, legal system, social services, psychologists, doctors) and that can contribute to aggravating the psychological damage caused by primary victimisation or result in chronic consequences.

ASSESSMENT, DIAGNOSIS AND TREATMENT

The assessment of an alleged case of child sexual abuse depends on two circumstances:

If the case is acute

Where the child has injuries and shows significant signs of physical violence, the child may be accompanied to the hospital casualty department and be evaluated and treated for their injuries.

If the case is chronic

Injuries and signs are less evident and an expert professional assessment is required. In Catalonia, the Catalan Health Institute created **multidisciplinary units** to conduct these specialised evaluations. First, in 1995, it set up the Practical Unit of Abuses to Minors (UFAM) at the Sant Joan de Déu Hospital, and then, in 2002, the Social Paediatrics Unit at the Germans Trias i Pujol Hospital.

There are only two *multidisciplinary units* to assess and diagnose cases of child sexual abuse in Catalonia, both in the province of Barcelona. This is clearly not enough, given the large number of suspected cases throughout Catalonia.

Furthermore, these units do not provide long-term treatment. Consequently, children must be referred to the Child and Youth Mental Health Centres (CSMIJ) in the public network, which is extremely saturated, and where they are seen by a whole new professional team.

The legal process does not ensure the child's best interests

Child sexual abuse is a crime under the Spanish Criminal Code. Reporting this crime starts a legal process that is separate from the process of notifying the services involved in identifying and assessing abuse.

The main objective of the legal system is not to protect the child victim, but to judge an alleged criminal event via a fair process and, if the accused is declared guilty, punish the alleged offender. The process is therefore not focused on protecting the child, who in the eyes of the law is treated as a witness who can provide evidence about the event.

There are several services for victims in Catalonia:

- The *Offices for Victims of Crime (OAVD)*, a complete care service which, among other things, accompanies victims to court and prepares them for oral proceedings.
- The EATP, teams of forensic psychologists and social workers that advise the legal bodies through expert reports and carry out the pre-trial evidence gathering during which they can pre-record children's statements so that they do not have to be present in court during oral proceedings.

However, these resources are simply not enough to attend the volume of cases, and they are not always adapted to the specific needs of children.

The judicial process of child sexual abuse in Catalonia

2

WITNESSES

In sexual offences the legal process is often limited to contrasting two testimonies: that of the accused and of the child victim.

Depending on the assistance the child receives, they may provide a complete and optimal account of the facts, or retract their statement and not want to follow through with the trial, or the trial could lead to an acquittal due to a lack of evidence.

3

YEARS

On average, the legal process can take up to three years, in many cases due to an unwarranted delay.

On these occasions, it is common for the court itself to recognise that delays have occurred that could have been avoided and the conviction may be reduced for the accused due to having suffered this unnecessary wait. The victim, who has also suffered from this undue delay, is not given any compensation.⁷

⁷ Save the Children (2017), Ulls que no volen veure (Eyes that do not Want to See). Law 35/1995 sets out compensation for victims of sexual offences, although they are very limited and are handled by the State Ministry of the Economy with extremely restrictive criteria. Save the Children (2017), Ulls que no volen veure (Eyes that do not Want to See)..



After the events have been reported, the victim has to repeat their statement an average of four times.



Pre-trial evidence is only used in 1 out of every 3 cases.⁸

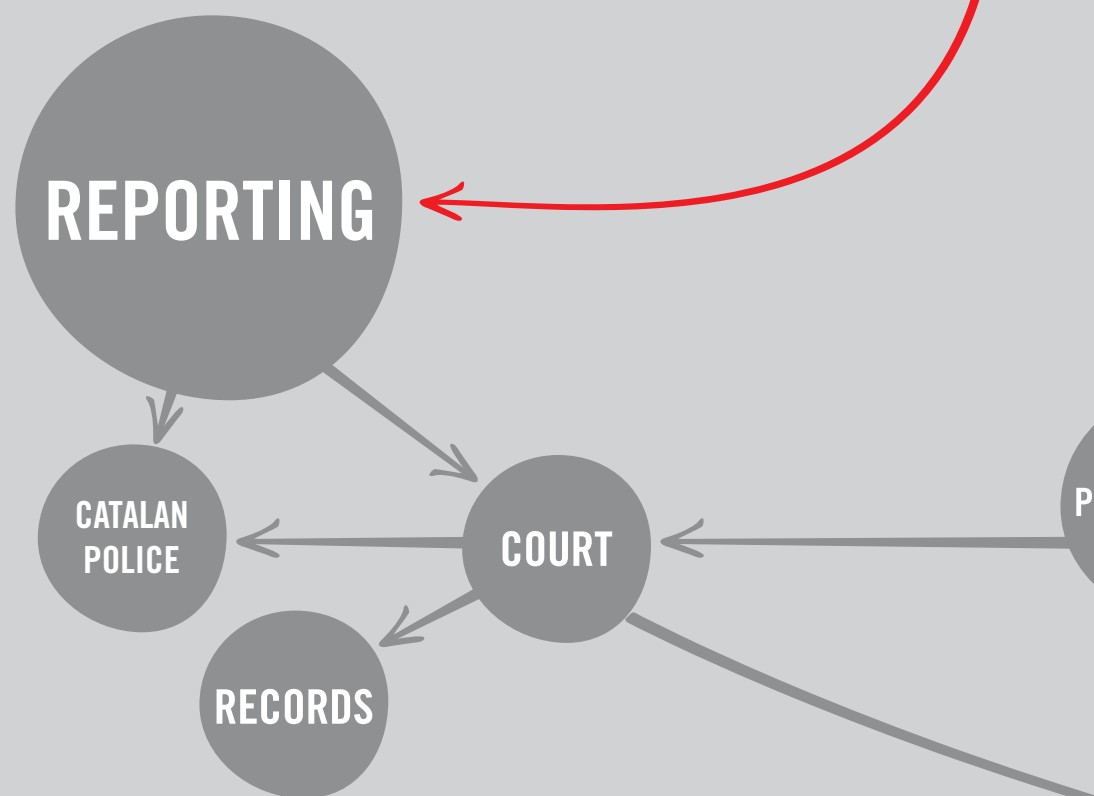
In the majority of cases, the child does not have to testify at the hearing.



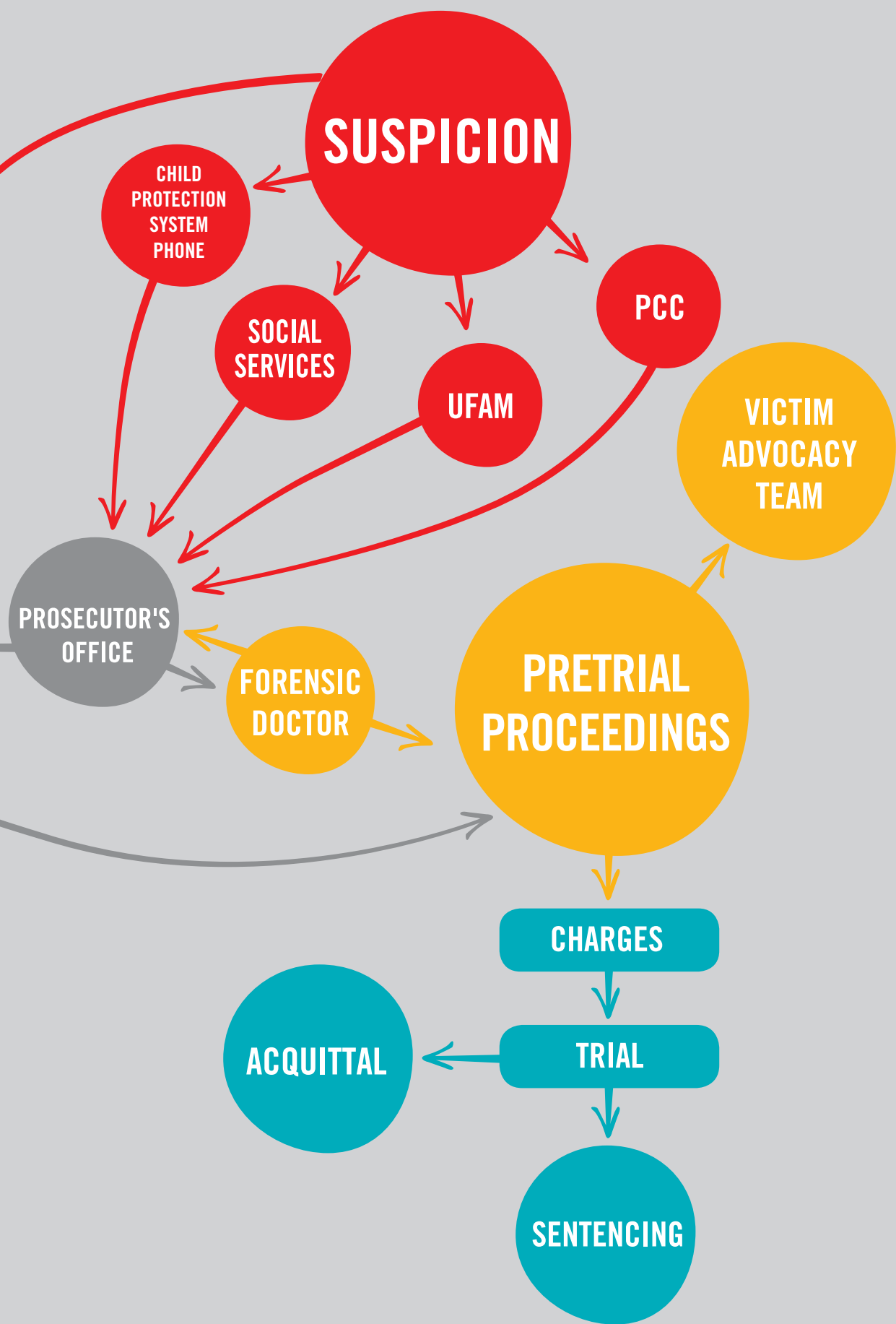
7 out of every 10 cases reported do not end up in court due to a lack of evidence.

⁸ Save the Children (2017), *Ulls que no volen veure (Eyes That Do Not Want to See)*.

THE CURRENT PROCESS OF REPORTING CHILD SEXUAL ABUSE



The majority of child sexual abuse cases that enter the legal system are ultimately dismissed due to a lack of evidence, which means that the child may end up with their assailant again.



The current process of reporting a case of child sexual abuse in Catalonia



IMLCFC -
Institute of Legal
Medicine and Forensic
Sciences of Catalonia

However, assessment is complex, because physical evidence that proves abuse is not always present. Catalonia only has two specialised hospital units.

Hospital units specialising in the diagnosis of sexual abuse

ASSESSMENT

The assessment must always be done by specialised professionals.

Both public services and private companies are authorized to provide the diagnosis.

Hospital units specialising in the diagnosis of sexual abuse.

DIAGNOSIS

With this assessment, experts determine whether or not there has been sexual abuse.

The legal process tends to be extremely emotionally damaging to minors. Despite being highly recommended to reduce minors' secondary victimisation, the taking of pre-trial evidence is not compulsory.

More than 7 out of 10 cases opened due to sexual abuse of a minor end up in acquittal, often due to the lack of valid proof.

LEGAL PROCESS

The legal process consists of a preliminary investigation phase, an intermediate phase in which the offence is classified, and the oral proceedings.

SENTENCING

Sentencing is the last phase of the legal process. It is the decision taken by the judge for the reported offences.

Positive aspects and areas for improvement in the response to child sexual abuse in catalonia

Positive points	Areas for improvement
<p>Duty of disclosure</p> <p>In all of Spain, there is a legal obligation to disclose the suspicion that a child may be suffering a situation of abuse.⁹</p>	<p>The large majority of the population is unaware of this legal obligation. In addition, failure to report a suspicion is difficult to prove, which means that this lack of social responsibility tends to go unpunished.</p>
<p>Disclosure channels</p> <p>In Catalonia, the LDOIA obliges administrations to provide channels through which citizens can address, report or disclose a suspicion.¹⁰</p>	<p>The law does not provide specifics on what these channels should be, thus adding to the complexity of the available options.</p>
<p>Protocols</p> <p>There are different protocols at different levels (autonomous community, local, schools, etc.) to prevent, detect and take action against child sexual abuse.</p>	<p>The protocols, however, are complex and confusing, and the steps to follow are not unified.</p> <p>Professionals often do not know of the existence of these protocols or the steps to follow if they suspect that a child may be suffering sexual abuse.</p>
<p>Suspicion</p> <p>The Unified Registry of Child Abuse Cases (RUMI) is a good initiative for guiding and orienting people who have a suspicion.</p>	<p>RUMI assessments should be interpreted with the more comprehensive and closer perspective of someone who knows the child, given that the protocols do not always recommend speaking with specialised services in the absence of clear physical or extremely serious signs (e.g. blood, visible injuries), even if there are other significant signs that represent clear indicators of maltreatment when put into the right context.</p>
<p>Detection and disclosure</p> <p>There are several service points where a person can report sexual abuse or receive advice.</p>	<p>Official data, based on reports and disclosures, do not match the data from studies in which victims were asked directly.</p> <p>Neither professionals nor civilians know that these notification points exist or their role in providing guidance.</p> <p>Professionals who work with children do not have specific training in child victimisation. This ignorance leads to an under-detection of cases and may result in the secondary victimisation of minors.</p>

⁹ Law 26/2015 of 28 July on Child and Adolescent Protection.

¹⁰ Article 53 of Law 14/2010 of 27 May on the rights and opportunities of children and adolescents.

Positive points	Areas for improvement
<p>Assessment and diagnosis</p> <p>Specialised hospital units may perform a psychological evaluation and provide diagnoses for child sexual abuse and psychological support.</p> <p>Specialised hospital units do have trained professionals.</p>	<p>Catalonia only has two specialised hospital units, which simply cannot handle the large number of cases that occur throughout the region.</p> <p>Despite providing initial treatment, these units do not offer long-term aftercare or psychological treatment, and minors are referred to public mental health services, which have long waiting lists and where the minor will once again deal with new professionals.</p> <p>The evaluations done by the specialised hospital units are generally deemed insufficient for trial purposes, and they are often verified by the assessment of a forensic expert.</p> <p>The focus here is strictly on health.</p>
<p>Legal process</p> <p>The Offices of Victims of Crime (OAV) provide victims with guidance and support.</p> <p>The EATP teams of forensic psychologists and social workers are authorised to gather pre-trial evidence.</p>	<p>At no time in the process is the family of the child victim considered. The family is defenceless and does not receive the kind of psychological support that is needed to handle these types of experiences.</p> <p>The criminal justice system continues to treat the child like mere evidence of the offence being judged.</p> <p>The OAVs are not specialised in the treatment or intervention with regard to children, and none of the six specific service programmes specialise in child victims.</p> <p>The gathering of pre-trial evidence can be rejected by the judge. The minor can end up repeating his or her testimony up to four times, and the lawsuits can take years, which also hinders children's recovery.</p> <p>Children give statements in environments that are not adapted to their needs.</p>
<p>Coordination of services</p> <p>The protocols¹² and legislation¹³ in force explicitly make reference to the coordination of services to prevent the secondary victimisation of the juvenile victim.</p>	<p>The current Catalan model does not consider integrated cooperation between departments. The different professionals who will deal with the child during the process do not meet and do not manage or plan the case together, but instead they all operate individually. This leads to repeating evidence, the child's secondary victimisation and the unnecessary prolonging of the process.</p>

Despite valuable resources, like the specialised hospital units for diagnosing sexual abuse, the Offices for Victims of Crime, and the EATP teams of forensic psychologists and social workers, the current process that a victim of child sexual abuse has to go through in Catalonia does not ensure their well-being nor their quick recovery. Instead, the process causes the **secondary victimisation** of

children, who have to repeat their statement several times to different professionals.

This becomes clear when we observe the number of people and departments that interview a child victim, the long waits associated with each stage of the process, and finally, the high dismissal rate of cases due to a lack of evidence.

11 Save the Children (2017), *Ulls que no volen veure (Eyes that do not Want to See) Catalonia Appendix*, Madrid: Save the Children Spain.

12 Protocol action framework against the abuse of children and adolescents in Catalonia (2017).

13 [Ley 14/2010, del 27 de mayo, los derechos y las oportunidades en la infancia y la adolescencia.](#)

What can happen in Catalonia when a minor says she has been sexually abused?



Lia tells her teacher that she is being abused at home.

The teacher notifies the headmaster, who then meets with Lia and asks her to repeat what she told her teacher.

The teacher and the headmaster enter the information Lia gave into RUMI and RUMI determines it could be a case of sexual abuse.

The headmaster notifies Lia's mother.



Lia's mother takes her to a psychologist to help in her recovery process.

Lia and her mother go to the police station to file a report on the girl's stepfather. Since Lia will soon be turning 12, she has to report it.



JUDICIAL PROCESS

- 1 The pretrial investigating court and the juvenile public prosecutor receive the report and the pretrial phase is opened
- 2 To be able to issue a precautionary measure to protect Lia from the alleged assailant, the duty magistrate makes an appointment to hear her.
- 3 To prevent Lia from having to make a statement in the oral proceedings, the magistrate orders that the minor's statement is video recorded in the presence of experts, so that it can be admitted as pretrial evidence.

One course of action is that the hardship a minor faces in going through the justice system is resolved in the best way possible by professionals who apply best practices and the outcome for the minor is satisfactory. However, things often don't work out like that. This is an example of a situation that is too frequent and must be prevented



- 4 The magistrate waits for the expert's credibility report to close the pretrial phase
- 5 El informe técnico puede tardar 12 meses en llegar.
- 6 The expert report can take up to 12 months to arrive
- 7 The pretrial evidence taken two years earlier, the report by the Multidisciplinary Units, the expert report and Lia's testimony during the oral proceedings have some discrepancies.
- 8 When finally in court, the judge does not have enough proof to sentence the alleged assailant and acquits him.

A total of over 3 years will have passed and Lia will have recounted the facts to 10 different people.

CHILDREN'S HOUSES, AN EXEMPLARY MODEL

Children's Advocacy Centres and Barnahus: what are they and what do they do?

So-called Children's Houses, also known as Children's Advocacy Centres (CAC) or Barnahus, began in the United States in the 1980s as a resource that would provide centralised support services to children and juvenile victims of sexual abuse and maltreatment.

Their main purpose is to have a coordinated team of specialised professionals available and provide all the resources involved in a child sexual abuse case in a single space to thus reduce the secondary victimisation of the children and their families.

Children's Houses provide all resources under one roof, thus preventing minors from having to relive the sexual abuse through multiple statements, while offering a friendly and warm environment that respects their needs.

Given the viability and positive impact of these centres, they have spread across most of Europe in recent years.

The Children's Advocacy Centre model in the United States

The first centre designed to reduce the secondary victimisation of child and adolescent victims of sexual abuse was created in the United States (Huntsville, Alabama) in 1985. It was known as a Children's Advocacy Centre (CAC). The main objectives were as follows:

- Reduce the evaluations and interviews** of juvenile victims of sexual abuse and other maltreatment by coordinating multidisciplinary teams.
- Provide a **friendly environment** for children that is suitable for conducting evaluations without putting their emotional well-being at risk.
- Have **highly educated professionals** available, trained in how to evaluate child victims

The CAC in numbers

- 854 CHILDREN'S ADVOCACY CENTERS**
854 Children's Advocacy Centers throughout the United States, coordinated by the National Children's Alliance, which reports to the US Department of Justice
- 300.000 CHILDREN RECEIVED ASSISTANCE**
- 2 MILLION**
2 million professionals trained in preventing sexual abuse
- 1 MILLION**
1 million family members and people close to the victims received support.¹⁴

¹⁴ National Children's Alliance 2017), *Annual Report 2017: Empowering local communities to serve child victims of abuse*. Retrieved from: <http://www.nationalchildrensalliance.org/>

The advantages of the CAC compared to other types of response to child sexual abuse: ¹⁵

	CAC (Children's Advocacy Centers)	Traditional systems
Interviews with multidisciplinary teams	28%	6%
Audio and video recording of interviews	52%	17%
Joint interviews with social services and police	81%	52%
Psychological care	72%	31%
Child removed from family custody	17%	4%
Spaces adapted to interview children	Always	Rarely

Furthermore, the benefits of CACs are not limited to preventing secondary victimisation, but also show an improvement in the quality of victims' testimonies. Children provide the interviewer with more detailed information when they are speaking to a qualified professional in a relaxed setting.

¹⁵ Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. J., Szczepanski, J., Lippert, T., Davison, K., Cryns, A., Sosnowski, P., Shadoin, A., & Magnuson, S. (2008), Evaluating Children's Advocacy Centres' response to child sexual abuse, *Juvenile Justice Bulletin*, 1-11

Other good practices of the cac

CACs have started to implement measures to facilitate the children's participation and prevent their secondary victimisation:

Let minors make their statements on the day of the oral proceedings via **closed circuit television** to avoid confrontations between the children and their alleged assailants. This means that children can testify in a friendly setting and are interviewed by an expert in child-juvenile victimology and not directly by multiple professionals in the legal field.

The use of **comfort objects** (a toy, a doll) during court testimony to reduce the witness's anxiety and contribute to more complete and detailed statements.

The use of comfort objects (a toy, a doll) during court testimony to reduce the witness's anxiety and contribute to more complete and detailed statements.

The introduction of **companion dogs** (facility dogs, courthouse dogs or therapy dogs) that are with the children from their first interviews at the CACs, during trial preparation and during the trial itself.¹⁶

All of these measures have shown extremely positive effects in children who have to give statements. This in turn has a positive impact on the proper development of the trial, which benefits the victim, the alleged assailant, and the professionals involved in the case.

COMFORT SUPPORT MONITORING

¹⁶ The use of therapy dogs is based in medical practice, which has shown strong evidence that contact with these dogs, when properly trained, reduces children's anxiety in stressful situations. Studies that have extrapolated this practice to the legal world also state its effectiveness in reducing children's anxiety and discomfort, thus making it possible to obtain more complete and detailed statements.

The Barnahus model in Europe

Building on the CACs, a centre called Barnahus, or Children's House, was created in Reykjavik (Iceland) in 1998. It was an initiative led by child protective services to evaluate child and juvenile victims of sexual abuse. The model included a new tool: conducting a forensic interview with the child victim by closed circuit television before a representative of the criminal justice system, which ensured that the evidence was admissible in court and formed part of the pre-trial evidence.

THE BARNAHUS



Depending on the country, the Barnahus may report to several administrations:

Municipal government and social services

Department of Child Protective Services

Department of the Interior

Department of Justice

They may either exclusively assist child victims of sexual abuse or, as is the case in Sweden, extend their services to victims of gender violence or other types of physical and emotional abuse.¹⁷

The common foundation is multidisciplinary work and interdepartmental collaboration in a child- and youth-friendly setting

The model is neither static nor fixed and depends on the particular characteristics of the country where it is applied.

Both the United Nations and the Council of Europe promote the creation of Barnahus and, in the last 10 years, more than 50 houses have been established in Nordic countries, including Sweden, Norway and Denmark.

¹⁷ See the book by Johansson, S.; Stefansen, K.; Bakketeig, E. & Kaldal, A. (ed. 2017), *Collaborating against child abuse exploring the Nordic Barnahus model, Switzerland*, Palgrave Macmillan.

Review of Barnahus models in Iceland, Sweden, Norway and Denmark

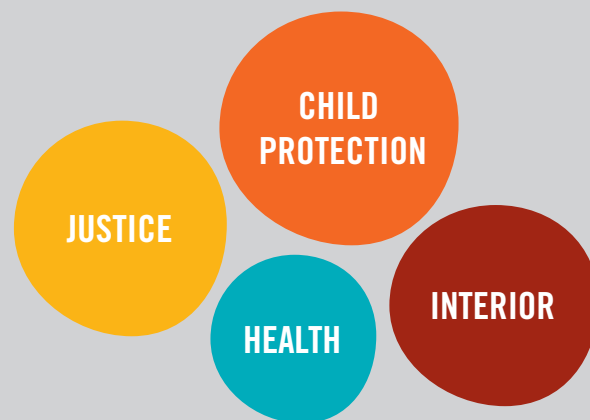
Country / Creation date of first Barnahus / Number of Barnahus in country	Cases and target group		Coordination and collaboration	
	Age group	Types of abuse	Types of cases	Central coordination
Iceland 1998 1 Barnahus	Younger than 15	Sexual abuse and, since 2015, physical violence	Cases reported by the police or by child protective services when abuse is suspected	Governmental agency for child protection
Sweden 2006 30 Barnahus	Younger than 18	Sexual abuse and physical violence, female genital mutilation, direct or indirect witness to violence, honour crimes, children who sexually abuse other children (where applicable). May vary by location.	Cases brought by child protective services, police or prosecutor's office	Initial pilot project led by the Ministry of Justice and the national inter-agency coordination group. At present, there is no nationwide central coordination agency. Save the Children Sweden coordinated the first national Barnahus network. Since 2016, it is coordinated by the National Competence Centre on Child Abuse (Barnafrid) in cooperation with Save the Children Sweden.
Norway 2007 11 Barnahus	Younger than 16 and adults with intellectual disabilities	Sexual abuse, direct and indirect violence, murder and female genital mutilation	Only cases reported by the police: affected parties and witnesses	Led by the police and nationwide Barnahus Committee
Denmark 2013 5 Barnahus (+3 satellites)	Younger than 18	Sexual abuse and physical violence	Cases managed by child protective services, which involve the police and/or healthcare system	National Board on Social Services

Source: Collaborating against Child abuse, S. Johansson et al. (Implementing the Nordic Barnahus Model).

Regulation

Participating agencies	Barnahus staff	Obligatory nature of using Barnahus	Specific Barnahus regulation
Child protective services, healthcare, police, courts, tribunals and prosecutor's office	Psychologists, social workers and criminologists	Not explicitly the Barnahus, but yes to use the facilities	There is no specific law on Barnahus, but the Child Protection Act (80/2002) and the Criminal Procedure Act (88/2008) support the use of the Barnahus model.
Child protective services, healthcare, police, prosecutor's office and forensic medicine	Social workers, psychologists and/or police at some Barnahus	No	There is no specific Barnahus law, although national directives of the National Police Agency incorporate the standards of the Barnahus model.
Police, prosecutor's office and forensic medicine	Social workers and psychologists	Yes, for the police and prosecutor's office	By law: Criminal procedure act and regulation of investigation interview (FOR-2015-09-24-1098)
Child protective services, police, prosecutor's office and healthcare system	Social workers and psychologists	Yes, child protection system if the case also involves the police and/or department of health	By law: Social Services Consolidation Act (1284) and Children's Home Order (1153 of 01/10/2013). Incorporation of quality standards of the Barnahus model by the National Board of Social Services

BARNAHUS =

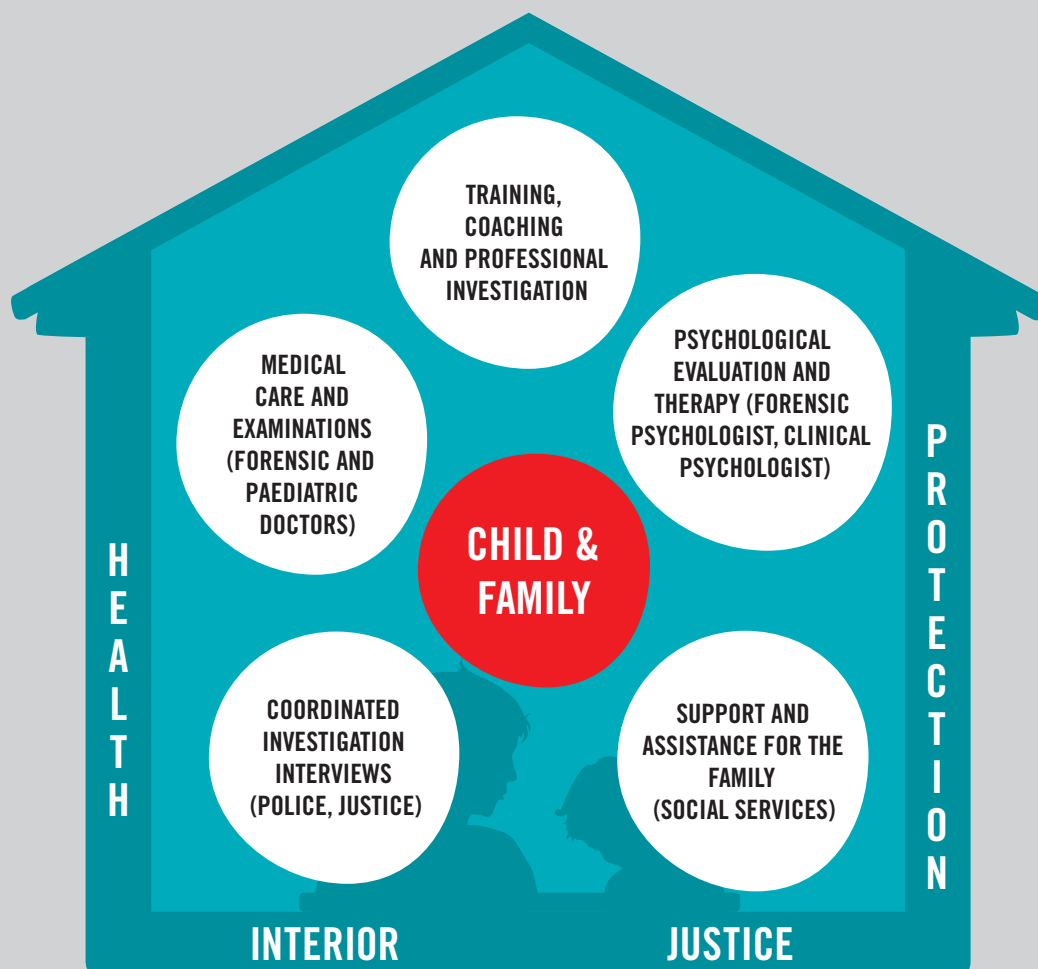


Both the CACs and the Barnahus model are guided by the one door principle, which means that the professionals are all located in the same place to assist the child. The child does not have to go from one place to another and is spared the ordeal of passing through the offices of different teams and professionals.

The initial Icelandic Barnahus model generally includes the following:

- **A team comprised of professionals from the departments involved in the evaluation, notification and reporting process:** professionals from social services, from the educational sector, police or criminal justice system are consulted in order to decide if the child should receive a forensic evaluation.
- **A forensic examination team:** a forensic psychologist and a forensic physician. The psychologist conducts the interview, which may be admitted as pre-trial evidence if necessary. The forensic physician examines the child and any possible physical signs stemming from sexual abuse.
- **A team of mental health professionals** provide guidance and care to child victims and their families (mothers, fathers, guardians, brothers and sisters).

The European Barnahus model coordinates a number of integrated professional services



- Trial preparation programmes for victims
- Local/national investigation and networking
- Child- and adolescent-friendly environment
- Scientifically endorsed interviewing protocols
- Comprehensive care and assistance for child and family
- Evaluation, diagnosis and treatment
- Continuous improvement through evaluation
- Professionals specialised in child-juvenile development and victimology and sexual abuse

BARNAHUS =

CHILD-FRIENDLY
ENVIRONMENT

TRAINING

INVESTIGATION

PROTOCOLS¹⁸

Barnahus is a child-friendly centre for victims of child sexual abuse and should be located in a residential area. The children are not ill, so the centre does not **have to be close to a hospital, nor does it have to be connected to a court since they are not delinquents either.**

The home generally has four living spaces. Together, these spaces offer minors and their families all the support they need from disclosure to recovery: police and judicial investigation, protection for the child, physical health (including the forensic medical exam), mental health (including the forensic interview) and well-being and support for victims and their families.

Beyond its physical structure, the strength of the Barnahus model lies in the training of its professionals and in teamwork, which is guaranteed by efficient and standardised coordination protocols.

Finally, it should be pointed out that the experience generated at the Barnahus is scientifically validated by professionals at universities who conduct research in this field, making Barnahus a community-wide benchmark organisation with regard to child sexual abuse.

Barnahus quality standards

Following the recommendations of the United Nations and the Council of Europe, the Barnahus model proposes 10 quality standards to promote its implementation in different contexts.¹⁹

18 National Institute of Child Health and Human Development (NICHD), the NCAC Child Forensic Interview Structure, APSAC Practice Guidelines for Forensic Interviewing by APSAC and the Corner House Forensic Interview Protocol.

See <http://nichdprotocol.com/>.

See <http://www.nationalcac.org/>.

See <https://www.apsac.org/>.

See https://www.cornerhousemn.org/images/CornerHouse_RATAC_Protocol.pdf.

19 The standards of the European Barnahus model can be viewed on the website for the Promise Project: <http://www.childrenatrisk.eu/promise/wp-content/uploads/2017/06/PRO-MISE-European-Barnahus-Quality-Standards.pdf>



1

PLACE THE CHILD'S BEST INTERESTS AT THE CENTRE OF THE INTERVENTION

The child's best interests must govern all decisions taken with regard to the minor and their family, which calls for:

- Respecting the right of the child or juvenile to be heard and to receive information
- Preventing situations that could lead to secondary victimisation
- Preventing undue delays in the evaluation and assessment process



2

WORK WITHIN A RECOGNISED MULTIDISCIPLINARY AND INTERAGENCY FRAMEWORK

The Barnahus model works with interdisciplinary teams, which are created based on formal agreements between all of the agencies involved in the detection, notification, evaluation and reporting process.

The Barnahus are recognised by local and national authorities.



3

MAKE THE CENTRE EQUALLY ACCESSIBLE TO ALL CHILDREN

Barnahus must be governed by the principle of non-discrimination and cannot exclude any child or juvenile who is an alleged victim of violence.

Furthermore, special consideration must be given to children who are in more vulnerable situations due to their age, country of origin, sexual orientation or disability.

20 The United Nations Convention on the Rights of the Child provides a guide on how to evaluate the best interests of the minor in General Comment 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (article 3, paragraph 1).



PROVIDE A CHILD-FRIENDLY ENVIRONMENT

The centres must:

- Be accessible by both public transport and personal vehicles
- Be adapted for children and youth with disabilities or special needs
- Be located in residential areas and unidentifiable as spaces specifically for victims of violence
- Be furnished in an age-appropriate way for both children and adolescents. Two interview rooms are essential and, in some cases, two waiting rooms, adapted to different ages
- Ensure the child's privacy in all rooms
- Avoid contact between the victim and the alleged offender at all times



INTERAGENCY CASE MANAGEMENT

The various agencies involved in the detection, notification, assessment, and reporting process must coordinate with each other to manage each case and plan the appropriate steps.

To prevent repeat examinations and assessments, and thus reduce secondary victimisation, all agencies must come to a prior agreement with respect to the tasks and functions that each one will perform.

A designated professional of the team monitors the case, evaluates the child's needs at all times and acts as a liaison for the team.



FORENSIC INTERVIEW

Within the Barnahus model, the forensic interview is carried out by a psychologist who specialises in evaluating victims of sexual abuse, following evidence-based protocols and practices to ensure the quantity and quality of the obtained evidence.²¹

A professional conducts the interview, but all team members who need to see it can do so by closed circuit television or watch a recording at a later time.

By recording the interview, pre-trial evidence is obtained so that the child does not have to be present at the trial. In order to establish the validity of the evidence, the people normally present at the trial observe the interview via a two-way mirror: the judge, prosecutor and defence attorney, etc. During the interview, the defence may suggest questions for the interviewer to ask the victim, and the accused can watch a video broadcast of the child's testimony, if necessary.

The main purpose of the interview is to prevent the child's secondary victimisation and obtain as much information as possible from their account while respecting the rights of the accused.

²¹ The forensic interview conducted at Barnahus follows NICHD protocol, an interview guide for child victims, which—as mentioned earlier—has proven very effective. See the guides and protocols used at:

<http://nichdprotocol.com>

<http://www.nationalcac.org>

<https://www.apsac.org>

https://www.cornerhousemn.org/images/CornerHouse_RATAC_Protocol.pdf

The therapeutic model followed is the TF-CBT.



7

MEDICAL EXAMINATION

The medical examinations and treatments are carried out on the Barnahus premises, unless hospital care is required. They are carried out by professionals who specialise in evaluating victims of sexual abuse.



8

THERAPEUTIC SERVICES

The Barnahus offers mental health services and treatment to all children who need them.

Support professionals are also on hand to assist the child and their family / care-givers / support persons during times of crisis.

9

ON-GOING TRAINING AND CAPACITY BUILDING

Staff and professionals of the agencies involved in the Barnahus model regularly receive specific training so they can adequately assist child victims of violence and their families.

10

PREVENTION: INFORMATION SHARING, AWARENESS RAISING AND EXTERNAL COMPETENCE BUILDING

Barnahus collect data and statistics on interventions and share this information with professors and academic researchers, child protection professionals, politicians and the broader public with the aim of raising awareness about violence against children and society's role in preventing it, as well as contributing studies and research that support evidence-based policies and interventions.

Evaluating if the standards are being met

Barnahus provide a tool to evaluate if the quality standards are being met. This tracking tool helps maintain the quality of the centres and continuously improves their operations through the external evaluation of the centre's beneficiaries —the children and their families— and the internal evaluation of the professionals involved.²³

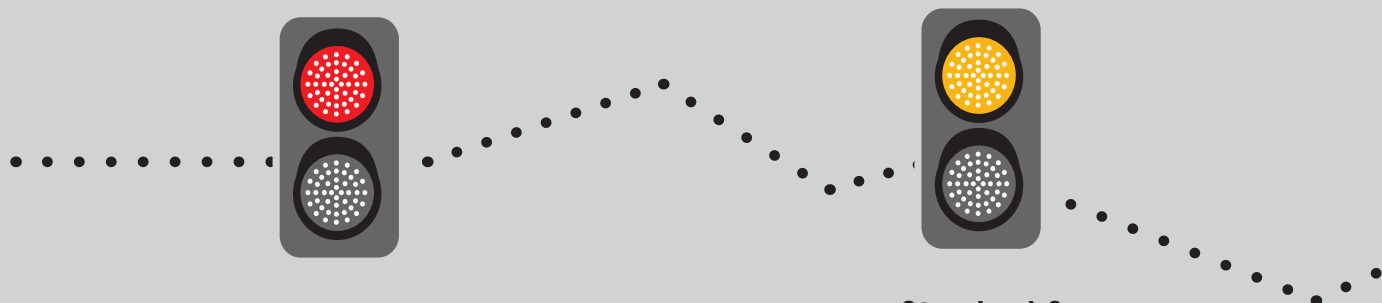
22 The therapeutic model followed is the TF-CBT.

23 Van der Linden, P.; Smits van Waesberghe, E.; Wroblewska, A. & De Meere, F, The PROMISE Tracking Tool, Iceland: Council of the Baltic Sea States Secretariat and Verwey-Jonker Instituut.

A NEW MODEL IS POSSIBLE IN CATALONIA

What is the current situation in Catalonia?

The quality standards of the Barnahus model represent a good starting point to evaluate the situation in Catalonia and consider the road ahead to ensure that the protection of child victims of sexual abuse becomes a reality.



Standard 1

Place the child's best interest at the centre of the intervention

Although the child's best interests are legally defined in Catalonia,²⁴ they are not guaranteed during the process followed in cases of child sexual abuse. So far this process has primarily been based on a fragmented vision of the child according to the various agencies involved, which do not coordinate effectively. It is the child victim who has to go to the different services, which goes against the principle governing the Barnahus model that dictates that all professionals should be under one roof.

Decisions are not put writing with an assessment of all the factors that could facilitate the best possible solution, keeping in mind the child's best interests.

In the judicial setting, the child's best interests tend to clash with the interests of the defendant as stipulated in the Criminal Procedure Act, which causes the secondary victimisation of the child and makes their recovery much more difficult.

Standard 2

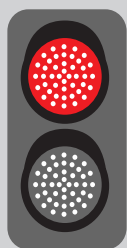
Work within a recognised formal multidisciplinary and interagency framework

Several Catalan laws and protocols establish the need for multidisciplinary and coordinated work on child sexual abuse cases.²⁵ In 2016, the Catalan Directorate General for Children and Adolescent Services (DGAIA) created the Commission to Promote the Effective Protection of Children and Adolescents from Abuse (CIIPEMIA) with the aim of developing cross-cutting measures to handle child abuse. However, there is still a need for centres that provide victims and their families with all of the services proposed by the Barnahus model.²⁶

²⁴ Article 5 of Law 14/2010 of 27 May on the rights and opportunities of children and adolescents establishes that: 'The best interests of the child or juvenile must also be the principle that informs all the decisions and actions concerning the child that are adopted and carried out by the parents, the guardians or person with custody, by the public and private institutions in charge of protecting and assisting the child and by the judicial and administrative authority'.

²⁵ Article 93 of Law 14/2010 of 27 May on the rights and opportunities in childhood and adolescence establishes the need to create a specialised service for children and adolescents who are victims of sexual abuse.

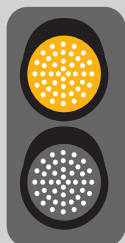
²⁶ Resolution 17/XI by the Parliament of Catalonia on the social emergency situation, economic reactivation, public management and the need for an institutional response.



Standard 3

Make the centre equally accessible to all children

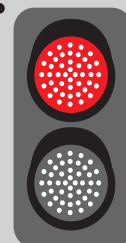
At this time, the specific treatment programmes in Catalonia are not public, universal and free, but only available to children who are wards of the administration, thus excluding many children who need these services and who are referred to third sector institutions or private foundations.



Standard 4

Provide a child-friendly environment

In Catalonia, the two services that evaluate the victims of child sexual abuse belong to different departments, and their locations do not meet the recommendations of the Barnahus model. On the one hand, the Multi-disciplinary Units at the Sant Joan de Déu Hospital and at the Germans Trias i Pujol Hospital are in clinical, health-related settings. On the other, the EATP centres (managed by teams of forensic psychologists and social workers) are in a judicial setting and not adapted for children.²⁷



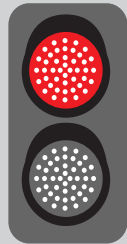
Standard 5

Interagency case management

The lack of coordination in child sexual abuse cases is one of the main obstacles to the child's recovery and can result in secondary victimisation. In the absence of a single case file, evidence is often duplicated and the gathering of evidence needed for the judicial process is extremely inefficient. In addition, this can contribute to the secondary victimisation of the child.

27 Article 93 of Law 14/2010 of 27 May on the rights and opportunities of children and adolescents.

28 Article 86 of Law 14/2010 of 27 May on the rights and opportunities of children and adolescents.

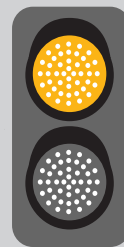


Standard 6

Forensic interview

In Catalonia, the forensic interview can be conducted by forensic psychologists acting as independent experts, or the administration can intervene through EATP professionals.

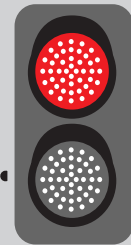
There is no official recommendation on the type of forensic interview that should be used, and the forensic professionals use their preferred interview format, as no clear official instructions are given.



Standard 7

Medical examination

Medical exams can be performed by the doctors at the Institute of Legal Medicine and Forensic Sciences of Catalonia (IMLCFC) or by the forensic doctors at the Multidisciplinary Units. These exams will be used as evidence in the trial even though they have not been corroborated by other professionals involved in the case.



Standard 8

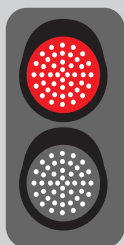
Therapeutic services

In Catalonia, the Child and Juvenile Mental Health Centres (CSMIJ) treat children with mental health problems.²⁹ These public services are saturated and have long waiting lists. In addition, the professionals who work there do not always have specialised training in child sexual abuse, which leads to many cases being referred to private foundations with some type of agreement with the administration, such as the Vicki Bernadet Foundation³⁰ or the Concepció Juvanteny Foundation.³¹

29 Article 82 of Law 14/2010 of 27 May on the rights and opportunities of children and adolescents.

30 To learn more about the Vicki Bernadet Foundation, go to: <https://www.fbernadet.org/>.

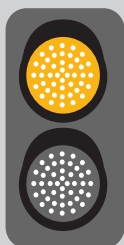
31 To learn more about the Juvanteny Foundation, go to: <http://www.fundacio-c-juvanteny.org/>.



Standard 9

On-going training and capacity building

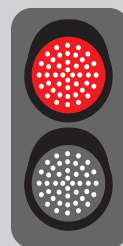
In Catalonia, there is no officially recognised university degree or field of study in child-juvenile victimisation. This means professionals must educate themselves through courses and conferences organised by the various entities that help victims, or, if the professionals work in the public sector, they receive internal training provided by the administration.³²



Standard 10

Prevention: information sharing, awareness raising and external competence building

In Catalonia, no solid relationship exists between professional practice and academia. It is necessary to bridge this gap in order to better understand child sexual abuse, evaluate the professional practices implemented in this field, and design intervention programmes with proven validity and effectiveness.



Evaluating if standards are being met

Catalonia currently does not have a unified system in place for detecting, reporting and acting on child abuse cases. Neither is there an evaluation system to measure compliance with the action protocols or the efficiency of the measures implemented by the different services.

³² Article 24 of Law 14/2010 of 27 May on the rights and opportunities of children and adolescents.

The Icelandic Barnahus model, an example to follow in Catalonia

The table below summarises the differences between the Catalan response and the protocol followed at the Icelandic Barnahus and, in parallel, highlights the advantages and disadvantages of both models.

A comparison between the Icelandic and Catalan service models for victims of child sexual abuse:

Reporting a suspected case			
	In Catalonia	In Iceland	What can we do?
AGENTS INVOLVED	Professionals and society as a whole.	Professionals and society as a whole, with special emphasis on law enforcement.	We need a single reporting system that responds to all suspicions in the entire autonomous community
LEGISLATION	Suspected cases must be reported immediately as set out in Law 26/2015 of 28 July on the protection of children and adolescents.	Suspected cases must be reported immediately as set out in Law 80/2002 on child protection. Not complying with this obligation may carry a prison sentence of up to two years.	On a national level, the future law on violence against children should make reporting suspected cases mandatory
PROBLEMS DETECTED	A person can go to multiple places to report a suspicion. Failing to do so is difficult to prove, which means that this lack of social responsibility tends to go unpunished.	Social services is the only place to report a case. <ul style="list-style-type: none"> ✓ Legal obligation ✓ A single point of contact: social services 	<ul style="list-style-type: none"> ✓ Establish a single point of contact responsible for registering notifications and coordinating services
	<ul style="list-style-type: none"> ✓ Legal obligation ✗ Multiple sites to report a suspicion ✗ Confusing and unclear process 		

Evaluation of the case and detection

	In Catalonia	In Iceland	What can we do?
AGENTS INVOLVED	Hospital A&Es, multidisciplinary units, private experts, professionals in the judicial system	Social services, law enforcement, duty court, forensic psychologist	<p>If the sexual victimisation is unclear, the minor will only be evaluated by professionals trained in exploratory interviews who work out of the Children's House.</p> <p>Establish a legal framework that stipulates a time period for taking action: 7 days for non-acute cases, and 24 hours for acute cases.</p> <ul style="list-style-type: none"> ✓ Trained professionals ✓ Fast response ✓ Clear information ✓ Limit the minor's interaction to the least number of professionals possible
LEGISLATION	The law does not stipulate a maximum time period for taking action.	Child protection services must act within 7 days from the time of notification if the case is not extreme and 24 hours if it is.	
PROBLEMS DETECTED	<p>Many professionals from both the public and private sectors are involved in the evaluation.</p> <p>There is no specific training in conducting exploratory interviews with victims of child sexual abuse.</p> <ul style="list-style-type: none"> ✓ Drawn-out interventions ✗ No stipulated time period ✗ Professionals lacking specific training 	<p>The assessment is done by professionals at the Barnahus who are trained and coordinated.</p> <ul style="list-style-type: none"> ✓ Fast response ✓ Trained professionals ✓ The minor interacts with the least number of professionals possible 	

Case management and monitoring

	In Catalonia	In Iceland	What can we do?
AGENTS INVOLVED	No designated lead for the case	There is one designated professional in charge of the case. Professionals from all departments are represented at Barnahus.	Create a single case file shared by all departments. Establish a designated professional in charge of the case who coordinates the response. Plan and manage the case as a team.
PROBLEMS DETECTED	There is no single case file Professionals from different areas handle the case in isolation without ever meeting. Pre-trial evidence is only gathered in some cases and no time period is stipulated.	Teamwork and initial and weekly planning and management meetings The pretrial evidence is taken within the 14 days following the disclosure of the facts (21 days for adolescents)	Establish a 14-day time period to gather pre-trial evidence. <ul style="list-style-type: none"> ✓ Clear process ✓ Expert professionals jointly plan the steps to follow ✓ Prompt forensic interview
	<ul style="list-style-type: none"> ✗ Confusing and unclear process ✗ Lack of case planning ✗ No stipulated time period for collecting evidence ✗ Delays in conducting the forensic interview 	<ul style="list-style-type: none"> ✓ Clear process ✓ Expert professionals jointly plan the steps to follow ✓ Facilitates a prompt forensic interview 	

Interviewing the child

	In Catalonia	In Iceland	What can we do?
AGENTS INVOLVED	A judge, EATP professionals (forensic psychologists/social workers)	Specialised psychologist	Establish a deadline for the forensic interview of the minor.
PROBLEMS DETECTED	<p>No stipulated time period for taking action.</p> <p>The interview is conducted by a professional from the judicial field, who is not always specialised in conducting exploratory interviews with child victims.</p> <p>The interviews are not conducted in a child-friendly space.</p> <p>Gathering pre-trial evidence is legally recommended but not mandatory, and the judge may admit the evidence or request that the child testify in court.</p> <ul style="list-style-type: none"> ✓ Pre-trial evidence ✗ Drawn-out and uncoordinated response ✗ Lack of resources for – on-going professional training ✗ Gathering of pre-trial evidence is recommended, but not required 	<p>The forensic interview takes place 1 to 2 weeks after the initial case meeting .</p> <p>The interview is conducted by an expert in mental health and child development with training in forensic interviewing.</p> <p>The forensic interview is admissible in court as pre-trial evidence.</p> <ul style="list-style-type: none"> ✓ Fast and coordinated intervention ✓ Equipped with the best professionals ✓ Legal requirement to gather pre-trial evidence 	<p>The interview must be conducted by an expert in child-juvenile development who is trained in forensic interviews.</p> <p>The pre-trial evidence must be a legal requirement in cases of sexual victimisation of minors.</p> <ul style="list-style-type: none"> ✓ Fast and coordinated intervention ✓ Equipped with the best professionals ✓ Legal requirement to gather pre-trial evidence

Medical examination

	In Catalonia	In Iceland	What can we do?
AGENTS INVOLVED	Hospital A&E, multidisciplinary units, experts	Forensic doctor specialised in assessing child sexual abuse	Establish a single medical service that specialises in cases of child sexual victimisation and can provide valid forensic evidence in coordination with other professionals at Barnahus.
PROBLEMS DETECTED	<p>The response is not subject to any time limit.</p> <p>In acute cases, the medical evaluation is done within 72 hours of the abuse to guarantee forensic evidence.³³</p> <ul style="list-style-type: none"> ✓ Multidisciplinary units ✗ Drawn-out response ✗ Uncoordinated response 	<p>The medical evaluation is done 2 to 4 weeks after disclosure or detection of the case.</p> <p>In acute cases, the medical evaluation is done within 72 hours of the abuse to guarantee forensic evidence.</p> <ul style="list-style-type: none"> ✓ Fast and coordinated response ✓ A single medical exam that can be used as evidence in court 	

³³ Action protocol for clinical care in acute cases of child abuse, 2008.

Psychological evaluation and treatment

	In Catalonia	In Iceland	What can we do?
AGENTS INVOLVED	Multidisciplinary Units, EATP forensic psychologists, Child and Juvenile Mental Health Centres (CSMIJ)	Psychologists who specialise in child sexual abuse cases, along with the use of scientifically endorsed therapeutic models	<p>Creating comprehensive interagency centres that provide services for child victims and their families is absolutely essential.</p> <p>The minor must be evaluated and receive psychological care as soon as possible.</p> <p>Professionals must specialise in several programmes, including trauma-focused Cognitive Behavioural Therapy.</p> <p>Non-offending family members must receive guidance, counselling, and psychological treatment so they can cope with the situation and support the child victim.</p>
PROBLEMS DETECTED	<p>There is no comprehensive interagency centre that provides services for child victims and their families.</p> <p>No maximum stipulated time period for taking action.</p> <p>No long-term psychological care is provided to either the child or their family by the Multidisciplinary Units. The minor is referred to Child and Juvenile Mental Health Centres (CSMIJ), where they receive care from a whole new team of professionals.</p> <p>Family members are not provided with information or guidance and do not receive emotional support.</p>	<p>The psychological evaluation is done 2 to 4 weeks after disclosure or detection of the case.</p> <p>Barnahus professionals work with scientifically proven specialised treatment programmes.</p> <p>Non-offending family members receive information, guidance and psychological care if they need it.</p>	<ul style="list-style-type: none"> ✓ Fast and coordinated response ✓ Efficient treatment based on scientific evidence ✓ Immediate psychological care for the child ✓ Psychological care and support for the family
	<ul style="list-style-type: none"> ✓ Multidisciplinary units ✗ Drawn-out response ✗ Uncoordinated response ✗ Referred to the public mental health service ✗ No psychological support for families 	<ul style="list-style-type: none"> ✓ Fast and coordinated response ✓ Efficient treatment based on scientific evidence ✓ Immediate psychological care for the child ✓ Psychological care and support for the family 	

Filing a report, bringing charges, and going to trial

	In Catalonia	In Iceland	What can we do?
AGENTS INVOLVED	The police, the victim, the parents or legal guardians, the alleged offender, the victim's legal counsel, the alleged offender's defence attorney, the public ministry, the judge and experts	Law enforcement, the victim, the parents or legal guardians, the alleged offender, the victim's legal counsel, the alleged offender's defence attorney, the public ministry, the judge and experts	<p>Establish a clear time frame for starting and finishing the investigation.</p> <p>The filing of charges and the trial must take place within a legally established time frame to ensure a speedy trial and prevent the minor's secondary victimisation.</p> <p>The department of justice must coordinate with the department of child protection to avoid evidence duplication.</p>
PROBLEMS DETECTED	<p>No time period is stipulated for actions at any stage of the process.</p> <p>The judicial process takes about three years, often as a result of undue delays.</p> <p>In Catalonia, the victim of sexual abuse explains the facts at least 4 times after reporting them.</p> <p>In 7 out of 10 cases of child sexual abuse, legal proceedings end in an acquittal.</p> <p>Due to a lack of interagency coordination, evidence gathering may be duplicated.</p> <ul style="list-style-type: none"> × Drawn-out response × Uncoordinated response × Undefined time frame for judicial process × Secondary victimisation 	<p>The investigation tends to last 4 to 6 months, after which the results are sent to the Prosecutor's Office.</p> <p>The time to decide whether to file charges is around 60 days.</p> <p>The court interview with the child victim must take place within 4 weeks following the decision to file charges.</p> <ul style="list-style-type: none"> ✓ Coordinated pre-trial phase that does not duplicate the interventions of the child protection system ✓ Professional coordination and clear timelines ✓ Speedy judicial process ✓ No secondary victimisation 	<ul style="list-style-type: none"> ✓ Coordinated pre-trial phase that does not duplicate the interventions of the child protection system ✓ Professional coordination and clear timelines ✓ No secondary victimisation

The differences between the Icelandic model and the Catalan model are essentially twofold: most importantly, Catalonia has structural obstacles related to the dispersed nature of the services designed to assist victims of child sexual abuse. In addition, certain judicial limitations should be modified so that the justice system is better equipped to guarantee the rights of victims of child sexual abuse.

Legal difficulties in implementing the Barnahus model in Catalonia and Spain

Some of the legal obstacles that Children's Houses face are found in the Royal Decree of 14 September 1882, approving the Criminal Procedure Law (LECrim), which has the following characteristics:

- It is very old, dating back to 1882. Despite repeated amendments, its antiquated tenor remains the subject of strong criticism. However, significant changes were introduced in 2015, and the text now considers the use of some new technologies, including mandatory recording.³⁴
- It does not require judges to always admit pre-trial evidence. Article 730 was modified to provide for pre-trial evidence, as well as the obligation to record it, although whether it is admissible or not still depends on the judge.
- There is no protocol that establishes the correct procedure for conducting an interview that fulfils all the necessary parameters to protect minors and safeguard their statements from outside influence so that said statements may be admitted as valid evidence in a trial. There is also a lack of specific training provided to forensic psychologists for interviewing minors.

As established in article 730 of the LECrim, the prior deposition of child victims can be considered as evidence in a trial provided that these fulfil the legal guarantees typical of a hearing (as stipulated in article 448 of the LECrim). However, it is easy to challenge the pre-trial evidence once it is introduced in the hearing. The defence for the alleged offender may challenge the evidence on the basis of whether the minor's statement was taken under suitable conditions, alleging for example that the interviewer had asked leading questions. The defence can also file an appeal in a higher court, arguing noncompliance with the right to be heard rule, according to which the defendant has the right to be present when the evidence against them is presented and refute it if necessary.

Finally, the fact that obtaining the minor's statement as part of pre-trial evidence is not obligatory makes it difficult to involve representatives of the legal process. In order for Children's Houses to operate as they should, the judge, the prosecutor and the defence attorney should be present at the centres and participate in the process of obtaining pre-trial evidence. However, for this to happen, the law must specifically stipulate their presence and ensure that all parties involved in the legal process actually collaborate with the Houses.

The obsolescence of the law, the legal void with regard to pre-trial evidence, the lack of proper protocol, the absence of a legal requirement for specific training of professionals, and the fact that representatives of the legal process are not involved exemplify just some of the issues that should be taken into account in order to implement Children's Houses with all the necessary guarantees.

In this regard, the future organic law to eradicate violence against children will have to take these improvements into consideration, which the Council of Europe and the Committee on the Rights of the Child have repeatedly called for in their observations to the Spanish state.³⁵

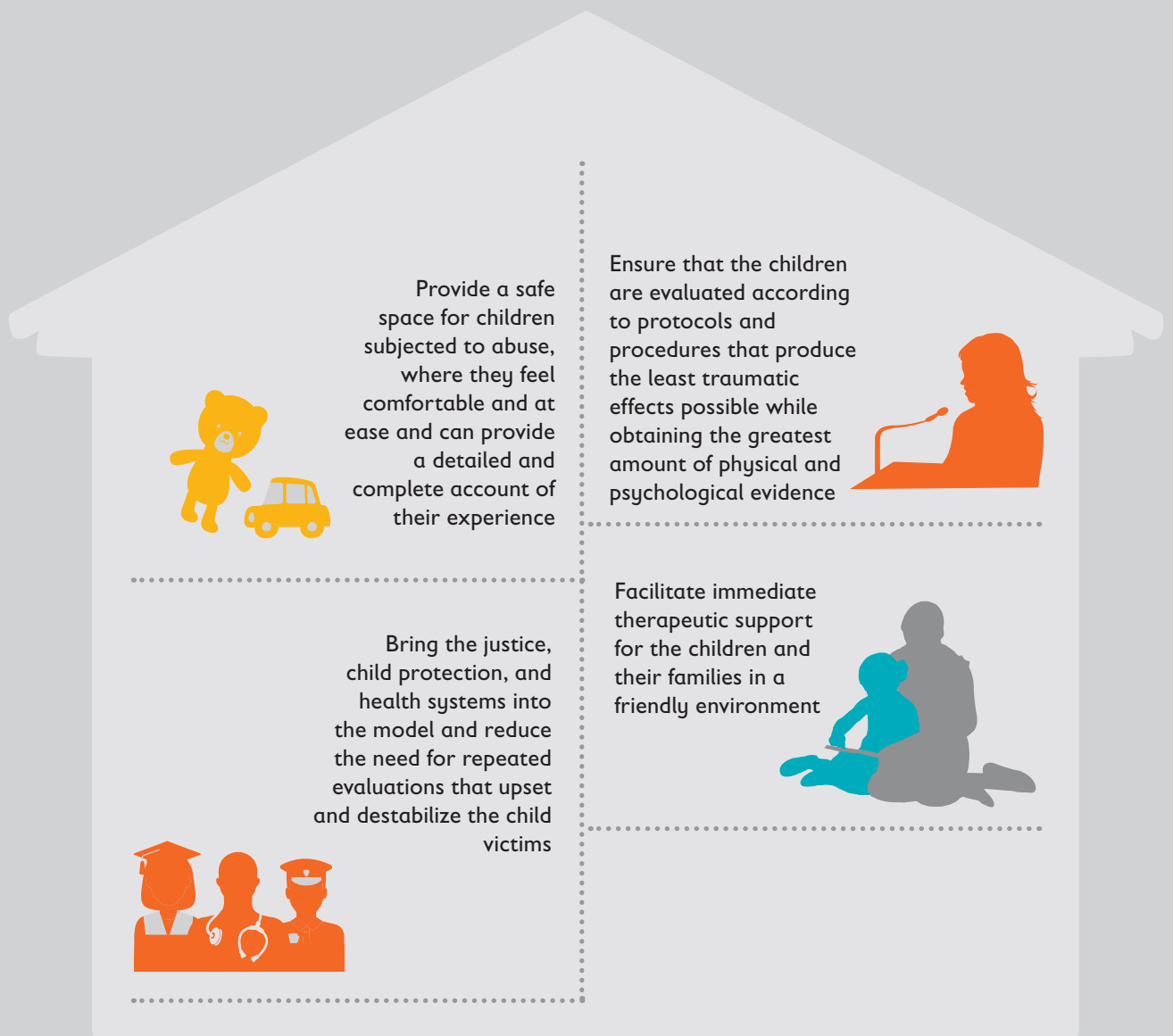
34 Serrano Masip, M. (2013), "Una justicia europea adaptada al menor: exploración de menores víctimas o testigos en la fase preliminar del proceso penal", InDret.

Tamarit; Villacampa & Serrano (2015), "El estatuto de las víctimas de delitos", Valencia: Ed. Tirant lo Blanch.

35 Committee on the Rights of the Child, Concluding observations on the combined fifth and sixth periodic reports of Spain, 5 March 2018.

PROPOSED PILOT PROJECT FOR A CHILDREN'S HOUSE IN CATALONIA

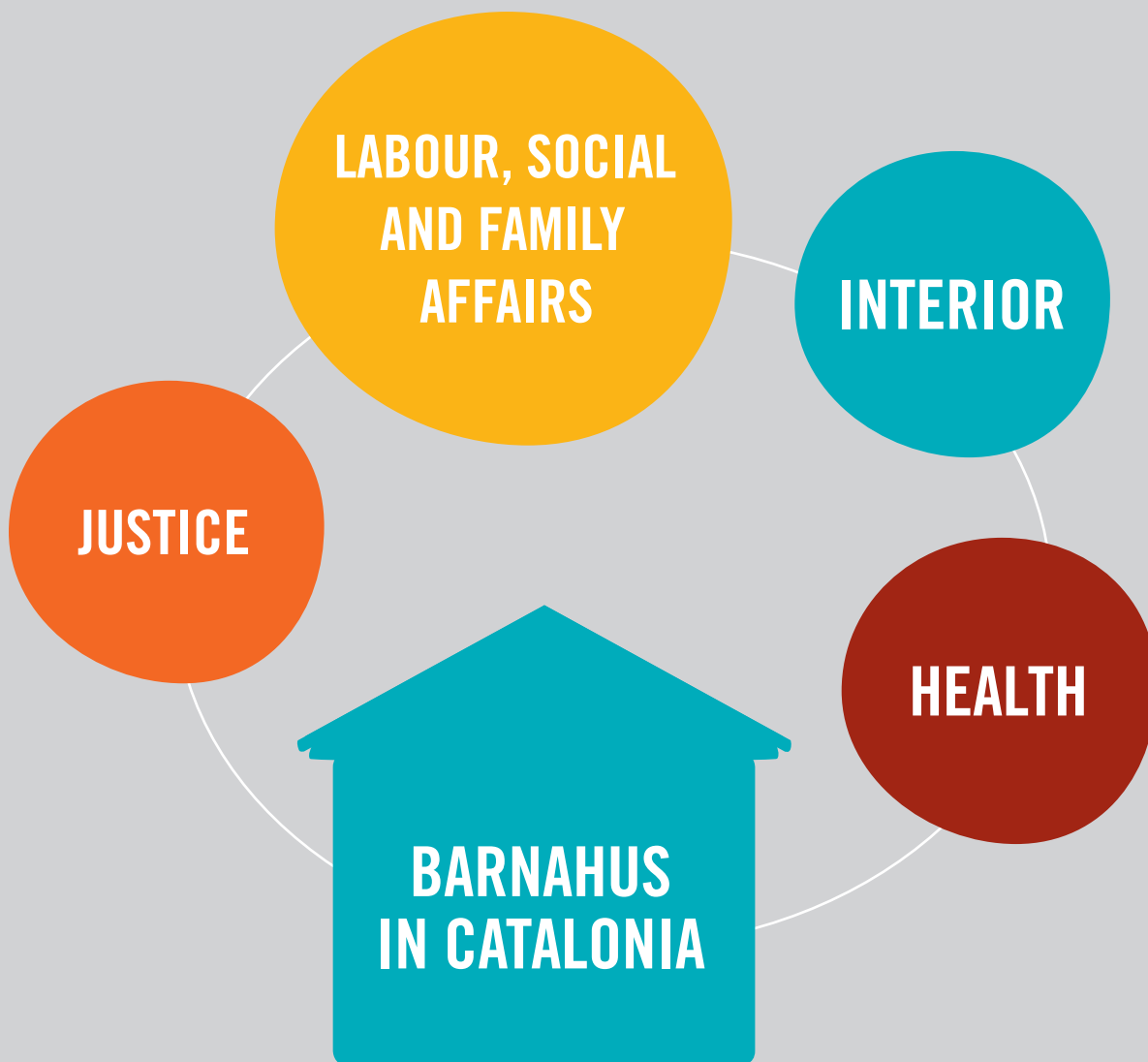
The Barnahus model has great potential in Catalonia, given that it provides proven responses to many of the challenges that professionals face in cases of alleged child sexual abuse:



As the experiences in Sweden, Denmark and Norway demonstrate, the Barnahus model can be adapted to the needs of the different legal systems in each country. With this in mind, the following presentation proposes a Children's House adapted to the particular characteristics of the Catalan context.

The departments involved

The essence of the Barnahus model is interagency coordination. In Catalonia, the following departments or agencies would have to be involved:



In order to ensure matters pertaining to training, evaluation and research at Barnahus, the model must also involve the Department of Education and the Secretariat of Universities and Research of the Catalan Ministry of Business and Knowledge.

Furthermore, following the example of Children's Houses in Poland, it would be extremely valuable to collaborate with bar associations to be able to offer families and child victims specialised legal advice, information and counsel.

The space

The Catalan Children's House should follow the Barnahus model. This means selecting a location in a residential area, far from police stations, courtrooms and hospitals. Five homes would be necessary in Catalonia: two in Barcelona (one for the metropolitan area and another for the province), one in Girona, one in Lleida, and one in Tarragona.

The interior should be equipped in an age-appropriate manner for both very young children and adolescents, which in practice would require two interview rooms and, in some cases, two waiting rooms, adapted to the ages and interests of the minors.

In short, the house would need several differentiated spaces:



The professionals

The professionals at the Children's Houses must have a deep understanding of the matter, as well as suitable training and proven experience in victim interventions.

Two teams are required: a permanent team that will always be present at the House and a mobile team that is available when needed. The centre must be sufficiently staffed to cover various shifts in order for it to run properly.

Training the professionals

The professionals at the Children's Houses in Catalonia must receive specialised training in the particular characteristics of child-juvenile victimisation based on the theory of developmental victimology (Finkelhor, 2007).³⁶

However, they must also have specific legal training on issues related to criminal justice proceedings, the rights of victims in said proceedings, and how Children's Houses operate.

In turn, the forensic psychologist must be formally trained in the interviewing protocol of the National Institute of Child Health and Human Development (NICHD), which provides guidelines for interviewing child victims that have been proven effective in hundreds of studies.³⁷ The clinical psychologist will have to be certified in the Cognitive Behavioural Therapy programme with a focus on TF-CBT trauma.³⁸ This programme specialises in the problems affecting children who have experienced violence, abuse or loss and present post-traumatic symptoms and mood disorders like depression.

TRAINING =



³⁶ Finkelhor, D. (2007), "Developmental victimology: The comprehensive study of childhood victimization". Davis, R.C.; Lurigio, A.J. & Herman, S. (ed.), *Victims of crime* (3rd ed.), Thousand Oaks, CA: Sage Publications, pp 9-34.

³⁷ See the official website: <http://nichdprotocol.com/>.

³⁸ Cohen, J. A.; Mannarino, A. P. & Deblinger, E. (ed.) (2012). *Trauma-focused CBT for children and adolescents: Treatment applications*, Guilford Press. Source: <https://tfcbt.org/>.

In addition to the centre's administrative jobs, such as a coordinator and a secretary, the Children's Houses in Catalonia will include a staff of permanent professional experts:

THE PERMANENT TEAM

Criminologist

Professional from the Department of Justice, expert coordinator in child-juvenile victimology

This professional must be an expert in child-juvenile victimology. He or she will be the person in charge of overseeing the case and writing a report for the court with the input of all professionals involved.

Social worker

Juvenile protection services professional

This professional will conduct the screening interview with the family and will evaluate whether or not the case represents a possible crime that requires a more detailed examination of the child and a report filed with the criminal justice system. The social worker will interview the adult accompanying the child at the centre and provide reassurance and support. At the same time, he or she will provide the adult with pertinent information about the process and give them general guidelines of how to treat the child and help them recover after the evaluation.

Pediatric doctor

A medical professional for the minor

The paediatrician will be responsible for monitoring the minor and treating any possible physical consequences of the abuse, where necessary.

Clinical psychologist

A mental health professional for the minor

There will be a clinical psychologist who will conduct the evaluation on the child's emotional state and will plan subsequent treatment as necessary, which may include the non-offending family member.

The professionals on the mobile team will be linked to the homes, although they will not always be there. They will only go there to perform their functions:

THE MOBILE TEAM

The investigating judge

The competent body for leading the investigation of an alleged criminal offence. This party orders and takes statements from the alleged offender and the alleged victim and can decide to continue with criminal proceedings or file the case away, depending on the results of the investigation. This party will come to the Children's House to help gather pre-trial evidence.

The representative from the Public Prosecutor's Office

Is legally empowered to request the gathering of evidence during the pre-trial phase, formulate charges against the alleged offender for the commission of a criminal offence, participate in taking the statements of the alleged offender, the alleged victim and other witnesses. This party also has the legal obligation to protect the minor. The representative will come to the Children's House to participate in collecting pre-trial evidence.

The forensic doctor

The forensic doctor will evaluate any possible physical indicators of abuse. It is important to remember that sexual abuse is a health issue and that there must be an evaluation and a diagnosis, which will report on any possible physical signs the child may manifest.

The forensic psychologist

A forensic psychologist will be needed to conduct the forensic interview with the child. This professional will have specialised knowledge on perception, memory, thought and language, which will let him or her assess the credibility of the child's account based on the interview. This is the professional who will conduct the interview that can be entered as pre-trial evidence.

The lawyer specialising in child victims

Will be responsible for explaining the process involved in bringing the case to court to non-offending family members of the victim, as well as answering any questions they may have that are related to the legal process. Should families request it, this party can also provide specialised legal counsel.

The end-users

At first, the Children's Houses in Catalonia should focus on the evaluation and intervention for child victims of sexual abuse, although all child victims of violence could be assisted in the long term.

It is of utmost importance that the Children's Houses uphold the quality standards of the Barnahus model and do not discriminate against any child or adolescent who is an alleged victim of violence, nor against any family. The centre should therefore have professionals specialising in:

- Children from 0 to 3 years old
- Children with physical, intellectual and/or mental disability
- Foreign minors, accompanied or not
- LGBTQI children and youth
- Children assisted by the Directorate General for Children and Adolescent Services and/or the Directorate General of Penal Enforcement in the Community and Juvenile Justice

The families

Parents and the legal guardians caring for child and adolescent victims of sexual abuse play a key role in their recovery.³⁹

Following the Barnahus model, the parents or care-givers are welcomed by a professional—ideally a social worker—who explains all of the steps involved in evaluating their child, how the criminal justice system works, as well as the best way to help the child or adolescent victim recover from the experience.

Sustainability of the model in Catalonia

The success of the Barnahus model and its successful implementation throughout Europe reside in a combination of several factors that make it possible for the model to work in and be adapted to different cultural contexts. What lets the Barnahus model succeed is the sum of these key factors. Therefore, adopting only some of its features means the model may not be viable or operate as intended. Correctly implementing the Barnahus model in Catalonia primarily involves respecting the entirety of its quality standards, which are what guarantee the model's quality and sustainability.

³⁹ Pereda, N. (2011), "La importancia del apoyo social en la intervención con víctimas de abuso sexual infantil: una revisión teórica", *Revista de Psiquiatría Infanto-Juvenil*, 4, 42-51.

Children's Houses in Catalonia: why are they necessary?

Evidence-based effectiveness

They are the only effective response for protecting child victims of sexual abuse. Multiple empirical studies, both in the United States and in Europe,⁴⁰ have proven the effectiveness of Children's Houses in reducing secondary victimisation while providing better treatment to both children and their families.⁴¹

Since the implementation of the Barnahus model in Iceland, the number of cases of child sexual victimisation in which charges have been brought against the assailant have tripled.⁴² This proves that detection, and the evaluation of victims have improved, as well as the collecting of testimonial evidence.

It is a legal obligation

Establishing a service that provides specialised attention to child and adolescent victims of sexual abuse is a legal obligation stipulated by Catalan legislation.⁴³

It is a European and international recommendation

The Council of Europe, in its standards for child-friendly justice, recommends the use of Barnahus and, on an international level, the Concluding Observations by the Committee on the Rights of the Child (CRC) in Spain 2018 (CRC/C/ESP/CO/5-6)⁴⁴ recommend that a state-wide framework of coordination be adopted between administrations and institutions to respond effectively to situations of violence against children.

Children's Houses are a necessity if we want Catalonia to follow the direction of most European countries and take a step forward in protecting the most vulnerable children.⁴⁵ In addition to all the Nordic countries, others such as Germany, the United Kingdom, Poland, Malta, Hungary, Bulgaria, Lithuania, Estonia and Cypress have also started to implement this model.

The model is economically viable

Setting up Children's Houses would not entail new investment in resources, but rather their re-distribution. Professionals at existing centres, who currently work separately, would comprise the teams at the new Houses and would start working together. Catalonia has great initiatives that could be implemented at the new Children's Houses. Furthermore, European funds could be requested for structural reforms to carry out the implementation of the Children's Houses.⁴⁶

⁴⁰ See, for example, the experiences of parents and children assisted at the Houses in Sweden: Rasmusson, B. (2011), Children's Advocacy Centres and Barnahus: Experiences of children and parents', Child Indicators Research, 4, 301-321.

⁴¹ Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. J., Szczepanski, J., Lippert, T., Davison, K., Cryns, A., Sosnowski, P., Shadoin, A., & Magnuson, S. (2008), Evaluating Children's Advocacy Centres' response to child sexual abuse, US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴² Children's Commissioner (2017), Barnahus: Improving the response to child sexual abuse in England. UK: London. Source: <http://www.childrenscommissioner.gov.uk>.

⁴³ Article 93 of Law 14/2010 of 27 May: Protocol action framework against the abuse of children and adolescents in Catalonia of July 2017: http://treballiafersocials.gencat.cat/web/.content/03ambits_tematicas/07infanciaiadolescencia/DEST_columna_dreta/documents/Protocol-Marc-Maltractament-IA.pdf.

⁴⁴ See <http://www.bienestaryproteccioninfantil.es/fuentes1.asp?sec=1&subs=478&cod=3603&page=&v=2>.

⁴⁵ Council of Europe (2011), Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice, Council of Europe Publishing, "Lanzarote Convention on the Protection of Children from Sexual Exploitation and Abuse", signed by Spain on 25 October 2007.

⁴⁶ Source: https://ec.europa.eu/info/departments/structural-reform-support-service_es.

What could happen in Catalonia when a child says he or she has suffered a sexual abuse?



Lia's initial interview, that was recorded, is shown in court as evidence. If the court says so, it won't be necessary for Lia to attend trial.



Lia tells her story to a specialized forensic psychologist. Through a one-way mirror, the judge, the prosecutor, the investigated person and the defense lawyer watch the interview, that will be recorded.



If needed, Lia can continue a psychological treatment in order to help her recovery



If needed, Lia will be examined by a doctor from the Children's House



At the Children's House, Lia talks to a professional specialized in childhood victimization, who evaluates the situation



At all times, Lia's mother receives information about the entire process that Lia will follow and is offered psychological and legal support

Lia tells her teacher that she's suffering abuses at home

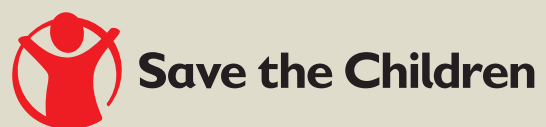
Lia's teacher gets in touch with the Children's House and recommends that Lia and her mother go there



At the Children's House, Lia would share her story with less people (up to four) and would have immediate access to specialized treatments for childhood victimization that could help her to carry on with her life.

RECOMMENDATIONS

- Establish the services to assist child victims of sexual abuse as stipulated by the Catalan Child Law, using the Nordic Barnahus model as an example, which combines the child protection system and criminal justice system under one roof.
- Establish a formal agreement among all departments involved to improve interagency coordination, avoid evidence duplication, and establish the use of the Barnahus quality standards to guarantee the quality of the model.
- Revise the intervention protocols for sexual abuse and other types of violence against children to establish the Barnahus as the single point of contact for:
 - Receiving reports and coordinating services.
 - Having the evaluation and diagnosis of the case conducted by professionals trained in exploratory interviews who work at the Children's Houses.
 - Conduct the forensic interview in coordination with other professionals at Barnahus.
- Create a single case file for each child victim of sexual abuse and other types of violence, shared by all departments.
- Modify procedural law, raise awareness and train the judicial authorities to encourage the regular collection of pre-trial evidence, with full legal guarantees and the protection of minors. In this regard, push for the modification of the LECrim via a comprehensive law to eradicate violence against children.
- Establish a legal framework that stipulates a time period for the intervention by child protective services: 7 days for less acute cases and 24 hours for more acute cases.
- Work with the bar associations to establish the role of a legal aid or public defender who specialises in child victims to ensure the presence of a specialised lawyer at Barnahus.



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