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Children's Rights in Norway

Protection from domestic violence and abuse

Skriftserien til Barnevernets utviklingssenter i Midt-Norge



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SUMMARY			
<p>This report has examined children's rights to protection from domestic violence and abuse in Norway. Literature about violence and abuse, and the Norwegian legal system, provided the theoretical basis for the study. The main focus was on interviews conducted with respondents in organisations in the social work field. The analysis of the interviews revealed several common themes. Norway has a broad range of organisations that work with the topic domestic violence and abuse; however there is some overlap between these with regard to the services they provide. There is some degree of cooperation between the different organisations, but there is room for improvement in this area. Some professionals experience difficulties with talking with children about violence and abuse. Work with families from different cultural backgrounds is also challenging in relation to the issue of domestic violence and abuse.</p>			
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PREFACE

We are two Erasmus exchange students from the Katholieke Universiteit Leuven, in Belgium, completing our master in pedagogy. For our research internship we decided to discover the adventure in Trondheim, Norway. The last four months we have worked at “Barnevernets utviklingscenter i Midt-Norge” (BUS); The Regional Child Protection Research Unit that is a department at “NTNU Samfunnsforskning AS”. Formally, we are affiliated with “Regionsenter for Barn og Ungdoms Psykiske helse” (RBUP), which is the regional centre for child and adolescent mental health.

During our internship, we worked on the project “Children’s right to protection from domestic violence and abuse”. Supervision for our project was provided by senior researcher Jim Lurie, and director/senior researcher Torill Tjelflaat at BUS. We would like to thank both for their professional contribution and support. We would also like to thank the other colleagues for the warm reception, and for including us in social activities.

For our project, we interviewed several members of organisations in the social work field. “Tusen takk” for the warm welcome, and for the provision of useful information. We are also grateful for the information we received from professor Matthew Colton, the leader of RBUP.

Special thanks go out to our families and friends, who supported us throughout our whole journey. Last but not least, we would like to thank each other for the good cooperation and pleasant company. Together we have managed to complete our research, as well as enjoyed Norwegian habits and culture.

It has been interesting to learn about children’s rights, domestic violence and abuse, and to have a closer look at Norwegian organisations working with these topics. We hope that this report will be a contribution to these issues, both in Norway and in our home-countries Belgium and the Netherlands.

Trondheim, Norway, December 2009

Janneke Stoffelen and Stéphanie Van Den Broeck

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1 INTRODUCTION

About the project

The topic of this project is children's right to protection from domestic violence and abuse. The aim of the project is to present an overview of the Norwegian situation regarding this issue and efforts to combat it. First, a theoretical analysis of the nature of domestic violence and abuse is given. Further, Norway's legal framework as related to this topic is summarized. The main part of the project is based on interviews with professionals from different organisations in the social work field. Both regional and national organisations have been visited in Trondheim and Oslo. In this way, information was obtained about how Norway organises services toward children who are victims of domestic violence and/or abuse. The descriptions of the organisations and the important issues that emerged are discussed in this report. Finally, we discuss the interaction between the different organisations and the relation to the theoretical and legal framework.

Information from organisations has been collected from interviews with:

- Barneombudet in Oslo (The Children's Ombudsman Office)
- Redd Barna in Oslo (Save the Children)
- Voksne for Barn in Oslo (Adults for Children)
- Alternativ til Vold in Oslo (Alternative to Violence)
- Ressurssenter om vold, traumatisk stress og selvmordsforebygging-Midt in Trondheim (Resource Centre for Violence, Traumatic Stress and Suicide prevention)
- Barnehuset in Trondheim (Children's House)
- Barnevernvakta in Trondheim (Child Protection Watch)
- Barne- og Ungdomspsykiatrisk Poliklinikk in Trondheim (Child and Adolescent Psychiatric Polyclinic)
- Overgrepsheten, St. Olavs Hospital in Trondheim (Sexual Assault and Abuse Unit)

2 THEORETICAL BACKGROUND

Violence against children

Definition

In the World Report: Violence against children, a statement is made that “*no violence against children is justifiable, and all violence against children is preventable*” (Pinheiro, 2006, p. 3). Violence against children is a global problem. However, it is difficult to define child abuse. Definitions of abuse and assault can never be objective or neutral (Mossige & Stefansen, 2007). Despite cultural differences in norms and regulations about child rearing practices, “*there is general agreement across many cultures that child abuse should not be allowed*” (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 59). In article 19 of the UN Convention on the Rights of the Child (CRC), the definition of violence against children is the following: “*all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse*” (United Nations, CRC, 1989). In the definition of the World Health Organisation a distinction is made between violence that harms the child, but where the injury isn't necessarily the purpose of the offender, and violence where the purpose is to harm the child (Mossige & Stefansen, 2007).

Child abuse in close relationships

Violence in the home is a violation on several fronts. In the first place, there is direct violence. Physical violence is often combined with psychological pressure. Further, domestic violence takes place between people that trust, or have trusted each other. It results in a fracture of this trust. The child is afraid of someone who should give him or her ultimate safety. Finally, the violence takes place at home, a place where people search for comfort (Storberget, Bråten, Rømming, Skjørten, & Aas-Hansen, 2007).

Barne- og familiedepartementet published a strategy plan in 2005 aimed at combating sexual and physical abuse of children. The plan identifies several forms of child abuse in the family: physical, sexual, mental abuse and witnessing violence in homes. Children that witness violence between their parents can hear it, see the injuries and feel the fear. Even very young children show negative effects when they live with a parent who ex-

poses his or her partner to violence. The main characteristic of physical abuse is that it inflicts pain, bodily injuries or illness on a child. The main element of sexual abuse is that the offender satisfies him- or herself at the expense of the child. It deals with actions that children cannot understand, are not mature enough for, or cannot give informed consent to (Barne- og familiedepartementet, 2005). Sexual abuse refers to those events that represent an attack on both the physical and emotional integrity of the child.

The extent of the problem

The extent of child abuse is not sufficiently documented in Norway. The child protection services in Norway only register the extent of physical and sexual abuse, but do not take into account children that witness violence in their homes. A recent study on students in their last year of secondary school measured the extent of direct physical child abuse, witnessing violence against parents and sexual abuse. The authors found that about 20% of the children experienced that an adult in the family hit them on purpose. Only a small group (approximately 2 %) was hit more than ten times during their upbringing. 10% of the students in the study have witnessed at least one incident of violence against a parent (Mossige & Stefansen, 2007).

Risk factors

Ecological models try to explain abuse within families. Risk factors can exist within the child, the family, the caregiver, the community and in the general society. Girls are at a higher risk than boys for certain forms of abuse, like infanticide and sexual abuse. Boys are usually subjected to harsher physical punishment than girls. Special characteristics of the child, for example a disability or learning problems, are risk factors in the child. Children with behavioural and psychological problems are at risk as well. Personality and behavioural characteristics of the parents, as well as prior history of abuse, stress and social isolation can contribute to child abuse. Physically abusive parents are often young, poor, single and unemployed and might have a low educational level (Krug et al., 2002).

The socioeconomic status of the family is related to violence in the home. Poor family economy, minority background and alcohol problems in the family are associated with an increased risk of experiencing direct violence from parents, witnessing violence between

parents, and sexual abuse Younger children are more vulnerable to abuse than older children. (Mossige & Stefansen, 2007).

The consequences of child abuse

The consequences of child abuse are often grave and vary according to the nature and severity of the abuse, the developmental stage of the child and the relationship of the offender to the child (Krug et al., 2002; Pinheiro, 2006). Manifestations also depend on the psychological strength of the child, its sex and the social context in which it is raised (Mossige & Stefansen, 2007).

Krug et al. (2002) divide the consequences of child abuse and neglect into two groups. The first group consists of health problems. Physical injuries that follow directly from the abuse include for instance bruises, fractures and brain injuries. Sexual abuse can result in reproductive health problems, sexual dysfunction, sexually transmitted diseases and unwanted pregnancies. All forms of violence against children in the family can have psychological and behavioural consequences. Victims can suffer from alcohol or drug abuse, depression and anxiety, delinquent behaviours, developmental delays or a posttraumatic stress disorder. Self-destructive behaviour is reported in many studies (Mossige & Stefansen, 2007). Children who have been sexually abused by one of their parents can respond to this situation by dissociating, trying to make themselves physically insensitive, reacting apathetically and/or by feeling responsible for the assaults (Barne- og familiedepartementet, 2005). Some children that experience violence in the family have a lack of contacts with the world around them, since the offender doesn't want the violence to be discovered. This lack of social networks can strengthen the feeling of loneliness (Prosjekt - Barn som lever med vold i familien, 2007).

The second group of consequences of child abuse that Krug et al. (2002) have identified consist of expenses that are associated with visits to the doctor, treatment and the justice system. Victims of child abuse sometimes face indirect costs as well, due to disability, decreased quality of life and lost productivity.

Young people are more vulnerable than adults. The traumatic events can influence their development in a negative way. Early experiences in a child's life form the basis for the

way children view themselves, relate to other people and understand the world around them. Early exposure to violence can have an impact on the maturing brain. In the case of prolonged violence, the disruption of nervous and immune systems can lead to social, emotional, and cognitive impairments. It can also lead to behaviour that causes disease, injury and social problems. Even though the plasticity of the brain leads to vulnerability (for example through negative influences or a lack of stimulation), it also enables children to show resilience. Many factors, both in the child and in his/her environment, can increase resistance to the development of mental problems (Borgen, G. et al., 2007, Pinheiro, 2006).

Solutions

Many adults, both professional and private, find it hard to talk to children about the violence they have experienced. People don't talk easily about this violence and the family often keeps it a secret. This makes it more difficult for children to get a clear picture about what is happening, and to be able to see the difference between the family they grew up in and other families (Christensen, in Storberget et al., 2007). Child abuse won't stop if children are not asked about it. When professionals don't know about the abuse, it prevents them from taking the necessary steps. Ending violence against children requires commitment and changes at every level; from the individual to the international (Bond, 2006).

Children's rights in Norway

History of the rights of the child

Human rights gained importance internationally after the First World War. The League of Nations was founded in 1919 with the aim of maintaining world peace. The United Nations Organisation (UN) arose in 1945. The UN regards respect for human rights and fundamental freedoms as the foundation of peace and democracy (Verhellen, 1994). Most official documents concerning human rights focus mainly on the rights of adults.

The first rights for children were established in the late nineteenth and early twentieth century. One of the first of these in 1874 was the prohibition of child labour for children below the age of twelve. In 1900 a child protection law was adopted. However, the protection of the child at risk came during the First World War. In order to help the young

victims from this war, the Save the Children Foundation was established in 1919. One of the earliest human rights documents with a focus on children is the Declaration on the Rights of the Child, that was passed by the League of Nations in Geneva in 1924 (Fottrell, 2000). After the Second World War and during the preparations for the Universal Declaration of Human Rights (in 1948) a decision was made that the Geneva Declaration needed change and extension, as attitudes toward children's rights changed. The result was the Universal Declaration of the Rights of the Child, adopted in 1956. This declaration refers to the need of the child for love and understanding, along with its material needs (Verhellen, 1994). 1979 was the international year of the child. In this year, Poland argued for a convention on the rights of the child, rather than a declaration and put a draft to the Commission on Human Rights (Verhellen, 1994; Franklin, 1995; Fottrell, 2000). The Polish version was taken as an initial draft, but gradually NGO texts became more important (Verhellen, 1994; Connors, Zermatten, & Panayotidis, 2007). In November 1989, the General Assembly of the United Nations approved the Convention on the Rights of the Child (CRC) (Connors, Zermatten, & Panayotidis, 2007).

Laws and conventions concerning children's rights

UN convention on the rights of the child (CRC)

Norway ratified the UN Convention on the Rights of the Child in 1991. The CRC was incorporated into the Norwegian law in 2003, as part of the Human Rights Act. When a conflict arises between the Convention and other statutory law, the CRC will have precedence.

The CRC includes a number of articles aimed at the protection of the child. Article 6, an important article in this category, ensures the child the inherent right to life and to maximum possible survival and development. Development refers to physical, psychological, social, mental, spiritual and moral development that prepares the child for an independent life in a free society. Many other articles are relevant to the safeguarding of the child's development.

Article 19, which is most relevant for the topic of this report, focuses on the protection of the child against various forms of abuse. It mandates that "*States Parties shall take all*

appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. The second part of article 19 describes the services that are relevant to accomplish these measures. It states that “such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

The criminal code of Norway

In addition to the CRC, Norway has enacted other laws which protect children against violence and abuse. The criminal code provides measures that protect adults, as well as children against felonies. Physical and sexual violence against children is criminalised under the general penal code (Criminal code, 1902). Three chapters relate to domestic violence and abuse. First of all, chapter 20 regulates felonies concerning family relationships. It applies to household members who are unwilling to provide support toward children under their care, or who neglect or maltreat the child. Secondly, chapter 19 relates to sexual crimes including those within the family. It does not only refer to the offender, but also to the person who helps or abets another person to commit such an act (criminal code, paragraph 209). Finally, chapter 22 relates to felonies against another person’s life, body or health. The penal code describes, for all three chapters, the consequences of violating the law including imprisonment. The penal code’s provisions concerning violence against children apply to all such incidents, regardless of where they happen. The circumstances surrounding the offence, however, do have an influence when it comes to sentencing.

The Act relating to Children and Parents (the Children Act)

The Children Act regulates relations between children and parents (Act No. 7 of 8 April 1981). Chapter 5 defines parental responsibility and explicitly prohibits corporal punishment. § 30 states that *“the child must not be subjected to violence or in any other*

way be treated so as to harm or endanger his or her mental or physical health". Violation of this provision is punishable under the criminal law. Decisions about parental responsibility and about where the child shall live are to be made based on the best interests of the child (§ 48).

The Act relating to Child Welfare Services (the Child Welfare Act)

The Child Welfare Act of 1992 aims to protect children from all types of violence and abuse in the home. It mandates the role of child welfare services at the local, regional and national level. The purpose of this act is *"to ensure that children and young persons who live in conditions that may be detrimental to their health and development receive the necessary assistance and care at the right time and to help ensure that children and young persons grow up in a secure environment (Child welfare act, 1992)"*.

The role of child welfare services in protecting children from violence and abuse is discussed in Norway's response to the UN Secretary-General's Study on Violence against Children (Barne- og likestillingsdepartementet, 2005). All forms of violence have to be reported to the child welfare services. If there is suspicion that the child is being mistreated or subjected to other serious abuse at home, the child welfare services may order that the child shall be taken to a hospital or elsewhere for examination. Private persons should contact the child welfare services when they believe that a child is at risk of harm for various reasons. First of all, he/she can report if the daily care, personal contact and security for the child isn't sufficient according to his/her age or development. Secondly, if parents are not able to look after a child with special needs, like illness or disability, this can be reported to the child welfare services. If someone suspects that a child is mistreated or abused, he/she can also contact the organisation. Lastly, the organisation can be contacted if someone suspects that a child's health or development may be in danger because of a lack of parental responsibility.

3 ORGANISATIONS STUDIED

Organisations visited in Oslo

In the project the following organisations have been visited in Oslo: 1) Barneombudet, 2) Redd Barna, Norgesprogrammet, 3) Voksne for Barn, and 4) Alternativ til Vold.

Barneombudet - The office of the Ombudsman for children

Structure of the Organisation

In 1981, four years after the international year of the child, Norway became the first country to establish an Ombudsman for children. Reidar Hjermann is the current Norwegian Ombudsman for Children. His main task is to protect the rights of children in Norway and to be a spokesperson on their behalf. The Ombudsman tries to influence the government and to make sure that the government follows the UN Convention on the Rights of the Child (CRC). The CRC was incorporated into Norwegian Law in 2003. The office of the Ombudsman receives funding from the Norwegian government, but works independently.

The Children's Ombudsman of Norway is part of the European Network of Ombudsmen for Children (ENOC). This is a network that discusses important issues that concern the lives of children and encourages the fullest possible implementation of the CRC. During network meetings, the Ombudsman and his deputy share approaches, information and strategies from the different countries with other Ombudsmen for Children.

Employees

The office of the Ombudsman is located in Oslo. It consists of 14 employees. These people serve all the children in Norway. The staff consists of the Ombudsman himself, his deputy, nine professional advisers, a media communicator and two administrators. The Ombudsman is a psychologist. He began in this position in 2004 and is now appointed for his second four year term. He has the strong opinion that it is important to talk to children in person. When he speaks at seminars, he always tries to meet with the children. His professional advisers have different educational backgrounds and are assigned to different fields of expertise, for example child welfare cases.

Working method

The organisation has different aims. First, it wants to influence the Norwegian government in following up the law in general, and the CRC in particular. Sometimes the office of the Ombudsman tries to change the law, for example to improve cooperation between different professions. Secondly, the Ombudsman finds it important to meet children and to speak with them. The organisation has developed the following approaches over the years to achieve this.

Straight talk

It is of great importance that children's voices are being heard and represented in the society. Therefore the project "Straight talk" was founded, where children can write messages on the internet addressed to the Ombudsman. These messages can cover different topics, like divorce, bullying or abuse. Often, children ask questions about their rights involving these cases. Both the children's questions and the Ombudsman's answers are put on a forum on the website of the Ombudsman. In this way, other children can learn and benefit from it as well.

Expert groups

Another way to come in contact with children is through the establishment of expert groups. These expert groups consist of children with different experiences in their lives, for example children who were exposed to sexual violence. Existing expert groups consist, among others, of girls that were exposed to sexual abuse, children that experienced violence, children with a parent in jail and children from ethnic minorities. These groups discuss related topics together with the Ombudsman and the professional advisers. The children can give advice based on their experiences. For instance, a recent topic that an expert group discussed was "What is better, to live in an institution or in foster care"? Children in these expert groups are mainly recruited by professionals in a specific field, who know children who are interested in discussing these topics. For example, the expert group on children who experienced violence was mainly formed by the organisation *Alternativ til Vold* (Alternative to Violence).

Emergency hotline

Thanks to the expert groups, the police have established an emergency hotline. The children had the experience that it was not easy to contact child protection services. Now there is a telephone number that children can call to get a hold on the child welfare system. During the daytime, children get the municipality they belong to on the phone. Outside office hours, an employee of the child welfare services will answer the call and will direct the information to the responsible municipality. The emergency hotline is a big improvement, but at the same time it can be criticized because information about the hotline has not been sufficient. The Ombudsman would like to have more information campaigns in school, to make sure that each child knows about and can make use of the hotline.

Individual cases

The office of the Ombudsman receives many questions regarding children's rights in individual cases. However, the office doesn't have the authority to intervene in individual cases, for example, about asylum seekers or child welfare. Nevertheless, the office can ask the involved party how the case has progressed and can give them some advice. The Ombudsman might check if the rights of the child have been taken into account. In this way, the Ombudsman can have an indirect influence on individual cases.

The CRC is being used more and more in individual cases related to child welfare. This is a development that the Ombudsman supports, so that the CRC becomes a practical instrument. The Ombudsman has observed that many professionals don't know how to use the CRC.

UN Committee on the Rights of the Child

As mentioned before, listening to children is an important principle for the Ombudsman. A recent event involving the Ombudsman was when UN Committee member Lothar Krappmann, came to Norway to speak with 59 children with diverse backgrounds. These children were divided into different groups, based on their experience. During workshops, they discussed different topics and gave advice to the UN committee member on where Norway violated the CRC. One of the expert groups worked on the topic "violence and abuse". The children came up with proposals for how to prevent this. They made clear that adults have to teach children that violence is wrong, since many children that grow up

in violent situations don't realize this. This message can be spread in schools and kindergartens. Another advice that the children in this group gave, is that professionals have to learn how to speak about the subject. Violence should not be silenced. The children had the impression that some professionals are afraid to talk about it. The office of the Ombudsman for Children will provide a written report with the advice of all the groups, and present it to Lothar Krappmann. In this way, he can have more insight into the Norwegian situation. This report might be taken into account when the UN Committee on the Rights of the Child makes its recommendations to Norway.

Cooperation

The office of the Ombudsman works independently of the government. It does cooperate with certain organisations, like child welfare services, Redd Barna, Alternativ til Vold, youth organisations and Landsforeningen for barnevernsbarn. The Ombudsman works together with NGOs, but is separate from them. Every fourth year, the Norwegian government writes a report to the UN committee of the CRC. The NGOs provide an alternative report. The Ombudsman provides its own report, separate from the report of the NGOs.

The Ombudsman also makes use of the media as a communication channel. Through the media, the Ombudsman can show the people that he is not afraid to speak up and to be critical. The main message he tries to express, is that adults should take children into account. The media, for their part, can play an important role in the work of the Ombudsman, by bringing some cases to the surface.

Changes related to domestic violence and abuse

According to the professional adviser on violence and abuse, the subject of domestic violence and abuse has changed over the years. One reason for this is that the Norwegian laws have become stricter. It is not allowed to expose children to violence. Another change concerns ethnic minority groups, who brought new concerns to the forefront, for example violence, prostitution and female genital mutilation. National studies have shown that some of these minority groups are more exposed to violence. The office of the Ombudsman finds it important that professionals are not afraid to say that these groups have more problems considering violence and abuse. It is also important to make this known to the public. Ethnic minority groups should receive more adequate information about what

is and is not allowed in Norway, where to get help and what the child welfare system can provide. Finally, the changes related to domestic violence are also due to increased knowledge about the subject. These changes, considering the topic “domestic violence and abuse”, bring about the need for new laws and knowledge. The government takes these topics seriously and tries to do something about them.

Improvements

The Ombudsman has a broad area of responsibility, so there always will be issues where improvement is needed. Current problems that deserve some extra attention include children from 15 to 18 years old in adult prisons, bullying at school and young (under 18 years of age) asylum seekers. The Ombudsman can choose the goals he will work on during his four year term. The main goal in the current period is to make the child welfare system good enough for vulnerable children in every part of Norway. Child protection services currently vary in the different regions of the country.

The office would like to have more resources, in order to add more employees. It works with a small number of staff members for the whole country. The Ombudsman for children is understaffed, as compared to the other Ombudsmen of Norway.

More publicity is also a concern of the office of the Ombudsman. A lot of children know about the Ombudsman through information campaigns in schools and kindergartens. But according to the Ombudsman, more publicity is necessary to ensure that every child knows who the ombudsman is, and in what way he can contribute in matters concerning children.

Redd Barna, Norgesprogrammet - Save the Children, Norway

Introduction

Redd Barna is the Norwegian affiliate of the international Save the Children alliance. The organisation secures and protects children’s rights – to food, shelter, health care, education and freedom from violence, abuse and exploitation. Redd Barna’s work is based on the UN Convention on the Rights of the Child. It tries to protect children’s rights and acts as a “watch dog” for this purpose. The organisation lobbies for changes at a structural level.

Structure of the organisation

Redd Barna consists of different departments: domestic, marketing, program, emergencies, information, economic and human resources. The program department works mainly with foreign countries. The focus of our interview was the domestic department. This department is divided into two sectors, “Children in Norway” and “members and volunteers”. The staff members at Redd Barna have diverse educational backgrounds including sociology, criminology, law and educational studies.

Working method

Redd Barna Norgesprogrammet has two main aims. The first is the protection of children who experience violence and/or abuse. The second aim is to strengthen the knowledge and competence of people who work with children. To achieve these goals, several measures are taken on a structural level.

Lobbying

The organisation lobbies for changes at a structural level. International meetings can contribute to this goal. An example is a meeting in Madrid a few years ago. At this meeting, Iceland presented a model of a children’s house. Redd Barna was interested in this proposal and searched for funding to implement the model in Norway. The employees of the organisation advocated for its establishment in Norway, in cooperation with a research group appointed by the Norwegian parliament. Their efforts led to the establishment of the first children’s house in Norway in 2007.

Norway’s small population makes it easier for Redd Barna to have direct contact with the ministries. This makes lobbying a little easier. For instance, residents of Oslo were dependent on the children’s house in Hamar which didn’t have the capacity to serve the people in Oslo. By lobbying directly to the government for extra funding, Redd Barna made it possible to establish a children’s house in Oslo in 2009. The budget for children’s houses is increasing, making possible the foundation of a seventh children’s house in Stavanger in 2010.

UN children's committee

Empowerment is an important principle in the working method of Redd Barna. Article 12 of the UN Convention on the Rights of the Child states that children have the right to be heard. Lothar Krappmann, a member of the UN Committee of the CRC, visited Norway to meet with 59 children and talked with them about important matters, in accordance with this principle.

Educational services

Redd Barna finds it meaningful to educate professionals that are expected to assist children; like for example teachers or child protective workers. One way that Redd Barna tries to improve the knowledge and competence of these professionals is through the use of training kits that present these important issues. These kits are distributed to all municipalities, since they have the main responsibility for providing child welfare services. To educate professionals is important, because many of them are afraid to ask children about violence or sexual abuse when they suspect that a child is a victim. The question why a child exhibits behavioural problems, for example, should be explored thoroughly.

Redd Barna also experiences that help often comes too late. The first kind of help is usually provided within the homes of the children, but is not always sufficient. According to Redd Barna, this kind of support often continues too long, which makes the situation for the children unsafe. In 2008, Redd Barna started the campaign "*Please Disturb! You don't see it before you believe it*". The aim of the campaign is to get adults to act when they suspect that a child is exposed to violence and/or abuse.

Children's groups

The domestic program focuses mainly on two groups. These concern violence and sexual abuse and unaccompanied minors. Other groups include children that are living in closed religious communities, children living in poverty and children who have a parent in prison.

Redd Barna doesn't provide alternatives in individual cases, but finds it important to learn more about them. An example is the different ways to discipline a child that certain minority groups use when they raise their children. The knowledge Redd Barna has mainly

derives from projects. Knowledge is the basis of all the reports that the organisation writes.

Project 'Dugnad'

'Dugnad' is a Norwegian word that refers to the Norwegian tradition of people working together voluntarily to accomplish tasks, activities, et cetera in their community. Redd Barna uses this word for a project that works with the mayors of the municipalities. The organisation has sent letters to the mayors proposing the need for action in the following areas: arrange hearings with children, map the situation of children that are exposed to violence and sexual abuse, map the knowledge and competence of the involved services on this topic, and train the people that work with these children. Redd Barnas training kits described above, can be used for this training. So far 76 mayors have signed this letter and are willing to participate.

Cooperation

Redd Barna is a well-known organisation in the society. This is mainly a result of good research and a good network. Redd Barna cooperates with diverse research organisations, like NOVA and the support centre for incest victims. Other partners are the NTNU in Trondheim, the university of Oslo, training colleges for the police, and RVTS. Redd Barna chooses these partners carefully; only organisations with a certain status are taken into consideration. Redd Barna has a close working relation with the group "Children's Rights" at the parliament.

Voksne for Barn - Adults for Children

Introduction

Voksne for Barn was established in 1960, under the former name "Mental Barnehjelp". The organisation is concerned with children's mental health. In the beginning, Voksne for Barn only worked with caregivers; people that have responsibilities towards children. Nowadays, the organisation also works with children, in accordance with the UN Convention of the Rights of the Child, which states that children should have influence on their daily lives. Voksne for Barn sees itself as a social-political actor that can have influence on a governmental level by putting important issues concerning children's mental health on the agenda.

Structure of the organisation

Voksne for Barn is a membership organisation. The NGO consists of 15 local groups with around 3000 members and 250 spokespersons. The office is located in Oslo and has no regional branches. 25 people are currently working at Voksne for Barn. The employees have different educational backgrounds, for example pedagogy, psychology, law and medicine. The people working at Voksne for Barn have in common that they are politically engaged. Everyone above the age of 16 can be a member. In Norway, this is the age that a person can decide about his/her health issues without parental consent. Voksne for Barn gets financial support from the government. Other financing sources include advertising, payment for training, campaigns, an internet shop and membership fees. Voksne for Barn is satisfied with their current financing. However, it wants more money for campaigns to make the organisation visible in society. Voksne for Barn presents itself to the public through the media, a website, publications, marketing programs, 250 local spokespersons and by inviting people to different groups and meetings. Reports are written every year. One report deals with research, while the other focuses on children's opinions. The last one has a positive approach; it emphasises solutions instead of problems.

Voksne for Barn aims to empower children and parents. Voksne for Barn provides a structure where children can have influence. It is important to use the experience of children, but adults remain responsible for solutions. Another goal is to raise awareness of mental health issues. It is necessary that these issues are visible and addressed.

Focus

These days, adults with a mental illness are mainly being treated in policlinics on an outpatient basis. As a consequence, children are living at home with parents who are mentally ill. Voksne for Barn focuses on this group of children, since they have a higher risk of developing a mental illness themselves. Around 50% of these children have an episode of depression before they turn 18. Children growing up with a parent with a mental illness have the right to information about their parent's condition. A new law obliges the government to provide this kind of information and to look after their needs.

The main focus of Voksne for Barn is on meeting the needs of children. The organisation doesn't distinguish between groups of children, that's why there is no separate group

“domestic violence and abuse”. The mental needs of children that are victims of domestic violence are interlinked with the needs of children who have parents with a mental disability or parents who abuse substances. In cases of domestic violence and abuse, the role of men as perpetrators is mostly highlighted. Violence against children committed by mothers is often a taboo. A Swedish study shows that violence inflicted by the mother is even more severe for children, since the mother is usually the closest caretaker.

Families from different cultural backgrounds are a special concern, because they have to adapt to the Norwegian law that prohibits corporal punishment. This can be difficult, due to cultural habits and practices. Statistics show that 80% of child protection cases, in the district of Oslo, involved immigrant families. Out of this group, 90% involved an element of violence. Voksne for Barn tries to make these families aware of the Norwegian law and practices, by using booklets.

Working method

Voksne for Barn offers services through a broad approach. First of all, it has programs that promote skills. Secondly, there are prevention programs. In addition, special attention is given to risk groups. Finally, Voksne for Barn offers support to people who require help. Services are offered to the broader public, children, parents and professionals.

Booklets

Over the years, Voksne for Barn has published different booklets for children and for parents. They deal with different themes, like difficulties at home, mental illness and substance abuse. The booklets for children are distributed in schools and kindergartens. The purpose is to start a conversation with children about sensitive topics. The publications for parents aim to open up the subject of mental illness and to raise awareness about their situation. The books can help to enable parents to talk about their problems. The booklets are financed by the government. They can be found in all clinics and on the website of Voksne for Barn. Voksne for Barn has the impression that a lot of practitioners use them as an aid to discussing the subject of mental health. They can provide assistance in talking to children, something professionals might find difficult.

ARENA-project

In 2001, Voksne for Barn established the ARENA-project. It is a project that educates spokespersons for children and young people. The local and regional spokesmen are 16 years and older. They are recruited and trained by Voksne for Barn. The main goal of the project is to enable children and young people to influence the development of public services within the area of mental health. Children's participation on a structural level is a main concern of the ARENA-project. Spokespersons work voluntarily in their local environment, in relation to mental health topics. They work on different tasks, depending upon their own interests and the needs of the local community. For example, they can lobby the local governments when resources are insufficient. They also organise hearings with children. These hearings sometimes use creative approaches; children may for example decorate a shoe box that represents how they act on the outside of the box and how they feel on the inside. To present children's experiences on a systemic level, the boxes are made in group. In this way they represent a collective experience of mental health issues.

Target groups

Children

Voksne for Barn believes that it is best when parents are in agreement when a professional talks to children. However, children should have the possibility to talk to professionals, even when their parents don't approve, for example in a case of sexual abuse.

All over Norway, Voksne for Barn established coping groups for children at risk. These coping groups are divided by age; one from 8-12 and one from 13-15. By participating in groups, children develop a network where they can share their experiences.

Voksne for Barn provides six programs in schools, concerning the topic "mental health". One of them is "Zippy's friends", a program that is implemented in sixteen countries. It is an education program, aimed at five to eight year olds. The program is financed by the government. The purpose of "Zippy's friends" is to strengthen children and to teach them how to deal with every day problems and feelings. It encourages the children to explore alternative ways to handle these feelings and to reflect about them. The program has a

positive approach; its main goal is promoting skills, rather than focusing on problems. “Zippy’s friends” is now being evaluated.

Parents

The organisation provides support groups, lectures, courses and seminars for parents, with a focus on skills rather than weaknesses. Voksne for Barn works mainly with groups, but also has a helpline and an internet forum for individual contacts. Parents can address all kind of subjects concerning their children.

Professionals

Voksne for Barn develops programs for professionals. The goal is to improve their competence and to assure that services work in a comprehensive way. The programs are based on training and manuals. Examples of these programs are: “How to talk to children about difficult issues” and “How to have family conversations”. The last program has been developed in cooperation with the Netherlands. Voksne for Barn has a good reputation as an up-to-date organisation. Other services can become a member and follow up the focus of Voksne for Barn. Voksne for Barn cooperates with other professionals to develop programs and training.

Improvements

Voksne for Barn believes that it contributes to voicing the experiences of children. It also has an impact on professional achievement in the field. The organisation develops new methods and programs. A challenge for Voksne for Barn is to provide a system for follow-up that is less complex. Voksne for Barn has the impression that the organisations that work with mental health are moving in the same direction, but that this process goes too slowly. For example, children that have parents with mental health problems should be helped earlier. It is important that they receive help in daily life before they develop their own mental health problems.

Alternativ til Vold - Alternative to Violence

Structure of the organisation

Alternativ til Vold (ATV) is a research and treatment centre for violent offenders and people witnessing or being exposed to violence. The organisation was founded in 1987. It

is the first centre in Europe that started working with violent men. The organisation focused on men that used violence in close relationships, usually against their partner. Since 1991, ATV also works with women who use violence. From then on, it addressed not only partner violence, but also violence against children. At present, ATV provides treatment for women and men who use violence in close relationships. This treatment consists of group and individual therapy. Besides therapy, the organisation has research projects. ATV receives a stable, ongoing funding for the therapy they provide. The projects are mainly funded by private organisations, for example the Red Cross.

ATV is a private organisation with eight offices throughout Norway; six more will be established within the next two years. The organisation has 45 employees, mostly psychologists, working throughout the country. This will be expanded to 60 within the next year. ATV finds itself in a safe financial position at the moment, because it is part of the state budget for the next four years.

Working method

When people come to ATV for therapy, it is on a voluntary basis. The majority are already in contact with other services, like child protection and psychiatry. These clients sometimes feel the pressure to do something about the violence, to make sure that they can remain in contact with their children. Another group that contacts ATV acknowledges that something is fundamentally wrong and wants help to change. A person can contact ATV by phone, by e-mail or in person. There is no referral necessary to receive help from ATV. After the first contact, ATV meets the person within fourteen days. Based on this meeting, ATV decides together with the client what will happen next. Therapies that are provided by ATV can be individual or in a group. When a person enters therapy at ATV, he/she has to sign a paper that states that all involved therapists can exchange and discuss information about the case. Unfortunately, the organisation struggles with a long waiting list. People can be placed on the waiting list for maximum six months. ATV can give priority to more severe cases. People that have to wait for a long time are offered educational group courses. These courses are set up to educate abusers about violence, but are not comparable to therapy. They are provided to let clients feel that they are still enrolled in the system. Another temporary solution is to redirect clients to private services.

ATV works mainly with people who use violence in close relationships. To work effectively, ATV believes that it is important to work with the whole family. Therefore, ATV evolved from an individual point of view to a family perspective. The welfare of the child is of the highest importance for ATV. The organisation does not interfere in family conflicts. It respects the choice of the partners to stay together or not. If partners split up, this doesn't mean that the violence stops. Especially children, but also ex-partners can still be victims. This is a reason why ATV has a close cooperation with the organisations that work with the other family members. Even after a separation, the family perspective will be maintained.

One of ATV's projects "Children living with violence" focused on the perspective of children who experienced or witnessed violence. The impact that domestic violence has on children, has been shown to be more severe than ATV first believed. The outcome of this national study led to a different point of view towards violence in close relationships. Besides the growing emphasis on the family perspective, the psychologists of ATV are less naïve about the stories of the offenders. ATV feels that the therapy that the professionals offer can help to ensure a secure environment for children.

As stated above, ATV tries to capture the whole story, from different perspectives. This does not imply a systemic point of view. According to ATV, the person who uses violence has the main responsibility, a principle they make clear in therapy. This differs from systemic therapy, where every member of a system has a certain level of responsibility in a violent situation.

A purpose of ATV is to strengthen the violent offenders and victims, not only as adults, but also as parents. When parenthood is a central notion in therapy, the offenders have to focus on their child. The motivation for change is stronger when children are involved. To optimise the effectiveness, ATV tries to talk about children of the offender in therapy.

Projects

ATV has developed numerous projects throughout the years. These projects pursue narrow goals that are being carried out in local communities. All projects derive from clinical work. They are characterised by a systematic development of knowledge. In 1997, ATV

started its first project. It dealt with partners that experienced violence in their relationship, in other words, the victim side. They are currently applying for five new projects. One of them concerns violence between siblings. The results of the projects are being implemented in therapy. The projects are used to get more specific knowledge about violence.

The effectiveness of the projects that are conducted by ATV has to be evaluated. Since there is no golden standard for clinical research, it is hard to evaluate projects. Besides evaluation research, ATV uses clinical experience to see whether or not a certain working method is effective in individual cases. For example, it has been found that it is much easier to stop physical than psychological violence.

Results of the projects and international research play an important role in the working method of ATV. The organisation tries to include theoretical frameworks in its way of thinking and working. ATV has learned from its studies that there is a big overlap between partner violence and violence against children. For example women who are victims of abuse have eight to twelve times more chance of using violence against their children than other women. A project led by ATV concerning adolescents who use violence, showed that more than 80% of them had experienced or witnessed violence in their family. The project made clear that the seriousness of the violence used by the adolescent is associated with the severity of the violence that he/she has experienced in his/her background.

Development and distribution of expertise

Specialised knowledge and skills in relation to violence are essential in the work with offenders. ATV thinks that treatment should focus specifically on violence and has the opinion that people who use violence have a psychological problem. Violence should be thought of in the same way as for example an eating or anxiety disorder.

A goal of ATV is to develop knowledge and skills to help workers to become good caregivers. One of the purposes of this expertise is to transfer it to other organisations. After other organisations have acquired these specialised skills, ATV's initial goal was to become redundant. However, experience has shown that there is an ongoing need for spe-

cialised services. ATV remains important in the development and distribution of knowledge and skills concerning violence. To be able to spread their knowledge effectively, good cooperation is necessary. Experience with this type of cooperation showed that many organisations didn't ask children about violence and abuse in the family. Violence occurs in more families than is currently known by these services. Moreover, if you don't see violence, you don't handle the problem. That's why ATV strongly emphasises that other organisations should ask their clients directly if they have experienced violence.

Cooperation

ATV finds it meaningful to establish a support system, since working with violence is complex and challenging for the caregiver. The employees of ATV never work alone on a case. They are also able to discuss the case with caregivers who work with other members of the family. In nearly all cases, ATV works together with child protection services.

ATV cooperates with the University of Oslo, the local community and the Institute of Criminology. Cooperation with other services has improved over the years. In certain cases, sceptical prejudices have been overcome. ATV has established cooperation with crisis centres, the police, family centres, child protection services and psychiatry. These organisations have benefited from the knowledge and competence that ATV has developed.

Improvements

The cooperation with psychiatry is not as effective as with the other organisations. These services belong to two different ministries; psychiatry to the Ministry of health and care services and ATV to the Ministry of labour and social inclusion. The medical perspective of psychiatry sometimes conflicts with the working method of ATV. Despite these differences, ATV would like to improve the cooperation. Both institutions can benefit from each other, especially in relation to specific knowledge about their target groups.

ATV praises itself lucky in having a steady budget from the government and in getting resources for many projects. Despite these resources, ATV would like to get more funding to be able to work with all family members. In compliance with the request of the

government, ATV currently offers therapy primarily to the violent offender, although help for victims may sometimes be embedded in projects.

Organisations visited in Trondheim

In the project the following organisations have been visited in Trondheim: 1) Barnehuset i Trondheim, 2) Barnevernvakta, 3) RVTS, 4) Overgrepsheten, St. Olavs Hospital, and BUP.

Barnehuset i Trondheim - Children's House

Structure of the organisation

Barnehuset i Trondheim (Children's House) is an organisation that strives to offer all necessary help for a child gathered at the same location. It provides services for children up to 16 years of age who are witnesses to, or victims of physical, psychological or sexual abuse or violence, and whose cases have been sent to court. The services Barnehuset offers are medical examination, short time therapy, interrogation by the police, legal assistance and coordination of future services. Interrogation at Barnehuset can also be offered to children and adults with a mental disability. For both target groups it can be stressful to talk about their experiences in court.

Redd Barna pointed out in a report in 2004 that the present system was inadequate and recommended an alternative way of working. Establishment of Barnehuset was inspired by the Icelandic model. The justice minister, Knut Storberget, was a driving force behind the establishment of a children's house in Norway. This initiative derived from a personal engagement to fight against child abuse. The first Barnehuset was established in Bergen in 2007. At the moment, there are six children's houses in Norway. They cover all health regions and are part of the police department. Barnehuset in Trondheim was founded in February 2009. It covers the health region "Norge Midt", which includes the counties Møre og Romsdal, Sør-Trøndelag and Nord-Trøndelag. Barnehuset in Trondheim follows the global structure of the other children's houses. It uses the two-year experience of barnehuset in Bergen and Hamar and implements what works there. It also has developed its own approach. For example, the organisation in Trondheim is currently working on a project to help youngsters who have been violent or abusive towards other children.

Employees

Barnehuset has four permanent employees. The person in charge is a social worker with a specialization in children. There are also two other social workers and one technician employed. The staff has professional experience from child protective services. This experience and additional education are important tools for working with the target group. The staff also has theoretical experience including research-based knowledge. To further improve their knowledge and skills, the social workers attend courses, for example about violence, family therapy, counseling and guidance. They also participate at conferences, like the recent Nordic conference on violence and treatment. When the social workers struggle with questions or uncertainties they can receive advice from a supervisor. The current staff will be increased by the addition of a doctor, nurse and psychologist within the next year. Other professionals can be consulted as needed.

Cooperation with other professionals

When a judge receives a report involving children in abusive situations, he or she decides whether or not a family will be referred to Barnehuset. The judge has to be present during interrogations at Barnehuset, either in person or via videoconference. However, not all judges refer families to Barnehuset. They don't always see the advantage of this way of working, partly due to unfamiliarity with the organisation. Distance is also an obstacle since Barnehuset covers a large district. Judges further away from Trondheim tend to refer families less often to Barnehuset. Barnehuset's staff argues that some judges tend to hold on to traditional working methods and are reluctant to make use of their modern facilities.

Barnehuset in Trondheim is administratively organised under the Department of Justice and Police, within the police district for Sør-Trøndelag. It is not, however, located in the police station. The reason for this is that Barnehuset wants to present itself as a child friendly organisation. Being confronted with police officers in uniform might be frightening for children.

Interrogation is the main task of the police at Barnehuset. Five policemen are specially educated to interrogate children. In the whole health region (Norge-Midt) more policemen can be called upon. When the police interrogate the children they wear plain clothes, to

avoid additional stress. A videotape of the interrogation can be used in court, so that the child doesn't need to be present there.

The social workers are subject to certain legal restrictions. They are not always allowed to contact the family if this can interfere with a police investigation. They can receive legal advice as to what they can and cannot do. During an interrogation, a prosecutor and the child's lawyer are present in the conference room.

Working method

When you enter Barnehuset it is clear that the organisation tries to make the situation as comfortable as possible for the child. There is a separate entrance for the child and the family to make sure that they are not immediately confronted by the officials (police, lawyers or doctors). All the services that Barnehuset offers are provided in the same building. First of all, there is an interrogation room. The room is set up in a way that is not stressful for the child, for example small chairs are used for young children. To prevent distraction, a limited amount of toys can be found here. In this room, a policeman/woman can interrogate the child. While the child is being interrogated, the judge, the prosecutor, the child's lawyer and the social workers follow the interrogation on a television screen. When the parents are not involved in the violence or abuse they are allowed to attend this process.

An important task of the social workers is to use the interrogation to be able to decide what kind of help the child needs. Barnehuset can provide short-term therapy for the child, up to 15 sessions. Follow-up of the families is a central part of the working method. This can be achieved by phone calls or house visits. Issues that can come up during these conversations include how it's going with the family, what kind of help they need and information about the help available from Barnehuset. Narrative practice and systemic thinking are two of the theoretical perspectives that the social workers use with the families. It depends on the case which principle guides the therapy, but the main attitude has to be one of respect, honesty and listening. Sometimes parents are invited to follow a therapy session with their child, to help them to listen to him or her. It is important that the child is heard, something Barnehuset also links to the UN Convention on the Rights of the Child.

Besides helping the child directly, Barnehuset coordinates the help services and provides advice. They can provide information to schools, kindergartens, police departments, etc. when they struggle with questions concerning child abuse. The social workers coordinate meetings between hospitals, police, lawyers and child protective services. Barnehuset is a new organisation that is not yet well known in society. It hopes to improve this by giving presentations to other organisations, and by reporting to the media about their services.

Links to domestic violence and abuse

Since the start of Barnehuset in Trondheim the organisation has dealt with 75 cases. Not all cases concerning child abuse are included, since the majority of these cases are dismissed at the police station. The cases that the police do pass on to the judge are not always referred to Barnehuset, since as stated above; judges are sometimes reluctant to send families to this organisation. This applies mainly to the districts that are located further away from Trondheim. So far most cases come from the county of Sør-Trøndelag. Until now, no cases from Ålesund and Kristiansund have been referred to Barnehuset.

Most cases involve sexual abuse. Since the start of the organisation, few cases concerning children with different cultural and linguistic backgrounds have been referred. The social workers feel nonetheless that they have to learn more about various cultures, since family patterns can differ. Barnehuset staff finds it important to listen to the voice of the child. In certain families the child isn't in a position to speak for itself. Therefore, the challenge is to stop the family from silencing their problems. When communication is difficult due to language problems it is possible to make use of a translator.

Improvements

“Learning by doing and reflection” is a statement that Barnehuset staff strongly support. To accomplish this, the social workers are willing to change and improve the way of working. In the first place, a main goal of Barnehuset is to give children more legal protection, so that their positions are taken more seriously. Secondly, in order to develop further, contacts with the other children's houses in Norway are an important resource. Children's houses must be seen in connection with regional organisations, like crisis centres. In addition, Barnehuset's staff finds it advantageous that they can rely upon their education about violence in families. Sometimes policemen, legal experts and doctors lack the

experience and knowledge to handle cases of domestic violence. Barnehuset's staff believes that this knowledge is necessary in order to grasp the impact of the problem on families and children. Furthermore, Barnehuset would like to arrange a meeting before the interrogation of the child. There is an agreement with the police that this meeting should take place when they deal with serious cases, but in practice this has not yet occurred. At present, a meeting only takes place afterwards, to discuss the further necessary steps.

Barnevernvakta - Child Protection Watch

Structure of the organisation

Barnevernvakta (BVV) is one of the units of Ungdomsenheten, which is a department of Barne- og familietjenesten (BFT). Ungdomsenheten is a unit that deals with family problems involving young people. This unit also includes other services, for example a day school for dropouts, a summer project, a family therapist and communication courses. These services are mainly aimed at youth above the age of 12, while BVV focuses on younger children as well.

BVV is an organisation that works with crisis situations in families. BFT helps families who need assistance during a longer period of time and works within office hours. BVV focuses on acute crisis situations and is accessible 24 hours a day, but provides its services mainly during evenings, nights, weekends and holidays. Exceptionally, they give assistance to BFT on busy days or do check-ups on families. After a crisis intervention, BVV writes a report that will be given to BFT who will handle the case further if necessary. BVV is not allowed to look into the reports written by BFT. The employees of BVV are not pleased with this restriction, because they would like to learn from the way BFT proceeds with the cases. They can however receive information through direct contact.

Team

The people working at BVV are all social workers. Seven people work fulltime, six women and one man. More men are wanted, since it may be easier for clients to talk to someone from the same sex. To be a strong and cooperative team, the members get assistance from a psychologist. This is important, because the team members have to be able to work with each other. It's therefore crucial that the team members know each other

well. For example non-verbal communication during a home visit can be an important tool to handle the situation.

To maintain and improve their skills and knowledge, the employees receive additional education. Additionally, the team members can benefit from each other, since every member has his own professional specializations and interests, like drugs, young children or crisis intervention. Apart from this team there are employees who work especially during the weekends.

Working method

Contact

BVV can be contacted by everyone, like parents, children, schools, and police. People working at state services are obliged by law to report when they are worried about a situation concerning a child. Most people contact BVV by telephone. The organisation has its own telephone number that can be found on the internet, but numerous people contact another service first, mostly the police or BFT. These services redirect the call to BVV. It's not possible to contact BVV by e-mail. The organisation is contacted when families need help. The social workers can do home visits or give advice over the phone. BVV guarantees the availability of two staff members 24 hours a day. The social workers on night duty can be called when there is an emergency situation.

Giving advice through the telephone is the most common way of helping. Many parents contact BVV with questions concerning age-related questions for youngsters from ten to eighteen years old. Compared to ten years ago, BVV now receives more calls and the types of questions have changed. For example, nowadays BVV receives more calls concerning teenagers with problems with substance abuse or difficult behaviour.

The nature of the problem determines whether or not a home visit is recommended. If there is an acute crisis situation where a child is at risk; BVV acts immediately. In other cases BFT will be contacted the next day. BVV can only decide about acute placements, this means not longer than for two days. When the placement is not voluntary, assistance from a lawyer is required. The first choice for placement of a child is among family members. If this is not possible, the child can be placed in an institution or in foster care.

The police check up to see whether or not placement in the family is a safe option for the child.

Communication

BVV tries to take the views of the children into consideration. Speaking with them can give a lot of information, but sometimes their loyalty towards their family members or their traumatic experience prevents them from saying exactly what happened. Conversations with the child usually take place in informal situations, for example when a social worker drives the child to an institution. Apart from talking to the children, BVV takes time to get to know the family situation. They try to meet the family members and to listen to them. Hearing the family's story is not only important for the families themselves, but is also used to write valuable reports that will be passed on to BFT.

Some of the families in contact with BVV come from other countries, sometimes with cultures and traditions which are quite different from those of Norway. These differences, particularly in language and culture, present additional challenges for BVV staff. BVV can make use of a translator to overcome language barriers. However, this is a very expensive solution that is only used when English isn't sufficient. Cultural differences are sometimes difficult to take into consideration. The social workers are willing to learn more about this topic, since they have the impression that they lack the necessary background. Sometimes it can be difficult to change attitudes towards cultural traditions that are in conflict with the Norwegian law. For example, corporal punishment, a practice that is still common in some countries, is not permitted in Norway.

Cooperation with other services

BVV's offices are located in the police station. Good cooperation between BVV and the police enables both groups to work more effectively. On the one hand, the police accompany the social workers when they suspect that a house visit might be dangerous for them. On the other hand, BVV can assist the police, for example after an accident to provide psychological support to the victims and their families. Whenever a child is involved in a situation, the police have to contact BVV. BVV can also ask them for relevant information about the family history. The employees are very pleased with the cooperation with the police. The fact that the offices are located within the police station is a big advantage.

In this way they can see and appreciate each other's work, and they can help each other out when this is needed. BFT does not have this advantage, and as a result BVV has the impression that the cooperation between BTF and the police is less extensive.

BVV cooperates not only with BFT and the police, but also with the whole welfare system, including crisis centres, institutions, doctors and child psychiatry. It is therefore important that the social workers know the system thoroughly.

Link with domestic violence and abuse

BVV receives approximately four cases a week. BVV statistics for 2008 show 65 reports of domestic violence. In total 57 children were involved, which shows that some families had contact more than once. Sexual abuse is not directly shown in the statistics, but is reported in some cases. The reason for this is that no one contacted BVV in 2008 with sexual abuse as the main concern. BVV suspects that there are a higher percentage of cases of sexual abuse than reported.

RVTS, Region Midt - Resource Centre for violence, traumatic stress and suicide prevention

Structure of the organisation

The Ressurscenter om vold, traumatisk stress og selvmordforebygging, Region Midt (RVTS) was founded in 2007 and is a department of St. Olavs Hospital in Trondheim. It consists of three teams that handle different topics - refugees, suicide prevention, and violence and abuse. The common theme among these teams is a traumatic situation in a person's life. Every group has its own team coordinator. RVTS offers services to professionals in the community who ask for help. The people that contact the team for violence and abuse are employees of child protection services, incest centres, child psychiatry, family therapy centres and students. RVTS receives all of its funding from the government and can therefore provide services free of charge.

Employees

The people working at RVTS have different educational backgrounds, including medicine, psychology, sexology, psychiatry, family therapy, social work and law. 23 people are employed at RVTS. The unit for violence and abuse has 7 employees. Most of them

work part-time, which enables them to do clinical work in other organisations. RVTS has tried to get permission to do clinical work themselves, but this is not what the government expects the organisation to do.

Working method

Main tasks

The main tasks of the team for violence and abuse consist of teaching, consultation and supervision. Teaching can cover diverse subjects, for example how to talk with a child about abuse. Consultation means that help is offered over a short period of time. This can be for example by telephone, by attending a staff meeting once or twice or by presenting a case in an organisation. Supervision takes place over a longer period of time. Casework is the most common way to achieve results. This will be done together with the professionals who requested assistance. RVTS staff members think it is more effective to work with groups over a longer period of time than to provide one consultation session.

A general goal of the violence and abuse team is to make professionals more aware of the traumatic impact that domestic violence and sexual abuse can have on the victim. To be able to help the children, professionals have to see the problem of the trauma. RVTS teaches them for example to see how children might feel and act when they are confronted with domestic violence.

Contact

Contacting the centre is easy; it can be done by telephone call or e-mail. Since RVTS doesn't offer treatment, only professionals that work with families can contact the centre. If families contact the centre directly, they will be referred to other organisations.

Since RVTS is a relatively new centre, many organisations have never heard about it. To make it known to the wider professional public, the staff visits other organisations. However, some organisations have already contacted RVTS because they are eager to learn more about difficult cases concerning violence. In this way, the centre gets more and more known in the community. Thanks to this publicity, RVTS has been invited to several conferences, which further increases the visibility of RVTS. The centre is best known to child protection services.

Theoretical background

RVTS is concerned about the role of mediation in domestic violence cases. In Norway, there is a major focus on mediation, for example, when working with children whose parents are divorcing. RVTS finds it important to look forward. This means that the attention is drawn to what is going to happen to the children; instead of why the parents are divorcing.

Nowadays, children receive mainly behavioural treatment. RVTS, on the contrary, bases its approach on trauma therapy. The purpose is to understand the trauma that is going on in families. It takes different viewpoints toward trauma and stress. The organisation looks for different methods that work, like for example narrative exposure. It is only possible to give trauma therapy when the child is not at risk of being abused anymore. Otherwise, support treatment is given.

RVTS has also developed and participated in research projects. In these projects, researchers try to find out what kind of methods work in certain cases. A current project led by a doctor, is aimed at finding scars on the affected body parts of children that have been sexually abused. The overall goal of the different approaches is to understand the trauma of the child at different levels.

RVTS wants to take a closer look at the Norwegian legal system and how legal procedures can influence the treatment system. Parental rights and responsibilities are emphasised in family law. This can interfere with the rights of the child. One of the employees is currently working on a master thesis on this topic. In Norway, there are no specific judges for domestic violence cases; judges handle all kind of topics.

Cooperation

RVTS aims to achieve cooperation between the three teams. This is something the organisation already does, but needs to do even more in the future. Family cases involve all three teams. Each team works within its expertise with families.

RVTS is part of the Nasjonalt kunnskapssenter om vold og traumatisk stress (NKVTS). This centre is mainly responsible for the scientific work. NKVTS is located in Oslo. It

provides a scientific overview for the five regional departments, RVTS-Midt, -Øst, -Vest, -Sør, and -Nord, which cover the whole country.

Improvements

RVTS is a relatively new organisation. It has the impression that it is achieving something, but wants to improve further. The organisation would like to reach all students who will work in the social field. The staff is currently starting to get involved with school programs. Teaching about violence increases students' knowledge about this subject. This will hopefully make them more attentive and concerned as workers in the future. Students have to ask themselves what they are going to do when they meet these kinds of problems. An important message is that no one can solve a domestic violence case alone. These cases are complex and professionals have to think about the law, health, and social and family systems at the same time. Careful work is necessary, since people can get hurt and even killed. Consultation with professionals who gained experience in these cases is a useful resource. That's why RVTS provides a helpful service, where you find an experienced staff that is willing to help.

RVTS would like to be able to do clinical work themselves, along with the training, consultation and supervision that they are doing at the moment. Apart from this, the centre would like to get time to do research. This is not its task at the moment. Due to this, the staff has the impression that its knowledge becomes outdated.

Barne- og ungdomspsykiatrisk poliklinikk - Child and Adolescent Psychiatric Polyclinic

Structure of the organisation

Barne- og ungdomspsykiatrisk poliklinikk (BUP) in Trondheim is an outpatient clinic (polyclinic) for children with psychiatric problems and their family. It was founded in 1968 and is a part of St. Olavs Hospital. BUP has different departments that cover different areas in Sør-Trøndelag. There are five polyclinics, a special polyclinic, a professional team, an acute post, a rehabilitation centre, a family centre and an assessment unit.

The polyclinic Klostergata is located in St. Olavs Hospital in Trondheim. It consists of different teams that work with children and young people up to eighteen years old with psy-

chiatric problems. There is a general team and specialization teams: a trauma team, a Webster-Stratton team, a team that is working with children up to six years old and a neurological team.

Team

BUP is an interdisciplinary department with expertise in psychology, child psychiatry, family therapy, pedagogy and social work. Decisions about cases are made jointly. Most of the work is clinically oriented, but can sometimes be complemented with research. An important task of BUP is diagnosis. Here, the interdisciplinary team members contribute with different viewpoints. For example, the psychologists emphasise possible traumatic experiences that can play a role in the creation of the problems. The family can have an influence on the development of psychological problems. That is why BUP finds it important to not only look at the individual child, but to take the whole family into consideration. However, a lack of resources prevents the centre from doing this properly.

Working method

General team

When children and their family come to BUP, the first contact is with the general team. In most cases, they have an intake meeting with this team. After the intake meeting, a decision will be made about how the case will proceed. The general team can provide therapy or refer the case to a more specialised team. The therapy that the general team provides consists mainly of individual therapy. The content depends on the kind of problems and on the individual client. A lot of therapy consists of cognitive therapy.

Trauma team

The trauma team is responsible for children with psychological trauma, caused by physical, sexual or emotional violence, and children that are confronted with accidents, crises or catastrophes. Often, these children have post-traumatic stress symptoms. The trauma team has two members. Due to a heavy caseload, the general team sometimes has to help out.

Webster-Stratton team

BUP services have included a Webster-Stratton team since 2001. This team works with children from four to eight years old with behavioural problems and with their families. This team provides group therapy, both for children and their parents.

Infant and young children team

The infant and young children team targets children from zero to six years old. It provides help for parents who have difficulties in the upbringing of their child. These difficulties may include parents who struggle with adapting their parental behaviour to the needs of their child. Parents that have worries about children's psychological health are also directed to this team. A third target group is children that have a parent with psychological problems. Finally, the team provides help to young children with traumatic experiences.

Neurological team

The neurological team is for children up to eighteen years old with a neuropsychiatric problem. These problems consist mainly of attention deficit disorders, attention deficit and hyperactivity disorders, deficits in attention, motor control and perception, tic disorders, obsessive compulsive disorders, autism spectrum disorders and verbal and non-verbal learning problems. This team works closely together with schools.

Ambulant team

BUP works with an ambulant team that conducts house visits, which can have certain advantages. It can contribute to the development of a comprehensive overview of the family situation. Furthermore, this team can play an important part in the follow-up of clients.

BUP Statistics

BUP distinguishes between cases involving internalising and externalising behaviour. The 2008 annual report shows that there is a strong increase in reported externalising behaviour (St. Olavs Hospital, 2008). BUP works more with externalising than with internalising problems.

Age groups are divided into 0-6, 7-12 and 13-18 years of age. The two oldest groups are in the majority; only around 10 % of the children are younger than six. BUP would like to

reach more children in the youngest age group, since early intervention can prevent the problems from escalating. In general, more boys than girls receive care, especially in the two youngest age groups.

Cooperation

BUP cooperates with different organisations including schools, kindergartens, the pedagogical-psychological service (PPT), child protection services, first line services, like doctors and second line services, like crisis centres. Many of these organisations refer children to the centre when necessary. BUP statistics show that most referrals are from first line services, especially doctors and from second line services. Over the years, more children have been referred to BUP. BUP has the impression that the cooperation with other services has improved over the last few years. Cooperation is important for BUP.

Overgrepsheten St. Olavs Hospital - Sexual assault and abuse unit

Structure of the organisation

Overgrepsheten is a department of St. Olavs hospital in Trondheim. Children and young people that are abused and need acute help can contact the centre. Overgrepsheten is a regional service that covers the counties Sør-Trøndelag, Nord-Trøndelag and Møre og Romsdal. The target groups are girls up to sixteen years old and boys up to eighteen years old. The majority of the cases involve young girls. The staff now mostly sees children from six to eight years old. There used to be many children below the age of five. In the department in Levanger, in Nord-Trøndelag, services are offered to adults who are the victim of sexual abuse. The staff in Trondheim includes a psychologist, a coordinator, psychiatric nurses and a gynaecologist. The centre is accessible 24 hours a day.

Working method

Overgrepsheten provides various services, which are mostly medical in nature. The centre receives approximately 70 to 80 cases a year. These cases include sexual abuse, female genital mutilation, neglect and physical violence. St. Olavs hospital also has a rape department which provides services for people above the age of sixteen. This centre receives more cases, close to 100 cases a year. Everyone can contact Overgrepsheten. People can do this by going there in person or by making an appointment by telephone.

Most people contact the service by telephone, the method preferred by the staff. The centre has a low threshold; a referral is not necessary.

Acute help

Rape victims are offered acute help. Usually these victims are referred by the police. Overgrepsheten has the task of collecting evidence of the rape, for example swabs and photographs. Evidence is collected during a medical examination. This consists mainly of an outer inspection and in-depth photos of the vagina and/or anus. The staff tries to get the children to cooperate. Often, a telephone call with the parents is conducted before they come to the hospital, to prepare them. Apart from the collection of evidence, Overgrepsheten offers medical help. Victims that are at risk for HIV, pregnancy or who have a physical trauma can receive the necessary treatment. Psychiatric nurses are in charge of the follow-up of the clients.

Capturing the story

Other services that the hospital offers are aimed at enabling the child to tell the whole story about what happened. Methods used include clinical interviews and observations, for example when the child plays in a sandbox or with a dollhouse. The psychologist pointed out that getting the whole story about the event is particularly difficult when the offender is someone who is close to the child. Overgrepsheten offers therapy, up to ten hours. If a child needs more than this, he or she will be referred to the local policlinic for child psychiatry.

Female genital mutilation

Overgrepsheten also deals with female genital mutilation. This is a problem among some girls and women from Somalia and other countries where this practice still exists. Girls can come to the centre for a check-up after visits to their home country, if it is suspected that mutilation may have taken place. Female genital mutilation is a criminal offence. Mutilation is sometimes hard to detect, since different degrees of mutilation exist. When a case is discovered, it can be referred to Barnevernvakta or to the police. Until now, this has never happened. Female genital mutilation is a topic that is taken seriously by the Norwegian government. Discussions are held about whether all girls from high-risk countries should get check-ups. This is not the case at present.

Court

From time to time, people working at Overgrepsenheten are called into court as witnesses. Usually, this is a task for a doctor, psychologist or psychiatric nurse. It is often difficult to get a conviction for sexual abuse. However, newer technology sometimes contributes in collecting evidence. For example, in certain cases the offender took pictures of the event with a cell phone. These pictures can often be used as evidence. This kind of proof is helpful in court, since otherwise it is the word of the victim against the word of the offender. Many cases are dropped, due to lack of evidence. Despite a dismissal in court, a case can be handed over to the child protection services, where less evidence is required. Child protection services can decide whether a family will be put under supervision or if a child must be removed from one or both parents.

Cooperation

Twice a year, the staff at Overgrepsenheten meets with the police. Apart from this, the staff rarely reports to the police, only when they receive a case from the child protective services.

At the moment, children whose cases are at Barnehuset, go to the hospital when they need medical help. However, this will change next year. Barnehuset will get funding to purchase services in order to provide the medical examination themselves. Overgrepsenheten questions whether this will be an improvement, since St. Olavs hospital is equipped with a laboratory and X-ray equipment which is difficult to transport to another place.

4 DISCUSSION AND SUMMARY

This study has examined children's right to protection from domestic violence and abuse in Norway. First, to provide a theoretical basis, the topic violence and abuse has been studied by looking into relevant literature. Secondly, the study presents some of the legal basis for protection from violence and abuse in Norway with reference to several Norwegian laws and to the UN Convention on the Rights of the Child. The main focus in this study has been on information collected through interviews with respondents from significant organisations in the social work field including those working both at a structural and a practical level. This has provided useful information on the role of these organisations in protecting children from domestic violence and abuse. Barneombudet, Redd Barna and Voksne for Barn provide services on a structural level, while Barnehuset, Overgrepsheten, BVV and BUP ensure services at a practical level. ATV and RVTS provide a combination of both levels. An important partner in the practical field is the child welfare service. We did not conduct an interview with this organisation. The interviews have given insight in the way different organisations provide services concerning domestic violence and abuse. The analysis of the nine interviews provided an overview of the Norwegian welfare system, with focus on efforts to protect children from domestic violence and abuse. Similarities and differences between the organisations are also discussed.

The interviews, as well as in the literature, indicate that Norway takes the UN Convention on the Rights of the Child seriously. Not only has it been incorporated in the Norwegian law, several organisations also have taken it as the basis in their work. Especially organisations at the national level, like Redd Barna and Barneombudet, try to enhance the status and implementation of the CRC.

The CRC states that children have the right to be protected against violence and abuse. It is important that these issues are recognised and acknowledged before action can be taken. Nevertheless, throughout the interviews, many respondents said that it appears to be difficult for professionals to talk about violence and abuse with children. During the visit of the UN Committee member Lothar Krappmann, Norwegian children came to the same conclusion. According to both, it is important that violence is not silenced. Children

should know that violence is wrong and should be able to talk about it. Professionals not only have to be aware of these experienced difficulties, but should also take action to be more confident in talking with children about this topic.

Not only talking with children about violence and abuse, but also working with clients from different cultural backgrounds appears to be a challenge. Different cultural practices and attitudes in the upbringing of children can be in conflict with the Norwegian law, which states that corporal punishment is not allowed. These differences present challenges for these organisations in their work on this issue. Many organisations are very careful about mentioning specific problems related to families with a different cultural background. The respondent at the office of the ombudsman stressed that it is important that these problems be mentioned in order to be able to address them properly. During the interviews, several respondents expressed their willingness to learn more about how to work with different cultures. Providing services to these groups can be especially challenging due to communication problems. To overcome those, many of the organisations make use of translators. However, they are not often used. The most important reasons for this are that translators can be very expensive and it is not always easy to find available translators in some languages. Limited knowledge and skills on the part of service providers and communication problems can prevent these groups from receiving necessary services.

To safeguard children's rights in relation to domestic violence and abuse, many organisations have been established in Norway. However, sometimes they seem to serve the same goals and provide services that overlap with each other. One may question if they actually complement each other or if they mainly overlap. It seems that a lot of government funding is spent on organisations which are providing similar services. For example, the recently established children's houses provide partly the same services as Overgrepsenheten at the hospital. Several organisations, including RVTS and Voksne for Barn are engaged in training professionals on this topic. Perhaps these training programs can be better coordinated to avoid unnecessary duplication. Instead of creating new organisations, it may be more effective for existing organisations to expand their methods and responsibilities. The fact that some organisations provide similar services can also cause confusion among clients, who can have difficulty in finding the service which is most appropriate for them.

Throughout the interviews, cooperation between organisations appeared to be an important goal. In general, cooperation between different services seems to go well, but there is need for improvement. Services to protect children from domestic violence and abuse are the responsibility of more than one ministry, including the Ministry of Labour and Social Inclusion and the Ministry of Health and Care. This can make it more difficult and more complicated to achieve cooperation between organisations which are funded by or responsible to different ministries. For example ATV experiences some challenges in the cooperation with child psychiatry. Recently, Lurie & Tjelflaat (2009) described the state of knowledge about coordination and cooperation between child protection and child psychiatry. They conclude that there is a need for better cooperation and coordination between these two services. A recent “white paper” from the Ministry for Children and Equality (NOU 2009:22) reaches a similar conclusion regarding the need for better coordination of services for children and young people who are at risk. The Flatø Committee which authored this report, recommended that child protection, health services and social services work more closely together to ensure that children and families at risk experience a single “door” into the helping services and that help be provided as early as possible, before the child’s problems become more severe (Barne- og likestillingsdepartementet, 2009).

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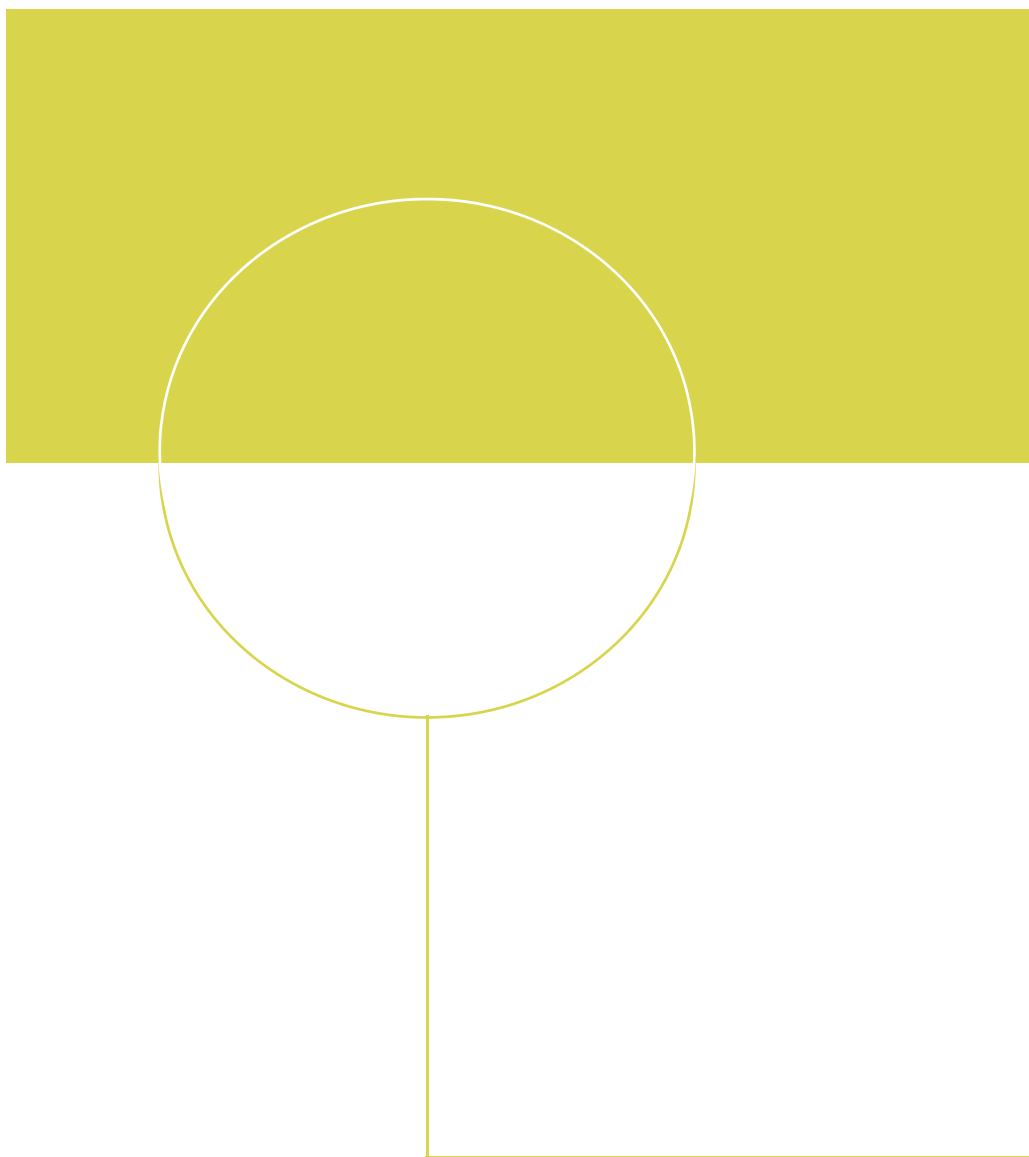
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