



NORWEGIAN MINISTRY OF CHILDREN,
EQUALITY AND SOCIAL INCLUSION

Strategy

Childhood comes but once

National strategy to combat violence and sexual abuse
against children and youth (2014–2017)





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FOREWORD

As a society, Norway has come a long way in its efforts to protect children and adolescents from violence, sexual abuse and bullying. The progress we have achieved is attributable to policy decisions, legislation, increased knowledge, public discussion, media attention and the work of professionals, parents and children themselves. We do not permit parents to harm their children, and we express collective grief and alarm when we hear of children exposed to serious abuse. To the vast majority of parents in Norway, nothing is more important than the well-being of children. All the same, violence and sexual abuse, whether in the family or elsewhere, are a part of daily life for many children.

Extensive research shows how consequential violence may be, whether it is directed at a parent or the child itself, and whether it takes the form of direct physical violence, sexual abuse or bullying. Violence can lead to extensive cognitive, social, psychological and physical problems in both the short and long term. Violence against children and adolescents is a public health challenge.

The approach to violence and sexual abuse against children in Norwegian society must be one of zero tolerance.

We want safety and security for all children, enabling them to enjoy good health and a good quality of life as they grow. Taboos must be broken. We must possess the skills and the courage to see children's pain – even when it's not readily visible. Then we must act, and we must know which form of help is correct in each situation. Adults have a responsibility to expose violence, abuse and bullying in the lives of children and youth, and to prevent such acts whenever possible.

To do this, we must put more focus on the child's perspective. Knowledge and skills must be developed in line with the needs of children and adolescents. Vulnerable children must feel protected, seen and understood. Their input should be accorded significant weight in policy development and programme design. Children, young people and their families are entitled to get the right kind of help at the right time. Services must be accessible, with agencies collaborating across professions in the best interests of the child. Most kids find the help they need at home, at school or in day care, but others have to be placed outside the home for their own protection and optimal care.

The strategy and programmatic measures presented here are the result of collaboration and coordination among the four ministries. This is our shared foundation of knowledge and our shared set of priorities for combating violence and sexual abuse against children and young people, both within the family and in the other environments they frequent.

Oslo, 2 September 2013



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PART I STRATEGY

1. GOALS

All children are entitled to a safe, sound upbringing. Children and young people must not be exposed to violence, sexual abuse or other offences in or outside the home. They must feel safe in their communities, at day care and at school.

Greater emphasis is to be placed on prevention, early intervention and cross-agency collaboration. Children, young people and their parents must find it easy to access a set of services whose staff members encourage cooperation and work actively to prevent violence and sexual abuse. Children who need assistance must be identified at an early stage and given quick, appropriate, multidisciplinary help. All organisations that provide care services, health services, day care and schooling are to view the overall needs of children and adolescents, and to work across professional and organisational boundaries.

It is important to shed light on the many different forms of violence and abuse that children and adolescents face on a regular basis. Some children are exposed to multiple burdens of a complex nature, and have difficulties in many areas of life simultaneously. To achieve our goal, updated knowledge about the risks and consequences of exposure to violence and other stresses must be widely shared. Priority will be given to prevention and treatment programmes and methods that are well documented. New methods must be systematised, evaluated and communicated to everyone who has contact with children and adolescents. A purposeful mixture of practical experience, study programmes and research should be encouraged. We must ask children to recount their experiences and provide feedback to be incorporated into our knowledge base. Greater attention must be paid to the factors that contribute to learning, growth and good health.

Day care participation in Norway has increased dramatically in recent years, and preliminary figures for 2012 show that overall coverage for children aged one to five is 90 per cent. For those aged three to five, coverage is 97 per cent. That means day care centres can play a unique role in identifying young children who face difficult situations at home. The goal is for all employees to be aware of their responsibilities and to know enough to recognise how children behave when they have been exposed to different types of violence or abuse. Competent observation and follow-up is then possible.

Youngsters in day care and school learn to set their own limits by way of play, conversation and instruction. An open approach to the topic may encourage more of them to tell what they have experienced, so they can be helped. Children should be given genuine influence in the decision-making and services that affect them. Their views should be evident in the decisions taken. Children should also have influence on shaping policies at various levels of public administration.

The violence and sexual harassment that children and young people inflict on each other, including offences that occur via digital technology, are also worrying. It is important to obtain more comprehensive knowledge about this problem in order to target preventive efforts and provide appropriate forms of help and treatment.

With increased knowledge and awareness, a zero-tolerance attitude, active joint efforts and better coordination, we can effectively help children and youth who have been subjected to violence and abuse. In this strategy document, the Government presents 42 measures to combat violence and sexual abuse of children and young people.

2. THE STRATEGY

This *National strategy to combat violence and sexual abuse against children and youth* covers the period 2014 to 2017. It applies to children and adolescents aged 0–18 regardless of gender, functional ability level or sexual orientation. The strategy encompasses the majority population as well as the indigenous population, national minorities and immigrants¹. Affiliation with such groups is specified where relevant.

Part I of the strategy contains an overall presentation of the way in which the Government intends to strengthen and further develop preventive efforts and the strategic steps necessary to expose violence and sexual abuse in society. Also presented here are measures to intensify the work of protecting and otherwise helping children and adolescents who have been exposed to violence or sexual abuse. Part II of the strategy contains the store of basic knowledge on which the Government's policies, strategies and measures are based.

This strategy has been developed collaboratively by the Ministry of Children, Equality and Social Inclusion, the Ministry of Health and Care Services, the Ministry of Education and Research, and the Ministry of Justice and Public Security. The Ministry of Children, Equality and Social Inclusion has headed the project. During the process, a variety of organisations have provided input to the ministries. A number of research seminars have been held in connection with the project. Topics have included diagnoses and caregiver neglect, online abuse and harassment, and the role of appointed experts.

Programme measures are followed up in annual status reports. Relevant organisations, especially those representing children and young people, will be included in the status reviews.

¹ The Sami are indigenous. The national minorities are Jews, Kvens/Norwegian Finns, Roma, Romani people/Travellers and Forest Finns. In accordance with Statistics Norway's definition, the immigrant population includes anyone (born in Norway or abroad) with two foreign-born parents. All the groups above may be referred to in general as ethnic minorities.

The Government will revisit the various programme measures in its annual budget submissions. It should be noted that implementation is subject to available budgetary means.

3. BACKGROUND

Exposure to violence or sexual abuse is a painful experience that increases the risk that children and adolescents will develop psychological and physical health problems, whether in childhood or adulthood. Abused children may become sick adults².

Violence and sexual abuse also carry large socioeconomic costs in the form of assistive school services, mental and physical health services, child welfare services and police resources³. Childhood traumas may lead to diminished quality of life and a reduced ability to participate actively in society; these in turn can bring about social isolation and unemployment, with the financial troubles that often result. A socioeconomic analysis from December 2012 estimates that violence in close relationships costs Norwegian society between NOK 4.5 billion and 6 billion annually. Child welfare costs are the largest expense item. The costs of violence outside the home are not included in the analysis. There is a great deal to be gained, in both human and economic terms, from determined efforts to prevent violence.

Meld. St. 15 (2012–2013), a white paper on preventing and combating violence in close relationships, was the Government's first report to the Storting on domestic violence. An accompanying action plan was submitted on 16 August 2013. The white paper focuses primarily on violence against adults. The Government believes a special effort is needed to counter violence and sexual abuse against children, and therefore has decided to develop this separate strategy for children and youth. Thematically, however, the white paper, action plan and strategy are connected. Certain measures discussed in the action plan are also included in this strategy, underscoring that those measures apply to children and youth as well as adults.

This strategy is a sequel to the 2005–2009 strategy to combat physical and sexual abuse of children and national action plans against domestic violence for the periods 2004–2007, 2008–2011 and 2012. The new strategy is designed in the context of relevant documents such as:

- Meld. St. 34 (2012–2013) Public Health Report: Good Health – A Common Responsibility, white paper, Ministry of Health and Care Services

² Kirkengen, A.L. (2009): *Hvordan krenkede barn blir syke voksne* (How abused children become sick adults), Universitetsforlaget.

³ Rasmussen, I. et al. (2012): *Samfunnsøkonomiske kostnader av vold i nære relasjoner* (Socio-economic costs of violence in close relationships), Oslo: Report 2012/41 VISTA Analyse.

- Meld. St. 24 (2012–2013) *Framtidens barnehage*, white paper on day care, Ministry of Education and Research
- Prop. 85 L (2012–2013) *Barneperspektivet i foreldretvister*, bill to the Storting on the child's perspective in parental disputes, Ministry of Children, Equality and Social Inclusion
- Equality 2014: the Norwegian Government's Gender Equality Action Plan, Ministry of Children, Equality and Social Inclusion
- *Handlingsplan mot voldtekt* (2012–2014), action plan against rape, Ministry of Justice and Public Security
- Action Plan Against Forced Marriage, Female Genital Mutilation and Severe Restrictions on Young People's Freedom (2013–2016) Ministry of Children, Equality and Social Inclusion
- Upcoming national strategy on child and adolescent mental health (2013–2018), Ministry of Children, Equality and Social Inclusion
- *Handlingsplan for forebygging av kriminalitet* (2013–2016), action plan on crime prevention, Ministry of Justice and Public Security
- *Handlingsplan for forebygging av selvmord og selvskading* (2013), action plan on preventing suicide and self-injury, Ministry of Health and Care Services
- *Handlingsplan mot vold i nære relasjoner: Et liv uten vold* (2014–2017), action plan against domestic violence, Ministry of Justice and Public Security

Child welfare service goals and programme measures are thoroughly discussed in Prop. 106 L (2012–2013), a bill to the Storting to amend the Child Welfare Act. In that document, the Ministry of Children, Equality and Social Inclusion has submitted a number of legislative amendments to strengthen the standing of children. It contains a detailed discussion of child welfare service responsibilities and programmes aimed at strengthening cooperation with other agencies.

Because separate action plans have been created to address rape, human trafficking, female genital mutilation and forced marriage, those issues are discussed in this strategy document only as need arises.

4. STRENGTHENING THE CHILD'S PERSPECTIVE

The right of children to be heard is enshrined in Article 12 of the UN Convention on the Rights of the Child as well as section 6–3 of Norway's Child Welfare Act and section 31 of its Children Act. Speaking with children and granting them genuine influence must become a natural and integral part of service providers' working methods. It should be just as natural to speak with a child to learn his or her perspectives on a situation as to talk with parents or adult helpers about the child. Being seen and listened to leads to increased self-esteem, a sense of competence, a more positive self-image and improved sense of well-being. In order to exercise their right to express opinions and otherwise be heard, children must receive good, age-appropriate information.

Children and young people have provided input to this strategy, and several of their opinions and proposals have been incorporated. In dialogue with politicians and civil servants, representatives of the following groups have contributed views and specific proposals: *Ungdomspanelet hos Barneombudet* (youth panel of the Ombudsman for Children), *Forandringsfabrikken* (The Change Factory), *Landsforeningen for barnevernsbarn* (national association for children who have received child welfare services), *Unge Duer* (Young Doves) and *Mental Helse Ungdom* (Mental Health Youth).

There is broad agreement that schools are an important arena for reaching children and young people with information about domestic violence and sexual abuse. School staff need to know what constitutes violence and sexual abuse, what types of help are available to children and youth and whom they should contact if an issue arises. Websites visited by youngsters must be used as information channels. It is important that children and youth have the opportunity to speak with a trustworthy adult, such as a nurse or physician. They also need to know what to do if a friend is experiencing violence or sexual abuse. A major push is needed to strengthen anti-bullying and anti-harassment efforts, and the school health service must be expanded.

In the 2012 book *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), youngsters express the view that adults must:

- Treat children like people, not projects
- Not wait to help
- Make it possible for children to cope with school, despite a difficult situation
- Not put all blame on the children
- Make sure there are places where mothers and fathers can get help⁴

5. CHALLENGES AND MEASURES

The following section presents measures designed to address the challenges described in Part II of the Strategy regarding the knowledge base.

Prevention is better than cure

A number of children and adolescents are exposed to violence and sexual abuse. The challenge lies in preventing such abuse and intervening at an early stage with assistance for those concerned in order to put a halt to the violence and prevent maldevelopment.

⁴ From the book *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Carolina Øverlien, Universitetsforlaget, 2012.

Children need to have knowledge of sexuality and their body, of physical and psychological violence and of sexual abuse. This can make it easier for children to set limits and understand what is unacceptable behaviour, enabling them to put difficult experiences into words. Experts, adolescents and a variety of non-profit organisations have long underscored the importance of children learning about violence in school. Schools are an important arena for reaching children and young people with information about violence and sexual abuse. Other ways of communicating knowledge of violence and sexual abuse are also important in ensuring that the information reaches children and adolescents. A variety of courses and information packets are available to day care centres and schools. The challenge is to reach all children and youth with information tailored to their age level and to ensure that the measures implemented have the desired effect. The effect of existing education must be evaluated. The Norwegian Centre for Studies on Violence and Traumatic Stress is participating in a comparative study of online violence and abuse. When this study is concluded in 2014, an app will be developed by and for young people with a view to preventing violence and sexual abuse.

Schools play a pivotal role in efforts to prevent maldevelopment. Preventive efforts in schools focus on health, nutrition, physical activity, prevention of abuse and violence, extremism, intoxication and crime. School authorities and administrators and the other members of staff at individual schools must be clearly aware of the links between health, well-being and learning.

Preventive activities must begin from the very start at public health clinics because the clinic staff are in contact with parents and children from an early stage. Public health clinics enjoy considerable trust among the population and see children and their parents regularly in the course of the child's first year of life. The service is well positioned to pick up early signals of unhappiness, developmental abnormalities and behavioural problems, and can help to ensure timely interventions either in the home or at the day care centre.

A fully developed school health service must be expected to be able to help identify and follow up on children and adolescents who are at risk. Furthermore, an adequately staffed school health service will be able to make itself available to a child whenever he or she contacts it. When necessary, the school health service must refer the child for assessment and treatment, and must work with other agencies to put in place assistance to meet the individual needs of children and youth.

In the years to come, preventive health and care services for children and young people are to be further developed and strengthened. At present, the resources allocated by

municipalities to public health clinics and school health services do not match the level of need. The Government particularly wishes to improve school health service programmes.⁵

Being harassed and bullied is a significant risk factor for developing physical and mental health problems, both while the bullying is taking place and later in life. The Education Act affirms that all pupils are entitled to a physical and psychosocial school environment that promotes health, well-being and learning. Schools have a statutory duty to engage actively in continuous, systematic efforts to promote a good environment free from bullying. The incidence of bullying must be reduced. To a greater degree than at present, schools must expose bullying. Children who bully other children or who themselves are bullied must be given assistance. The challenge is to find methods and solutions that have a measurable impact.

Norwegian children have extensive access to the Internet through handheld technology. Frequent use of the Internet gives children valuable digital skills, but Norwegian children are also more exposed than children in other countries to unpleasant experiences, inappropriate images and a variety of abuses. In the light of their extensive access to and frequent use of the web, the challenge is to inform children and young people about good Internet habits and ways in which they themselves can deal with various types of digital abuse.

1. The role of schools in preventing violence and sexual abuse is to be strengthened

The purpose clause of the Education Act describes the broad social mandate of basic education. The Core Curriculum elaborates on the purpose clause, defines general educational goals and lays the value-related, cultural and knowledge-related foundation for primary and secondary education. This forms the basis for schools' efforts to promote well-being, social inclusion and a good learning environment for all pupils. Goals for pupils' knowledge of violence, abuse, violence related to sexuality and violence in close relationships are clearly defined in competence aims after the second, fourth, seventh and tenth grades and the first and second years of upper secondary school. The changes have been adopted for implementation as from the 2013-2014 school year.

Competent ministry: The Ministry of Education and Research

⁵ Meld. St. 34 (2012–2013) *Folkehelsemeldingen. God helse – felles ansvar* (Public Health Report: Good Health – A Common Responsibility)

2. Review of current information programmes and courses for children and youth on violence and sexual abuse

Current information programmes and courses on violence and sexual abuse that target day care centres and schools are to be reviewed to determine whether the programmes and methods have the intended effect. A group of experts will be appointed and tasked with preparing a report for the ministries. The results will serve as the basis for the development of a uniform approach in which effective programmes and methods will be continued.

Competent ministries: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Education and Research

3. Plan for disseminating information on abuse, violence and sexual abuse against children and young people

A plan is to be drawn up for disseminating information to adults and children, which will cover various abusive acts such as bullying, violence and sexual abuse. The information will focus on such issues as what promotes a child's development, from before birth until adulthood, what harms a child's development in the short and long term, and where help can be obtained. The information will be adapted to the child's age, and will be disseminated by digital means. Other methods of dissemination must be considered, so as to ensure that the information reaches the target groups. The Government will consider creating a single web portal to coordinate information from central government authorities and other bodies on abusive acts, violence and sexual abuse against and between children. This measure will be viewed in conjunction with the websites www.116111.no, www.ung.no and www.helsenorge.no

Competent ministries: The Ministry of Children, Equality and Social Inclusion in collaboration with the Minister of Education and Research, the Ministry of Health and Care Services and the Ministry of Justice and Public Security

4. Strengthening public health clinics and school health services

The requirements that must be met by these services must be clearly defined. The Regulations relating to health promotion and protection in public health clinics and school health services are currently being revised, and consideration is being given to highlighting responsibility for combating violence in the purpose clause. The Directorate of Health has also begun work on drawing up national professional guidelines for these services. In this connection, the current knowledge base is being reviewed to provide a better basis for setting priorities and improving the quality of health clinic and school health services. To follow up on the Public Health Report white paper, the Government will allocate an additional NOK 180 million of the increase in the budgetary framework for the local government sector for 2014 to health clinic and school health services.

Competent ministry: The Ministry of Health and Care Services

5. The Government committee on bullying

On 9 August 2013, the Government appointed a committee to conduct an overall assessment of all the means available for creating a good psychosocial school environment and preventing and dealing with bullying and other undesirable incidents in schools. The purpose of the study is to systematise knowledge of the factors that create a good psychosocial learning environment in which there is no bullying or other abusive behaviour. The study will consider which instruments, including the regulatory framework and the administration of rules and regulations at different levels, are effective in preventing and dealing with bullying. The committee is to submit its recommendation by 1 June 2015.

Competent ministry: The Ministry of Education and Research

6. Guidance and support for schools with a persistently high rate of bullying

The Norwegian Directorate of Education and Training will offer guidance to schools with a high prevalence of bullying over time. Thirteen municipalities with 30 schools have been invited to participate. Several schools in these municipalities have had a high rate of bullying in the last three years and at least one school has had poor results for six years.

Competent ministry: The Ministry of Education and Research

7. Digital abuse information for children

Information for children and adolescents and for parents and employees on digital abuse, violence and sexual abuse will be disseminated to schools, day care centres, after-school programmes for schoolchildren, recreation centres, social services including the child welfare service, asylum reception centres, etc.

Competent ministry: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Education and Research and the Ministry of Justice

Prevention in families

If preventive efforts are to be effective at strengthening parenting skills, child-parent interaction and stability of care, municipalities must have access to qualified resource personnel and well-designed measures. The Government will take steps to enable more municipalities to make use of parent- and caregiver-focused interventions.

Parents are responsible for providing children with love, care and security, and promoting their healthy development. However, some parents have serious personal problems that affect their ability to provide good care for their own children. If these parents are helped to deal with their own life situation, they can benefit from learning more about what hinders and what promotes good living conditions for children, and can be given advice on how to be a better parent. The programmes offered in the following measures are described in Part II.

Some children live in families where the caregivers have serious substance abuse and/or psychological problems. This group is at greater risk of being exposed to violence or experiencing violence in their family. The challenge is to identify these families and ensure that they receive the help they need with a view to

preventing neglect, violence and sexual abuse. Early intervention in the family is also a strategy for preventing youth violence.

In some groups an aggregation of risk factors is found. One example is very young, first-time mothers with a low level of social support and low socio-economic status. Many of these young women tackle their role as parent admirably, but if there are few other protective factors in the family, the risk of neglect and violence is increased.

Some individuals experience greater difficulties in adapting to their role as a parent and may need 24-hour follow-up and guidance for varying periods of time, in order to further develop their parenting skills and strengthen the parent-child bond. If the very youngest children have serious problems, this requires complex assessments, evaluations and measures that should be carried out by persons with highly specialised, certified expertise. It is not reasonable to expect all municipalities to be able to independently offer 24-hour assessment services and parent-focused interventions for families with infants and small children. Centres for parents and children provide round-the-clock assistance for pregnant, single mothers and couples with children aged 0–3 years who are at risk. At present, these centres are not required by law, which undermines the robustness of this form of assistance in terms of financing and nation-wide coverage.

8. Measures for children at risk aged 0–6

Developing effective methods to detect children's problems as early as possible is an important goal. Efforts are also aimed at elaborating models that ensure the coherent, systematic follow-up of children with mentally ill or substance-addicted parents. The lessons learned from the Model Municipality project and the Early In – Mental Health, Intoxicants and Domestic Violence programme will be assessed in an overall context, with a view to continuing this work.

Competent ministry: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Health and Care Services and the Ministry of Education and Research.

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9. The risk of maldevelopment in infants and small children aged 0–2 must be reduced

The well-documented Nurse-Family Partnership programme is now being tested in Norway. Systematic, long-term follow-up begins as soon as possible during pregnancy. The target group is high-risk first-time mothers. The trial will be conducted in a sample of municipalities where the Early In – Mental Health, Intoxicants and Domestic Violence programme has already been established. The evaluation of the trial will form the basis for any further implementation of this programme.

Competent ministries: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Health and Care Services and the Ministry of Education and Research

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10. Centres for Parents and Children

Centres for Parents and Children offer a voluntary residential programme for pregnant women, single parents and couples with children aged 0–3 who are at risk of violence or abuse. The aim of the programme is to improve children's developmental outcomes by enhancing parenting skills. The Government will examine various ways of ensuring that this work continues, including the creation of a statutory programme.

Competent ministry: The Ministry of Children, Equality and Social Inclusion

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11. Grants enabling municipalities to provide parental guidance

A stimulus funding scheme is being established from which municipalities may apply for funds to initiate parental guidance programmes and other support measures for parents. There will be emphasis on a diversity perspective.

Competent ministries: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Government Administration, Reform and Church Affairs

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The need to expose abuse

Violence and sexual abuse, and the identity of the abusers, are still taboo subjects in Norwegian society. Adults seldom recount that they have been or are being subjected to violence when it takes place in a close relationship. Children are perhaps even more reluctant to volunteer information about violence and sexual abuse, especially if the abuse takes place in their own family. Health professionals, teachers and others who are in contact with children through their work therefore have a great responsibility to expose the facts. However, this can pose a challenge due to our lack of knowledge about the kind of signals that a child uses to tell about a difficult home situation, and about how to ask children if they are experiencing violence and abuse. If children are to be helped effectively, it is essential that adults ask questions and follow up when children speak of difficult conditions at home. Everyone who works directly with children must recognise the signs and know that they have a personal responsibility to report the matter to the child welfare service if they have any suspicion of violence, sexual abuse or serious neglect.

Around 50 per cent of the children referred to a child and youth psychiatric outpatient clinic (BUP) have experienced various potentially traumatising incidents. There is seldom any information about these experiences in the referrals. The children are not adequately assessed for trauma at BUPs. As a result, the children may not receive the specially adapted treatment they need, and they may not be given the assistance they require by the child welfare service.

There is much to indicate that not enough is done to identify cases of violence against children at an early stage. Obviously, violence and sexual abuse that remain undetected cannot be stopped. Professionals in various agencies must be given special training in what to look for and how to talk to children. Procedures and tools must be developed to ensure that the staff ask questions about violence and abuse, including when they encounter parents receiving help for substance abuse or psychological problems.

12. Routine questions aimed at exposing violence and sexual abuse against pregnant women

In line with the pregnancy-care guidelines issued in 2005, physicians and midwives who provide antenatal care must be on the lookout for symptoms and signs of violence. They must support pregnant women who are subjected to violence or maltreatment in close relationships. The guidelines on pregnancy care will be updated in 2013 to include routine questions about violence and sexual abuse. The guidelines will describe how to bring up the question of violence and sexual abuse and how to ensure that the pregnant mother receives the necessary

follow-up. Draft guidelines will be circulated for consultative comment. When a new electronic health card is designed, violence and sexual abuse will be included as a topic in the health card of pregnant women.

Competent ministry: The Ministry of Health and Care Services

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13. Health service exposure of child maltreatment

The Norwegian Centre for Studies on Violence and Traumatic Stress (NKVTS) has drawn up an electronic Handbook for Health Personnel on Suspected Physical Abuse, which is to be published in the autumn of 2013. The handbook is to be expanded to include municipal dental care and health and care services. NKVTS and the Regional Centres for Violence, Trauma and Suicide Prevention (RVTS) will assist in implementing the handbook, which will be updated regularly.

Competent ministry: The Ministry of Health and Care Services

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14. Municipal employees' expertise on talking to children is to be improved

The Regional Centres for Violence, Trauma and Suicide Prevention, in collaboration with other relevant centres of expertise, will develop an interdisciplinary training programme and hold joint courses for various professional groups in municipalities. Municipalities may apply for financial support for participation in the training programme through the child welfare service's competence development funding, which is administered by the County Governor.

Competent ministries: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Health and Care Services

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15. Mental health care for children and young people – stronger focus on exposure of violence and abuse

The work carried out in mental health care services for children and young people aimed at exposing violence and sexual abuse will be assessed when preparing future guides and professional guidelines.

Competent ministry: The Ministry of Health and Care Services

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16. Internet-related child abuse material – increased efforts focused on exposure

Efforts to combat the possession and sharing of child abuse material on line will be intensified by strengthening the expertise and capacity of the National Criminal Investigation Service (Kripos) to expose such activities. The expertise of district police forces with regard to securing and reviewing seizures of abusive material will also be upgraded.

Competent ministry: The Ministry of Justice and Public Security

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A coherent relief and treatment programme tailored to individual needs

Many children and young people who have been exposed to violence or abuse receive good and timely assistance, but significant hurdles remain to be tackled. Not everyone finds that the help they receive leads to concrete, lasting positive change. Providing appropriate help and treatment for children and young people early on, regardless of where they live in Norway, presents a challenge.

There is a need to increase expertise on assessing and treating children's traumas. The capacity, competence and collaboration of service agencies must be strengthened to ensure that children receive the help and treatment they require. There are 10 child advocacy centres, or Children's Houses, in Norway, the latest of which were established in 2013, one in Sandefjord and one in Bodø. The capacity of the Children's Houses is to be expanded (see chapter 11.6). Low-threshold municipal programmes will be further developed to ensure that children receive necessary help and treatment. Some municipalities have appointed municipal psychologists to assist traumatised children. Family counselling services are to strengthen their focus on children at risk of violence or abuse, and the Government will ensure that the specialist health services have sufficient capacity and expertise.

Better help and treatment must be provided for young abusers, and methods for addressing the problems of this group of children must be developed and disseminated. The number of out-of-court judicial interviews of children and adolescents under the age of 16 has risen sharply in the past few years, leading to overly long waiting times for judicial interviews in many places. These are challenges that we intend to address.

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17. Municipal services to address child trauma issues, including violence and sexual abuse, will be strengthened

Municipal services to address the trauma-related needs of children, including issues relating to violence and sexual abuse, must be improved. The relevant centres of expertise, such as the Regional Centres for Violence, Trauma and Suicide Prevention, the Regional Centres for Child and Youth Mental Health and Child Welfare and Children's Houses, as well as other central government services, offer specialised expertise in this field. The municipal psychologist programme will be expanded and improved, with special emphasis on developing binding models of collaboration between centres of expertise and government services. Municipalities planning measures to combat violence in close relationships may, for example, consider expanding them to include prevention of sexual abuse and other traumas.

Competent ministries: The Ministry of Health and Care Services and the Ministry of Children, Equality and Social Inclusion

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18. Strengthening treatment for young perpetrators of violence and children who are exposed to violence and sexual abuse

There is a need to strengthen treatment for young perpetrators of violence and children who are exposed to violence and abuse in close relationships. A joint project between the Alternative to Violence (ATV) foundation and the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) and family counselling services is to be started to increase expertise and treatment capacity in this field. This collaboration will be informed by the lessons learned from a six-year project carried out by ATV in cooperation with the Centre for Crisis Psychology.

Competent ministry: The Ministry of Children, Equality and Social Inclusion

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19. Ensure adequate specialist health services for children who have been subjected to violence and sexual abuse

Services for children who have been subjected to violence and sexual abuse will be placed under the remit of the specialist health services. The Regional Health Authorities will review the services and ensure that they have sufficient capacity and expertise. Consideration will be given to establishing regional assault shelters for children who have been subjected to violence and sexual abuse.

Competent ministry: The Ministry of Health and Care Services

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20. Overview of current treatment programmes

At present, service providers are able to help children using a variety of methods and treatments of varying durations. The Norwegian Centre for Studies on Violence and Traumatic Stress has been asked to prepare an overview and assessment of treatment programmes currently available for children and adolescents exposed to violence and sexual abuse, and for young violent offenders and abusers.

Competent ministries: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Health and Care Services

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21. The waiting time for out-of-court judicial interviews is to be reduced by increasing capacity

The capacity to conduct out-of-court judicial interviews will be increased by issuing instructions for judicial interviews at the local level and new scheduling criteria.

Competent ministry: The Ministry of Justice and Public Security

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22. Expansion of the mandate of Children's Houses to be considered

The Government will consider the expediency of expanding the services offered by Children's Houses to enable several agencies to provide assistance in the same premises.

Competent ministries: The Ministry of Justice, the Ministry of Children, Equality and Social Inclusion and the Ministry of Health and Care Services

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23. Parent counselling programme at Children's Houses

The International Child Development Program (ICDP) is to be further developed and adapted to the mandate and role of Children's Houses. The programme will be tested as from September 2013.

Competent ministries: The Ministry of Justice and the Ministry of Children, Equality and Social Inclusion

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24. Measures for children who commit acts of abuse against other children

The design of country-wide programmes for young abusers will be assessed on the basis of the experiences reported by the Betanien Child and Youth Psychiatric Out-patient Clinic in Bergen and other treatment models.

Competent ministry: The Ministry of Health and Care Services

25. Programme to enhance assessment and treatment skills

The Trondheim Children's House and the Central Norway Regional Centre for Studies on Violence and Traumatic Stress are establishing a programme to upgrade expertise on assessing and treating minors who commit acts of child sexual abuse. The programme will be disseminated and established in other Children's Houses.

Competent ministries: The Ministry of Justice and Public Security and the Ministry of Health and Care Services, in collaboration with the Ministry of Children, Equality and Social Inclusion

Cooperation – a key to timely help

Children and adolescents who are subjected to violence or sexual abuse may need the support and assistance of several different agencies simultaneously over time. Providing appropriate early help requires interdisciplinary and inter-agency teamwork. Collaboration and coordination may prove to be a challenge for the agencies involved and their personnel, but also for those in need of their assistance. Due to the lack of established procedures and measures, a number of parents find themselves assuming the role of coordinator.

The Ministry of Children, Equality and Social Inclusion, in collaboration with the Ministry of Health and Care Services, the Ministry of Education and Research and the Ministry of Justice and Public Security, will disseminate information on effective cooperation models and various instruments for collaboration and coordination. Among other things, common guidelines will be drawn up for cooperation between health services and child welfare services, and for schools and child welfare services; see Prop. 106 L (2012–2013) *Endringer i barnevernloven*, a bill on amendments to the Child Welfare Act. The Regional Centres for Violence, Trauma and Suicide Prevention are tasked with promoting more coherent services and cooperation across sectors, agencies and levels of administration. More attention is to be focused on the role of these centres. The Government's plan of action to combat violence

in close relationships from 2014–2017 (*Handlingsplan mot vold i nære relasjoner, 2014–2017*) contains several measures to strengthen expertise on interaction between professionals, which could also be relevant for cooperation on children's issues.

A new study focuses on the way collaborating agencies and services apply confidentiality rules in practice.⁶ The researchers describe a set of rules that is complicated, difficult to grasp and fragmented. They point to significant challenges in communicating a solid knowledge of the rules and ensuring that they are applied as intended by legislators.

26. The role of the RVTS in inter-agency cooperation and coordination

The five Regional Centres for Violence, Trauma and Suicide Prevention (RVTS) play an important part in inter-agency collaboration and coordination in their respective regions. The role of the RVTS in establishing effective modes of cooperation on combating violence in close relationships will be highlighted in the government grant award letters to the RVTS for 2014.

Competent ministries: The Ministry of Health and Care Services, the Ministry of Children, Equality and Social Inclusion, the Ministry of Justice and Public Security

27. Cooperation on implementation of strategy goals and measures

Annual reports will be prepared on the status of efforts to implement strategy measures. To contribute to the coordinated, on-target implementation of the strategy goals and measures, organisations engaged in efforts to address the issue of violence and sexual abuse against children and young people will be involved in the follow-up of the strategy, through systematic dialogue meetings and in other ways. Child and youth representatives will take part in this follow-up.

Competent ministries: The Ministry of Children, Equality and Social Inclusion in collaboration with the Ministry of Health and Care Services, the Ministry of Education and Research and the Ministry of Justice and Public Security

6 Stang, E.G. & Aamodt, H.A. & Sverdrup, S. & Kristofersen, L.B. & Winsvold, A. (2013): *Taushetsplikt, opplysningsrett og opplysningsplikt: Regelkunnskap og praksis* (The duty of confidentiality, the right to information and the duty to disclose information: Knowledge of rules and practice), Norwegian Social Research (NOVA) Report 3/13.

28. The duty of confidentiality, the duty to inform and the duty to avert an act

*Steps must be taken to ensure that the duty of confidentiality does not impede good cooperation between different agencies in efforts to combat violence in close relationships, and to facilitate compliance with the duty to inform child welfare services and the duty to avert criminal acts. Two working groups, one headed by the Ministry of Health and Care Services and the other by the Ministry of Justice and Public Security, will follow up on the Norwegian Social Research (NOVA) report *Taushetsplikt, opplysningsrett og opplysningsplikt: Regelkunnskap og praksis (The duty of confidentiality, the right to information and the duty to inform: Knowledge of rules and practice)* published in April 2013. The measures that will be initiated to promote cooperation on cases concerning violence in close relationships will be based in part on the results of the work of these two groups.*

Competent ministries: The Ministry of Justice and Public Security, the Ministry of Labour, the Ministry of Children, Equality and Social Inclusion, the Ministry of Health and Care Services and the Ministry of Education and Research

Knowledge and competence-building tailored to children's needs

To ensure that health and welfare services possess basic expertise on violence and sexual abuse against children, it is important that the topic be included in basic-level, continuing and further education of all personnel who are confronted with this issue. Such basic expertise must cover all types of violence, including forced marriage and female genital mutilation, as well as sexual abuse. Strengthening knowledge of preventive efforts and early intervention in all relevant training programmes is a goal.

Employees in relevant health and social services must have the knowledge and expertise to detect violence and trauma in children and talk to them about difficult topics. Employee knowledge must be used to take action, stop the violence and ensure that children receive help. The importance of collaboration and communication across professions and services, including with regard to legislation on the duty of confidentiality and of the duty to inform, should be a special topic covered in training programmes.

The effect of interventions and methods used to help children subjected to violence or sexual abuse must be documented. In many cases, no such documentation exists. It is therefore important to obtain sound, evidence-based assessments of practice. The competence-building process should be underpinned by a general knowledge base. Together, they can lay a solid foundation for the future management and development of services.

The county social welfare boards make decisions regarding care orders or interventions for children who suffer from serious neglect or have behavioural problems. To ensure due process of law for children and their families, the board members must have strong, up-to-date expertise on issues relating to violence and sexual abuse.

Professional experts play an important role in many decisions in cases pursuant to the Children Act and in child welfare cases. Experts are appointed to elucidate cases and ensure that the decisions made by the child welfare service, the county social welfare boards or the courts in dealing with cases concerning children are well founded. Experts must have up-to-date knowledge of issues relating to violence and sexual abuse against children.

Symptoms of ADHD, autism and trauma reactions can resemble one another. The cause of a child's symptoms can therefore be misunderstood, an error that can have serious consequences. When children's problems are misinterpreted, the risk of the child and his or her family not receiving the help they need increases. As a result of misdiagnosed ADHD, violence, abuse or neglect may not be detected, the children may become symptom bearers, and the child welfare service may fail to meet their needs and protect them. Conversely, children with autism symptoms, for example, may display behaviour that can be misconstrued as a sign of neglect. These children and their families need help from the public health services, and not necessarily the child welfare services.

Children with medical diagnoses may, like all other children, experience neglect. In families with significant, but hidden problems such as domestic violence or substance abuse, and where the child in the family displays difficult or challenging behaviour, the attention of public service providers can easily be focused on *the child as a problem*. As a result, the neglect is *camouflaged* to the health and welfare services by the child's diagnosis, and remains undetected. In other words, it is necessary to make a thorough assessment of both the child's health status and his or her care situation, to ensure that the child and its family receives the right assistance from the right agency, or from several agencies providing coordinated services. There is a need to review applicable guidelines for cooperation between services, and in particular to strengthen cooperation between the specialist health services and the child welfare service. In addition, there is a need for guidance material for family relatives and professionals.

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29. Knowledge of violence and sexual abuse in health and social care education programmes

In the follow-up of the white paper Education for Welfare (Meld. St. 13 (2012–2013)), the topics of violence and sexual abuse will be included when developing common content for the health and social care education programmes. Violence and sexual abuse will also be covered when upgrading general social care expertise in the child welfare officer and social worker education programme, in response to the needs for specialised expertise.

Competent ministries: The Ministry of Children, Equality and Social Inclusion, the Ministry of Health and Care Services and the Ministry of Education and Research

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30. Knowledge of violence and sexual abuse to be included in the education programmes for day care centre teachers and primary and lower secondary school teachers

The Government will discuss with the National Council for Teacher Education (NRLU) and the institutions that offer teacher education programmes how graduates' knowledge and skills with regard to neglect, violence and sexual abuse can best be strengthened in the education programmes for day care centre teachers and primary and lower secondary school teachers.

Competent ministry: The Ministry of Education and Research

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31. Continuing and further education on violence and sexual abuse

The Government will establish modules for a credit-based master's-level continuing education programme on violence and sexual abuse against children and adolescents, intended for the relevant service agencies. The programme will include expertise on digital abuse.

Competent ministry: The Ministry of Children, Equality and Social Inclusion

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32. Knowledge of violence and sexual abuse will be strengthened in health and care services

Expertise on violence and abuse will be incorporated into the specialist training programme for general practitioners (GPs), and special mandatory courses for GPs and paediatricians will be considered. A requirement that everyone who works in an emergency medical service must have completed a course on violence and abuse will also be considered. The knowledge of health personnel regarding improved procedures for securing evidence of abuse will be improved. Consideration will be given to requiring certification of health personnel who are to carry out clinical forensic examinations along with accreditation of entities where such examinations are to take place. Networks of expertise on clinical forensic medicine will be established in cooperation with the institutions that currently carry out forensic pathology and clinical forensic medicine.

Competent ministry: The Ministry of Health and Care Services

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33. Better guidance for health and care services

In Meld. St. 15 (2012–2013) Forebygging og bekjempelse av vold i nære forhold, the white paper on preventing and combating violence in close relationships, reference is made to the need for more and better tools for use by the health and care services in addressing the problem of violence. Certain measures launched in the white paper concern children, adolescents and adults and are part of both the action plan to combat violence in close relationships (2014–2017) and this strategy. The Regional Centres for Violence, Trauma and Suicide Prevention will be strengthened to enable them to provide greater expertise and guidance to the health and care services in their efforts to combat violence in close relationships. The strengthening of the centres is aimed at improving the assistance provided by interventions and services targeting children and young people. A new guide will be prepared for the health and care services' work on preventing violence in close relationships, and the guide for psychosocial measures in connection with crises, accidents and disasters will be revised to better address issues related to violence. These guides will cover services that provide help for children affected by violence, and will define children as an independent group with specific needs for assistance and interventions.

Competent ministry: The Ministry of Health and Care Services

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34. Measures to increase expertise on trauma

The Regional Centres for Child and Youth Mental Health (RBUP)/Regional Centres for Child and Youth Mental Health and Child Welfare (RKBU), in collaboration with the Regional Centres for Violence, Trauma and Suicide Prevention (RVTS) will implement a programme for the school and student health service designed to increase expertise on traumatised children and adolescents. This programme also covers the service's psychosocial work with traumatised pupils and students, and will be coordinated by the RVTS.

Competent ministry: The Ministry of Health and Care Services

35. Increase the expertise of general practitioners on violence in close relationships

Almost all children, youth and adults have a regular general practitioner. These physicians are consulted by patients with a wide variety of ailments and problems that may be related to violence. An e-learning course will be developed and made available to regular GPs to strengthen their expertise on prevention, detection and follow-up of persons subjected to, and perpetrators of, violence in close relationships. The programme is described in the white paper on preventing and combating violence in close relationships (Meld. St. 15 (2012–2013)). The programme has similarly been launched in the action plan to combat violence in close relationships (2014–2017).

Competent ministry: The Ministry of Health and Care Services

36. Guide to increase the child welfare service's expertise on children with disabilities

A guide is being prepared for the child welfare service on children and young people with disabilities. The guide will include input from specialist institutions and user organisations.

Competent ministry: The Ministry of Children, Equality and Social Inclusion

37. The right help from the right agency

The symptoms children display of ADHD, autism and trauma reactions can resemble one another. Children require an in-depth assessment to identify the cause of the difficulties they display. The child welfare service and the health service need expertise to detect and distinguish between medical diagnoses and signs of neglect. They must also have good procedures for assessing the child's overall situation. Children may need help from both the child welfare service and different branches of the health service. It is important to ensure that children who are subject to welfare interventions and also require medical assistance receive such assistance in the same way as other children. The expertise of both the health service and the child welfare service on neglect, various undetected medical diagnoses and/or trauma reactions must be enhanced. Applicable guidelines must be implemented, and cooperation on responding to children's needs must be improved. Necessary information material for parents and professionals will be developed, in collaboration with specialist institutions and user organisations, to show how children can obtain the appropriate assistance. Current procedures and guidelines will be reviewed and brought to the attention of those concerned.

Competent ministries: The Ministry of Health and Care Services and the Ministry of Children, Equality and Social Inclusion

38. Increasing the expertise of county social welfare boards

The exposure and consequences of violence and sexual abuse against children and young people will be important topics in the long-term plan to increase the expertise of the heads of the county social welfare boards.

Competent ministry: The Ministry of Children, Equality and Social Inclusion

39. Increasing the competence of experts in children and family cases

The topics of violence and sexual abuse against children and young people will be covered in training programmes for experts in cases under the Child Welfare Act and the Children Act, provided by the Norwegian Psychological Association. The training programme must make it clear that children's opinions and wishes must be explicitly stated in expert declarations.

Competent ministry: The Ministry of Children, Equality and Social Inclusion

Knowledge of the extent and consequences of violence against children and young people

Obtaining sufficient high-quality knowledge of the extent, characteristics and consequences of violence against children and young people is a challenge. Inadequate statistics on and knowledge of the extent of such violence could contribute to its invisibility.

Young people relate that they are largely exposed to violence perpetrated by other young people. At present, we do not know enough about the extent of various types of violence between peers, including violence committed by siblings, and its ramifications. We lack knowledge regarding violence and sexual abuse against children and adolescents in segregated communities, including Sami communities, among national minorities, immigrant population groups, LGBT youth, young people with disabilities and closed religious communities.

Regular surveys of the prevalence of violence against children and young people will show trends over time and give us an indication of whether targeted efforts help to achieve the expected reduction in such violence. Prevalence studies will also provide us with knowledge of which groups are at risk of violence and sexual abuse. The social and cultural aspects of violence, as well as the developmental psychological aspects, are factors that should be explored in greater depth.

In addition to the need to investigate children's and adolescents' experiences of violence, it is important to learn more about how certain services deal with the issue of violence. A survey of municipal efforts to address the problem of violence will be important for further work in this field. More attention will be focused on identifying the impacts of violence on health.

Under the present system, researchers have limited possibilities of gathering data from minors without the consent of their parents.

40. Prevalence studies and better statistics

Better statistics and more research are needed on the extent and consequences of violence and sexual abuse against children and young people:

- A) *Research will be initiated on the prevalence of violence and sexual abuse against children and young people in and outside the home. The research will also focus on the extent to which children are subjected to several types of violence or abuse simultaneously. Priority will be given to conducting prevalence studies at regular intervals. The studies will include a survey of neglect, violence, and sexual abuse among groups at particular risk and closed communities.*

B) A closer study will be made of the constraints imposed by regulatory frameworks on obtaining information directly from minors.

C) Retrospective surveys will be conducted to shed light on the consequences of violence and sexual abuse against children in and outside the home. The results will be seen in conjunction with the prevalence studies now being carried out by the Norwegian Centre for Studies on Violence and Traumatic Stress.

Competent ministries: The Ministry of Children, Equality and Social Inclusion in cooperation with the Ministry of Health and Care Services, the Ministry of Education and Research and the Ministry of Justice and Public Security.

41. A survey of municipal health and care services

The efforts of municipal health and care services to address the issue of violence in close relationships will be reviewed to better document the methods employed. A limited survey of municipal health and care services, including regular general practitioners, public health clinics, school health services and mental health services, will be initiated. This survey is described in the white paper on preventing and combating violence in close relationships (Meld. St. 15 (2012–2013)). The survey has similarly been included in the action plan to combat violence in close relationships (2014–2017).

Competent ministry: The Ministry of Health and Care Services

42. Research on health-related consequences

The research carried out by the Norwegian Centre for Studies on Violence and Traumatic Stress on the health-related consequences of violence in close relationships will be strengthened. The centre will help to disseminate knowledge of these consequences to relevant agencies and services. This programme is described in the white paper on preventing and combating violence in close relationships (Meld. St. 15 (2012–2013)), and is included in the action plan to combat violence in close relationships (2014–2017).

Competent ministry: The Ministry of Health and Care Services

PART II THE KNOWLEDGE BASE



01

OUR OBLIGATIONS AND RESPONSIBILITIES – LEGISLATION THAT PROTECTS CHILDREN

Various sets of rules are applicable in efforts to protect children and young people against neglect, offensive acts, violence and abuse. This chapter presents the Children Act, the Child Welfare Act and the Penal Code, as well as key conventions.

1.1 THE UN CONVENTION ON THE RIGHTS OF THE CHILD AND OTHER RELEVANT CONVENTIONS

The UN Convention on the Rights of the Child was incorporated into Norwegian law on 1 October 2003.

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Article 19 of the Convention on the Rights of the Child reads as follows:

1. 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.
 2. 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.
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Article 34 of the Convention on the Rights of the Child reads as follows:

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

- a) The inducement or coercion of a child to engage in any unlawful sexual activity;
- b) The exploitative use of children in prostitution or other unlawful sexual practices;
- c) The exploitative use of children in pornographic performances and materials.

Article 22 of the UN Declaration on the Rights of Indigenous Peoples, which Norway ratified on 13 September 2007, requires that States take measures in conjunction with indigenous peoples to ensure that children enjoy full protection and guarantees against all forms of violence and discrimination. ILO Convention No. 169 concerning Indigenous and Tribal Peoples in Independent Countries was ratified by Norway on 20 June 1990. Under Article 25 of the Convention, Governments have an obligation to ensure that adequate health services are made available. This obligation will be of relevance for the provision of services for children subjected to violence and abuse in the Sami community.

1.2 THE CHILDREN ACT

Under section 30 of the Norwegian Children Act, children are entitled to receive care from their parents and shall not be subjected to violence or in any other way be treated so as to harm or endanger their physical or mental health. Parents are not permitted to use violence in connection with a child's upbringing. Frightening and/or bothersome behaviour or other inconsiderate conduct towards a child is prohibited. Such behaviour or conduct is defined as any way of harming, scaring, humiliating or insulting the child, thereby making the child feel fear, powerlessness, guilt, shame, inferiority or a fundamental sense of not being wanted or loved.

Parents have the right and obligation to make decisions for the child on personal matters. Under section 31 of the Children Act, as and when the child becomes sufficiently mature, the parents shall listen to the child's opinion before making a decision on the child's personal situation.

The provisions of the Children Act on care and right of access after parental divorce or separation, etc.

Some parental disputes revolve around a failure to agree on parental responsibility, residence and access. After parents break up, conflict may arise as to who is to have parental responsibility, which parent the child is to live with permanently, whether care is to be shared, or issues of access. If parents

do not reach agreement, the dispute is to be decided by the court. In the agreement or judgment, conditions may be set for the right of access in practice; see section 43, third paragraph, of the Children Act. If there are special grounds for doing so, the court may order that access be supervised by a publicly appointed supervisor; see section 43 of the Children Act.

Decisions regarding parental responsibility, where the child is to live permanently and access shall first and foremost be based on the child's best interests; see section 48 of the Children Act. A decisive consideration is 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 physical or mental health. Section 30 of the Children Act specifies that the child's right to state his or her opinion applies to the question of which parent the child is to live with permanently. The child's personal situation also encompasses the question of access to the other parent, an issue on which the child has a right to be heard.

Amendments to the Children Act

Amendments to the Children Act were adopted in 2013. The purpose of the amendments is to strengthen children's right of participation and provide children with better protection against violence, sexual abuse and other circumstances that place the child at risk of harm or danger. Children under the age of seven who are capable of forming their own opinions shall be given the opportunity to express their opinion before the court makes a decision on questions of parental responsibility, where the child is to live and access. The Act has thereby been aligned more closely with the wording of the Convention on the Rights of the Child, which does not impose any minimum age for the child's right to be heard. Research shows that children, especially younger children, are not heard sufficiently with regard to the question of access. In order to be able to participate in the decision-making process and express his or her views, it is essential that the child be given sufficient relevant information before, during and after the case is heard.

The legislative amendments make improvements in the procedural process in parental disputes, and provide better protection for children at risk of violence and abuse. One such improvement is the central government's coverage of expert assessment costs in cases involving allegations of violence, substance abuse or psychological maltreatment. A new provision has also been adopted in section 60a of the Children Act regarding exemption from the duty of confidentiality for child welfare service personnel, enabling personnel to testify in parental disputes that are brought before a court. Moreover, the provisions regarding the child's right to be heard have been made more explicit, and a duty has been imposed on the judge to ensure that the child is informed of the outcome. Furthermore, the court may appoint a representative/legal counsel for the child when there is a risk that the child is being subjected to violence or abuse. The court shall make an interim decision where there is such a risk and where one of the parents so requests. Section 65, second paragraph, of the Children Act has also been worded more clearly to the effect that no coercive fine is to be imposed if it is impossible to fulfil the right of access due to the risk of violence against or harmful treatment of the child.

A proposal was also presented regarding amendments to the provisions on access supervised by a publicly appointed supervisor in section 43 of the Children Act and a new provision in section 43a. One purpose of the legislative amendment is to lower the threshold to enable the court to determine that there is to be no access in cases involving serious issues, nor supervised access. Protecting the child is the primary consideration.

In 2008, the former Ministry of Children and Equality issued an information booklet *Barnfordelingsaker der det er påstander om vold: Psykologfaglig informasjon til dommere, advokater og sakkyndige* (Q-1144 B) (Child custody cases involving allegations of violence: Psychology-related information for judges, lawyers and experts), which was distributed to courts of law, the Norwegian Bar Association and experts in child and family cases.

1.3 THE CHILD WELFARE ACT

The responsibility and functions of the child welfare service are regulated by the Act of 17 July 1992 No. 100 on child welfare services. The main task of the child welfare service is to ensure that children and young people grow up in a good environment and that those who live in conditions which may be detrimental to their health and development receive the necessary assistance and care in a timely fashion; see Child Welfare Act section 1–1. The responsibility of the child welfare service covers cases where the child is subjected to various forms of violence or sexual abuse by the parents, and cases where the parents do not protect the child from violence and abuse by others. Lack of protection could be called a form of neglect.

The child welfare service’s investigations and intervention

The child welfare service has the right and the duty to investigate a child’s care situation when there are reasonable grounds to assume that circumstances may justify an intervention under the Child Welfare Act; see section 4–3. If the investigation reveals that the child’s care situation is unsatisfactory, steps may be taken to improve it. Decisive importance shall be attached to framing measures that are in the individual child’s best interests; see section 4–1. The measures must not be more invasive than necessary, and must as far as possible be voluntary.

An investigation under the Child Welfare Act must be carried out as considerately as possible. Nonetheless, the child welfare service shall undertake such investigations as are necessary to determine whether there are grounds to implement measures under the Child Welfare Act, even if the persons who have care of the child oppose such measures. The investigation may be carried out by visiting the home and interviewing the child alone. If there is a suspicion that a child is being maltreated or subjected to other serious abuse, the child welfare service may also order that the child be brought to a hospital or another appropriate place for examination; see section 4–3. The child welfare service may request

police assistance in carrying out investigations if this is necessary; see section 6–8.

When a case is being investigated, it will often be necessary to obtain information from other agencies and services that know the child and the family. Other public authorities have a duty, on their own initiative or when so requested, to provide information to the child welfare service when there is reason to believe that a child is being maltreated at home or subjected to other forms of severe neglect; see section 6–4.

The duty of other agencies and services to disclose information to the child welfare service, and the child welfare service’s authority to undertake necessary investigations, give the child welfare service a special opportunity to determine whether a child is at risk of violence in the family. The child welfare service can also implement measures necessary to protect the child against further abuse, to ensure that the child receives any treatment for harmful effects and traumas that he or she might require and to ensure that the child receives support in everyday life.

Taking a child into care

In cases where the child cannot be given sufficient help and protection by means of voluntary measures, interventions may be implemented without consent. If a child is maltreated or subjected to other serious abuse in the family, it may be necessary to remove responsibility for the care of the child from the primary caregivers. Once a child has been taken into care, the municipal child welfare service has the main responsibility for the child’s upbringing and care. The foster home or institution in which the child is placed provides day-to-day care on behalf of the child welfare service.

When the child welfare service has taken over the care of a child, it must also follow up on the child throughout his or her childhood, in the same way as parents follow up their children. It is the responsibility of the child welfare service to ensure adequate coordination and coherence of the services provided for the child. After a child has been taken into care, the child welfare service will be regarded as the

child's next-of-kin, and will thus be responsible for consenting to medical assistance on the child's behalf; see chapters 3 and 4 of the Patients' and Users' Rights Act.

The functions and roles of the child welfare service and other services are further described in the guide *Formidling av opplysninger og samarbeid der barn utsettes for vold i familien* (2005) (Disclosure of information and cooperation when children are subjected to violence in the family). In 2006, a guide was published on the role of the child welfare service when there is a suspicion of abuse in connection with a parent's access to a child.

1.4 THE RELATIONSHIP BETWEEN THE CHILD WELFARE ACT AND THE CHILDREN ACT

The Children Act is essentially a civil law statute. Changes in the civil law relationship between a child and his or her parents, i.e. parental responsibility, permanent residence and access, must be decided in accordance with the provisions of the Children Act. Parental disputes pursuant to the Children Act in cases before a court of law are to some extent indispositive¹, in the sense that public policy limits the parties' rights of disposition in the legal action; see Disputes Act section 11–4. The court will have a duty to ensure that the evidence submitted provides a proper factual decision-making basis.

The intervention of the public authorities in respect of parents and children is chiefly regulated by the Child Welfare Act. Under the Act, the child welfare service may offer supervision as a means of assistance, and may also determine that access is to be supervised when a child is taken into care pursuant to the Child Welfare Act. Parallel courses of action may be pursued

¹ That a case is indispositive means that the court is not bound by the parties' arguments, and may refuse to comply with the parties' request for proceedings, even if both parties have eventually reached agreement on joint action. Since the court in principle shall only take account of the result that is in the child's best interests, the court is free to base its decision on its own arguments and assessments of the child's best interests. The court may also refuse to approve an in-court settlement or a joint request to stop proceedings, if it is in the child's best interests to make a decision on the merits of the case.

with regard to one and the same family, in the form of a civil law parental dispute under the Children Act and assistance/public law interventions under the Child Welfare Act. This will often be the case when one or both parents have problems related to violence, substance abuse or mental illness.

The Ministry of Children, Equality and Social Inclusion has issued the guide *Forholdet mellom barnevernloven og barneloven: Barneverntjenestens rolle der foreldrenes konflikter går ut over barnets omsorgssituasjon* (2013/Q-1211B) (The relationship between the Child Welfare Act and the Children Act: The role of the child welfare service when parental conflicts affect the child's care situation).

Several aspects of the relationship between the Children Act and the Child Welfare Act will be reviewed more closely; see Prop. 85 L (2012–2013) *Endringer i barneloven (barneperspektivet i foreldretvister)*, a bill on amendments to the Children Act (the child's perspective in parental disputes). This review will also take account of recommendations in NOU 2012:5 *Bedre beskyttelse av barns utvikling* (Norwegian Official Report NOU 2012:5 Better protection of children's development) which propose, *inter alia*, to assess whether the county social welfare boards should be given authority to make decisions pursuant to the Children Act regarding everyday care and parental responsibility. This will apply where the council is considering a case involving a child being taken into care for reasons relating to the child's other parent.

1.5 THE PENAL CODE

There are a number of penal provisions that deal with violence and sexual abuse against children and young people. In the Penal Code, chapter 19 on sexual offences and chapter 22 on felonies against another person's life, body and health may be of particular relevance.

A special provision on maltreatment in close relationships has been incorporated into section 219 of the Penal Code. Section 139 of the Penal Code

contains a provision on the duty to prevent a criminal act. The provision imposes a duty, subject to a penalty, to prevent a variety of criminal acts, including sexual abuse of children under 14 years of age and maltreatment in close relationships. Section 68 of the Penal Code lays down provisions on extension of the period of limitation in cases concerning sexual abuse of children and female genital mutilation. This means that the period of limitation in such cases does not

begin to run until the aggrieved person reaches the age of 18.

The Ministry of Justice and Public Security has proposed a number of legislative amendments that affect children and young people who are subjected to violence and sexual abuse. The proposal has been circulated for consultative comment, and the matter is now being followed up by the Ministry.

The statutory frameworks for protecting and assisting children are laid down in the Children Act and the Child Welfare Act. These two acts describe our obligations and responsibilities in respect of children and young people: as parents, as adults and as a society. According to the Children Act, children shall not be subjected to violence or in any other way be treated so as to harm or endanger their physical or mental health. Parents are not permitted to use violence in connection with a child's upbringing. The child welfare service may take measures necessary to protect a child against violence, ensure that the child receives any treatment for injuries or traumas that he or she might require and ensure that the child receives support and assistance. Other legislation, such as health legislation and provisions of the Penal Code, are of relevance in cases concerning violence and abuse. Chapters 5 and 10 describe this aspect in further detail.



02

TERMS AND THEIR MEANINGS

Under international obligations and national legislation, violence and sexual abuse against children are clearly prohibited. The UN Convention on the Rights of the Child seeks to provide children with protection against all forms of violence, maltreatment and neglect. However, the actual text of the Convention contains no definition of the different terms. This chapter examines the meaning of various key terms used in this document.

2.1 INTRODUCTION

Opinions differ at present on which acts are covered by the term violence and how serious an act must be to be called violence. Terms and definitions vary for phenomena related to violence and sexual abuse. The terms are defined differently in legal contexts, in legislation and in psychological literature. This can cause confusion and uncertainty, both among researchers and in practical application. For example, in chapter 19 of the Penal Code we find the legal definition of sexual abuse; see chapter 4.1. In the book *Vold i hjemmet: Barns strategier* (Violence in the home: Children's strategies) (2012), sexual abuse is defined on the basis of the definitions used by the World Health Organization (WHO)². When the terms are used differently, moreover, it becomes difficult to compare the results of different research projects and statistics. A clear understanding of the meaning of the concepts, seen in the light of the professional context in which they are used, is therefore important.

The terms used in this strategy are based on the definitions of violence and sexual abuse developed by the World Health Organisation (WHO)³ and the national public health institute in the USA, the Centers for Disease Control and Prevention (CDC)⁴. They are also based on the terms and definitions used in Norwegian legislation and professional literature. At times, the term "abusive acts" is used synonymously with the term "violence".

As new knowledge is acquired, our understanding of these phenomena changes. Continuous debate is needed on the way the terms are used and their meaning.

2.2 VIOLENCE AS A GENERAL CONCEPT

The term *violence* is used by WHO and CDC as a general concept comprising the subcategories physical violence, sexual violence/sexual abuse, psychological violence and neglect. WHO and the CDC do not address the question of whether digital abuse is included in the concept of violence. WHO defines violence as:

*The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.*⁵

This definition could be considered broad. On the one hand, such a broad definition may be criticised as exaggerating a social problem. On the other hand, narrow definitions might mean that we do not take children as seriously as we need to.

Physical violence

The CDC defines physical violence against children as:

*The intentional use of physical force against a child that results in, or has the potential to result in, physical injury.*⁶

WHO also emphasises psychological harm and maldevelopment, for which reason the Norwegian Centre for Studies on Violence and Traumatic Stress suggests an expanded definition:

The intentional use of physical force against a child that results in, or has the potential to result in, physical injury, death, psychological harm, maldevelopment or

2 Øverlien, C. (2012): *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Universitetsforlaget.

3 WHO (2002): *World Report on Violence and Health*, edited by Etienne G. Krug, E.G. Dahlberg, Mercy, L.L., Zwi, A.B. Lozano, R., WHO, Geneva 2002.

4 CDC (2008): *Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements*, Version 1.0.

5 WHO.

6 CDC.

*deprivation, or the purpose of which is to inflict pain on the child.*⁷

Examples of physical violence, according to the CDC, are striking, kicking, beating, stabbing, biting, pushing, throwing, hair-pulling, dragging, dropping, shaking, choking, scalding and poisoning.

Physical violence injures, frightens and offends. The most serious acts of violence can be fatal.⁸ Every year, Norwegian paediatricians assess close to 100 cases of suspected physical maltreatment of children under the age of 14. Half of the children are less than one year old. Some 10–15 infants are seriously injured by shaking, i.e. *shaken baby syndrome*. Of these, probably one third are shaken to death, one third receive permanent brain damage, while one third survive without permanent injury.⁹

Psychological violence

Psychological violence against children and young people committed by caregivers is defined by the CDC as:

*The intentional behaviour of a caregiver (i.e., act of commission) that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or valued only in meeting another's needs.*¹⁰

Psychological violence may also be committed by persons other than the child's caregivers. Bullying is one example.

In the preparatory works to amendments to the Children Act, the Ministry of Children and Gender Equality at the time found that the wording *frightening or bothersome conduct or other inconsiderate behaviour* would be appropriate for defining

the concept of *psychological violence*.¹¹ It covers every way of harming, frightening, humiliating or offending the child without using physical force, which can give the child a feeling of fear, powerlessness, guilt, shame, inferiority, despair or a basic feeling of not being wanted or loved. Examples are locking a child in a room, use of threats of punishment or threats that the child may be abandoned or harmed, threats of harming one of the child's caregivers, siblings or pets, humiliations, scolding, including calling the child abusive names, verbal harassment, emotional manipulation, ridicule, especially when other people are listening, disparagement and emotional rejection. Frightening behaviour like shouting at a child, breaking household goods, etc. is characterised here as psychological violence.

Sexual violence/sexual abuse

WHO defines sexual abuse of children and adults as:

*Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.*¹²

In WHO's definition, coercion is made a criterion for categorising acts as sexual abuse. In Norway, children under the age of 16 are not deemed to be competent to consent. According to NKVTS, therefore, no use of coercion is required to describe a sexual act against a child under the age of 16 as abuse. This means that acts that do not involve coercion will also be deemed to be abuse.

Children and young people can be sexually abused by adults, but also by children who are their own age, older or younger. The term *incest* originally referred to sexual relations between family members and blood relations. Now the term incest can also be used in reference to abuse where the perpetrator is a step-parent.¹³

7 Vold og overgrep mot barn og unge: Definisjoner og typologisering (Violence and abuse against children and youth: Definitions and typologising), working memorandum from NKVTS to the Ministry of Children, Equality and Social Inclusion, 2013.

8 Heltne, U. & Steinsvåg, P.Ø. (Red.). (2011): *Barn som lever med vold i familien* (Children who live with family violence), Universitetsforlaget.

9 Rasmussen, I. m.fl. (2012): *Samfunnsøkonomiske kostnader av vold i nære relasjoner* (The socio-economic costs of violence in close relationships), Oslo: Report 2012/41 VISTA Analysis.

10 CDC.

11 Proposition to the Odelsting No. 104 (2008–2009), section 30.

12 WHO.

13 Rathsmann, K. (2001): *Incest: Att bo i en stulen kropp* (Incest: Living in a stolen body), Uppsala Universitet.

Acts that are deemed to constitute sexual abuse are, for instance, attempted or completed intercourse, sexual touching of a child or encouraging the child to touch himself/herself or another person sexually. Under section 192 of the Penal Code, rape means engaging in sexual activity by means of violence or threats, or engaging in sexual activity with any person who is unconscious or incapable for any other reason of resisting the act, or by means of violence or threats compelling any person to engage in sexual activity with another person, or to carry out similar acts with himself or herself. WHO also defines female genital mutilation as an act of sexual abuse.

The Ministry of Justice and Public Security is considering a proposal to amend section 195, first paragraph, first sentence, of the 1902 Penal Code in accordance with section 299 of the 2005 Penal Code, so that all sexual activity with children under the age of 14 is characterised as rape.

Sexual abuse can also take place without physical contact. Examples of this are the act of showing children pornography, harassment of a sexual nature or paying sexual attention to a child. We otherwise refer to the definitions set out in the provisions of the Penal Code.

Violence in child-rearing

The Children Act clearly states that the use of violence against children and young people is prohibited, including as a child-rearing method. In 2006, the UN Committee on the Rights of the Child introduced the following definition of *physical punishment*:

*Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.*¹⁴

Furthermore, *psychological violence* in connection with bringing up a child was defined as non-physical punishments that are cruel or degrading, such as punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child.

This is concordant with section 30, third paragraph, of the Children Act:

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. This shall also apply when violence is used in rearing the child. The use of violence and frightening or bothersome or other inconsiderate conduct towards the child is prohibited.

All forms of violence are prohibited, including light smacks, regardless of whether they take place in connection with the child's upbringing. This was made clear by means of an amendment to section 30 of the Children Act following a Supreme Court ruling on 30 November 2005¹⁵. The ruling had stated that the Children Act's prohibition of punishment did not then apply to "light smacks" given by parents to their children in connection with child-rearing.

What distinguishes violence against children in connection with their upbringing from other violence is that it is generally controlled and targeted, as opposed to more impulsive violence which is uncontrolled and steered by strong emotions such as anger, frustration or aggression. Parents may have good intentions, and children can internalise an understanding that the violence is necessary and in their own best interests. If, in addition, the child sees that his or her friends are being subjected to the same time of violence, or being brought up to believe that their voice is of no significance, it may be difficult to persuade the child to talk to another adult about the violence.¹⁶ Culture can to some extent explain, but can never justify violence or abuse.

Children and young people who experience domestic violence – formerly called witnesses of violence

The term "children and youth who experience domestic violence" is broad enough to include young people who see, hear or in other ways experience violence directed against one of their parents or caregivers. Such violence can take many forms. In

¹⁵ Norwegian Supreme Court Report, 2005 p. 1567 (HR-2005-01865-A).

¹⁶ Heltne, U. & Steinsvåg, P.Ø. (Red.). (2011): *Barn som lever med vold i familien* (Children who live with family violence), Universitetsforlaget.

¹⁴ UN Committee on the Rights of the Child.

addition to physical violence, acts of psychological violence such as threats, harassment, exaggerated use of power and control may be committed in the home. Children may be harmed by being present when other persons are being subjected to violence, especially if the person perpetrating the violence or the target of the violence is one of the child's parents or caregivers. It used to be said that the child witnessed the violence. Today, some professionals are sceptical to this description since the violence is something the child experiences directly, not just something he or she witnesses from a distance.¹⁷

In an attempt to stop the violence and protect the person being subjected to it, children may try to intervene. Others see themselves as powerless and incapable of stopping the perpetrator. Children see that someone they love is being frightened or harmed. They may hear aggressive quarrelling, angry voices, threats, crying, screams and objects being thrown. This creates anxiety and fear. Many children relate that they feel terrified and totally abandoned, with no protection or consolation. A child who lives with domestic violence may be constantly fearful and on the alert, in between violent incidents as well as during them.

Few studies have been done on sibling violence, but studies conducted in the USA indicate that many children under the age of 12 experience aggression and violence between siblings.¹⁸

In Meld. St. 15 (2012–2013), domestic violence is referred to as *violence in close relationships*. In this strategy, the term *violence in the home/domestic violence* or *violence in the family/family violence* is used to refer to the violence children experience from the persons with whom they live. The reason for this is that children may experience a close relationship with persons with whom they do not live.

17 Øverlien, C. (2012): *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Universitetsforlaget.

18 Tucker, C.J., Finkelhor, D., Shattuck, A.M. & Turner, H. (2013): "Prevalence and correlates of sibling victimization types". *Child Abuse & Neglect*, Apr. 37(4):213–23.
Finkelhor, D., Turner, H. & Ormrod, R. (2006): "Kid's stuff: The nature and impact of peer and sibling violence on younger and older children". *Child Abuse & Neglect* 30: 1401–1421.

Bullying is also violence

In the Pupil Survey, the term "bullying" is defined as follows:

*By bullying we mean repeated incidents of negative or "malicious" behaviour by one or several persons against a pupil who has a hard time defending himself/herself. Repeated teasing in an unpleasant and hurtful way is also bullying.*¹⁹

In section 9a-3 of the Education Act, *the psychosocial environment refers to bullying and violence as examples of abusive language or acts*. The Norwegian Directorate for Education and Training's Circular Udir-2 on the right to a good psychosocial environment pursuant to chapter 9a of the Education Act deals with interpreting provisions of the Act should be interpreted. There is also a guide to chapter 9a Elevenes skolemiljø (Pupils' school environment).²⁰

Based on the definitions applied by WHO and the CDC, bullying falls within the scope of the term "violence" and the subcategories "physical violence", "psychological violence" or "sexual violence". A person's perception of bullying is subjective, and the right to define the term lies with the person who feels that he or she has been the target of bullying.

Neglect

Key researchers²¹ define neglect as follows:

*Child neglect occurs when a basic need of a child is not met, regardless of the cause(s).*²²

The CDC divides the concept of neglect into two types: failure to provide and failure to supervise.²³ Failure to provide means not giving the child sufficient food, clothing, sleep, medical care or education. Failure to supervise means that the

19 Wendelborg, C., Paulsen, V., Røe, M., Valenta, M. & Skaalvik, E. (2012): *Elevundersøkelsen 2012: Analyse av elevundersøkelsen 2012* (Pupil Survey 2012: Analysis of the 2012 Pupil Survey), NTNU Samfunnsforskning AS.

20 See www.udir.no

21 Dubowitz, H. et al. (1993): "A Conceptual Definition of Child Neglect", *Criminal Justice and Behavior*, March 20(1): 8-26.

22 Ibid.

23 CDC.

caregiver does not ensure that the child's surroundings and activities are safe.

It is not easy to make an absolute distinction between acceptable and unacceptable care. The degree of seriousness and the number of instances of neglect to which the child is subjected must be considered. Whether the neglect is sporadic, or stable, also has a bearing on the matter. The following examples of activities that could constitute neglect are taken from the book *Barn i risiko (Children at risk)*:²⁴

- Physical neglect: not giving the child sufficient amounts of nutritious food or appropriate clothing, or not meeting the child's hygienic needs.
- Emotional neglect: ignoring the child's attempts to seek contact, by disregarding many of the child's signals, responding to them inadequately or not taking enough interest in the child.
- Parentification: drawing the child into an adult world for which he or she is not sufficiently mature. Imposing unreasonable tasks on the child, such as extensive minding of siblings, housework or income-generating work to contribute to the family's income, etc. Involving the child in adult issues which he or she is not mature enough to handle. Involving the child in intimate details of a parent's own love life, using the child as a source of comfort, etc.
- Infantilisation of the child: believing that the child is, or making him or her more dependent on help or immature than he or she actually is. Examples are overprotection and when a child is prevented from taking part in ordinary activities because the caregiver incorrectly considers that the child is not safe enough or will be unable to cope with the situation, when a caregiver becomes over-involved in a child's life and overly controlling, when the caregiver does not allow the child to go somewhere alone even though the child should

be allowed to do so, given his or her age and the location in question.

- Another example of neglect: actively involving the child in criminal activity, substance abuse, prostitution or harmful relationships such as a considerably older girlfriend or boyfriend and violent relationships. Good care means preventing or helping the child to withdraw from such relationships.

All types of violence may constitute a form of neglect. If the child is beaten, humiliated or sexually abused in the home, the child's basic need for security, love and support is not being met. However, violence does not automatically entail neglect; if the child is subjected to blind violence on his or her way to school, this does not mean that the child is neglected. On the other hand, if the child experiences serious, protracted bullying of which the parents are aware but make no effort to stop, the child could be seen as neglected. Children who experience or live with domestic violence are also subjected to neglect by at least one of their caregivers.

Forced marriage

In the past 15 years, the issue of forced marriage has been high on the political agenda. Not every arranged marriage is contracted by force, but all forced marriages are arranged. Sexual activity in a forced marriage can also be perceived as an act of abuse or rape.²⁵ Problems related to forced marriage are described at length in a wide range of documents, reports and action plans, and are outside the scope of this strategy's mandate. See the Government's web portal www.tvangsekteskap.no for a more detailed description and references.

Serious restrictions on the freedom of young people

A number of young persons in Norway are subject to severe restrictions on their freedom. Some parents do not want their children to wear certain clothes, participate in recreational activities or have friends

24 Kvello, Ø. (2010): *Barn i risiko – skadelig omsorgssituasjoner* (Children at risk – harmful care situations), Gyldendal Akademisk.

25 Norwegian Directorate of Integration and Diversity (2011): *Ikke bare tvangsekteskap – en artikkelsamling* (Not just forced marriage – a collection of articles).

or boyfriends/girlfriends whom they themselves have chosen.²⁶ Daughters are often kept under stricter control than sons. Sometimes, control over girls is exercised by their older brothers. Young boys may be forced to control their sisters on behalf of their parents or the extended family.²⁷ In this way, the children or adolescents may be deprived of fundamental human rights, with strong restrictions imposed on the way they live their lives. This type of control is found in patriarchal societies where the interests of the collective are important and the family's honour is paramount. Women often bear the greatest responsibility for maintaining the family's honour, by limiting their daughters' radius of action and, in particular, their sexual life. In several countries, including Norway, murders have been committed on account of honour-related issues. It is therefore very important that the health and social services understand the gravity of these issues and have the necessary expertise to deal with them.

Children may face many types of violence – simultaneously

A child who experiences domestic violence is at greater risk than other children of being neglected and subjected to other types of physical and sexual violence by someone in his or her surroundings.²⁸ A review of 30 studies showed that between 30 and 60 per cent of children who experienced domestic violence were also physically abused.²⁹ In another study, it was found that 58 per cent of the adolescents who lived in families where there was violence between adults were themselves subjected to violence by their parents.³⁰

Researcher Yngve Hammerlin has described his personal experience of growing up with a brutal father who exercised power and control. Hammerlin uses the term “totalitarian family” with regard to families where abusive acts, oppression, and the use of power and violence are a persistent, structural feature of family life.³¹ During his childhood, violence was an everyday occurrence for Hammerlin, and it was painful. In his experience, the violence to which he was subjected led to stigmatisation and alienation. Children who come from families with similar family dynamics tell about corresponding experiences.³²

In Øverlien's (2012) opinion, the knowledge that we possess today regarding the fact that children can be exposed to parallel forms of abuse such as physical and psychological violence, sexual abuse and neglect is one of the most important areas on which attention should be focused in the future.³³

26 Norwegian Directorate of Integration and Diversity (2011): *Ikke bare tvangsekteskap – en artikkelsamling* (Not just forced marriage – a collection of articles).

27 Bredal, A. (2011): *Mellom makt og avmakt: om unge menn, tvangsekteskap, vold og kontroll* (Between power and powerlessness: young men, forced marriage, violence and control), Institute for Social Research (ISF), Report 2011:004.

28 Heltne, U. & Steinsvåg, P.Ø. (Red.) (2011): *Barn som lever med vold i familien* (Children who live with family violence), Universitetsforlaget.

29 Apple, A. E. & Holden, G. W. (1998): “The co-occurrence of spouse and physical child abuse: A review and appraisal”, *Journal of Family Psychology*, 12:578-599.

30 Annerbäck, E.M. & Wingren, G. & Svedin, C. G. & Gustafsson, P. (2010): “Prevalence and characteristics of child physical abuse in Sweden – findings from a population-based youth survey”, *Acta Paediatrica*, No. 99, 1229–1236.

31 Møller/Hammerlin, M./Y./ (2009c): *I fars vold* (In the father's power), Kommuneforlaget.

32 Øverlien, C. (2012): *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Universitetsforlaget.

33 Øverlien, C. (2012): *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Universitetsforlaget.

Opinions differ as to which acts are covered by the term “violence” and how serious the acts must be to be called violence. The term *violence and sexual abuse* can have a different meaning in a legal context than in a psychology context. The meaning of the terms must be explained and seen in the light of the professional context in which they are used. Our understanding of the phenomena and the way they should be defined changes as we acquire new knowledge. There is therefore a need for an ongoing debate on the terms and their meanings.

A great deal is known about what characterises the family violence to which some children are subjected. Some are exposed to several different types of torment and abuse at the same time. The health and social welfare services must expose all the problems if they are to be able to provide children and their families with a coherent programme of assistance. Chapter 7 contains an overview of risk factors and protection factors related to the child’s caregivers, social conditions, etc.



VIOLENCE IN CHILD AND YOUTH CIRCLES

In this chapter we explore several different forms of violence that children and adolescents may encounter outside their home, primarily among their peers, and the ways that such violence can erode fundamental rights to a safe childhood. Sexual abuse outside of the home and digital abuse are dealt with in detail in chapters 4 and 5. Very little systematic knowledge exists about the extent of the various forms of violence that Norwegian children and young people face outside the home.

3.1 BULLYING

Bullying is activity intended to threaten, humiliate or hurt the other party. It may be direct, such as punching or kicking, or verbal, taking the form of insults and threats or abusive and harassing comments. Another type of bullying is ostracism – maligning certain individuals behind their backs, or overtly freezing them out of the group.³⁴ Bullying may occur in person or by way of e-mail, text messaging or online chat rooms. Examples of bullying are presented on the website www.ung.no.

Not only schoolchildren but also youngsters in day care may be subjected to bullying or bully others. Children may also find themselves bullied by teachers or other educational personnel.

Children who bully others

Bullying is often a means to achieve social status, power and popularity in the group.³⁵ Children who bully others often exhibit one or more of the following traits:³⁶

- a more positive attitude to violence than most pupils
- a strong urge to dominate and intimidate other pupils, using power and threats to assert themselves and get their way
- boys who bully are often physically stronger than their friends and their victims
- are often short-tempered, impulsive and intolerant of frustration
- have difficulty submitting to rules

34 “Our Right to be Protected from Violence”, published by UNICEF with support from the Ministry of Children and Equality, 2007 (material from UN study on violence against children submitted 10 Oct. 2006).

35 Pronk, R. & Zimmer-Gembeck, M. J. (2010): “It’s ‘mean’, but what does it mean to adolescents? Aggressors’ and victims’ understanding of relational aggression”, *Journal of Adolescent Research*, 25, 175–204.

36 Olweus, D. & Solberg, C. (2006): *Program for foreldreveiledning: Mobbing blant barn og unge* (Parental guidance programme: Bullying among children and adolescents), Norwegian Directorate for Children, Youth and Family Affairs, (Q-0933).

- act tough and show little sympathy for bullied pupils
- are often aggressive, even to adults, including both teachers and parents
- are good at talking their way out of difficult situations

It is often assumed that bullies are insecure and anxious under their tough exterior. Research has not provided much support for this view, however. In fact the findings suggest rather the opposite. Bullies generally exhibit either unusually low levels of anxiety and insecurity, or about average levels. Their self-esteem is also about average, or relatively positive

3.2 VIOLENCE IN DATING RELATIONSHIPS

The US Centers for Disease Control and Prevention (CDC) define teen dating violence as the exercise of physical, sexual or psychological violence in partner relationships. The CDC’s definition of dating violence also includes undesired attention that stirs fear (*stalking*). Such acts of violence may occur directly or through digital means, as when one party repeatedly posts sexual images of the other on the Internet. There is reason to believe that many adolescents do not dare to tell of such behaviour, whether to friends or family.

Girls who have been subjected to physical violence by an intimate partner struggle more with health problems than girls subjected to violence by other people. That is one finding of a Danish survey of young people between 16 and 24 years of age.³⁷ Such violence leads to more severe physical and psychological injury than other types of violence young women may encounter. The survey shows that young women are more likely to experience physical

37 *Unge og kærestevold i Danmark* (Youth and intimate partner violence in Denmark): http://www.si-folkesundhed.dk/upload/unge_og_k%C3%A6restevold_i_danmark_samlet_001.pdf

partner violence than adult women, a finding confirmed by a Norwegian study in 2005.³⁸

3.3 BOYS WHO COMMIT VIOLENCE

Those especially likely to experience physical violence or threats of violence by peers are young boys, and some of these boys are also violent towards others. Among boys in their mid-teens, between one in four and one in five report that they have been subjected to violence in the past year, about twice the proportion for girls. Similarly, approximately one in four boys, as against one in 10 girls, acknowledge that they have committed violence in the past year.³⁹

Recent research on violence between adolescents focuses in particular on boys with immigrant backgrounds. The violence occurring in such groups may be somewhat different in character from the violence that takes place between youths of the majority population, but much is also similar. For a 2012 master's thesis, young men with immigrant backgrounds were interviewed about their experiences with violence, as perpetrators, victims and witnesses. The boys reported that they perceived violence as positive if the goal was to uphold honour, but exclusively negative if it affected women or children. In the heat of the action, violence was perceived as positive because it produced an adrenaline kick and excitement. Violence, they said, could also increase status and respect among peers, in part because it led to power.⁴⁰

The survey respondents described how small insults on Facebook or provocative facial expressions could escalate into major conflicts. The youths also attributed the violence to such causes as poor financial circumstances, newness to a country,

a need for attention, discrimination and stigmatisation were causes of the violence.

Lien (2011) has studied criminal milieus among adolescents with immigrant backgrounds. She describes the violence, risks and allure of a criminal livelihood.⁴¹ She sees distinct similarities among the boys recruited to gangs. Many of them spent their early years in their country of origin, and experienced a rupture in coming to Norway. Many youths, having experienced more rough treatment at home than compassion, prefer to be part of the gang. Some, too, have been threatened into becoming members.⁴² Lien has previously described honour as a key concept of gang life.

3.4 GIRLS WHO COMMIT VIOLENCE

Sidsel Natland (2007) has written in her doctoral thesis about a small sample of girls who carry out violent acts.⁴³ She notes that “whore” as a concept and “whore rumours” appear to play a key role in violent conflicts between girls. A survey respondent in Natland's study says that she helped beat up a friend in the group because of rumours that the friend was behaving like a whore. According to Natland, violence between girls often occurs within the bounds of friendship. The girls say they value friendship highly and demand a high degree of trust and loyalty from their friends, while at the same time employing manipulation, malicious gossip and ostracism to achieve power in the group. Psychological and sociological research shows that girls' risk of developing violent or antisocial behaviour is linked (as with boys) to difficult childhood circumstances, neglect, drug/alcohol addiction and other social problems.

38 Haaland, T., Clausen, S.E. & Schei, B.: *Vold i parforhold – ulike perspektiver* (Violence in couples relationships – various perspectives), Norwegian Institute for Urban and Regional Research, Report 2005:3.

39 <http://ungdata.no/id/25895.0>

40 Bekeng, S. (2012): *Veier til vold – en kvalitativ studie av unge menn i et flerkulturelt miljø* (Paths to violence – a qualitative study of young men in a multicultural environment), master's thesis, University of Oslo, Department of Criminology and Sociology of Law.

41 Lien, I.L. (2011): *I bakvendtland – kriminelle liv* (Wrong way around – criminal lives), Universitetsforlaget.

42 Haaland, Th. & Lien, I.L. (1998): *Vold og gjengatferd* (Violence and gang behaviour), Norwegian Institute for Urban and Regional Research; Gemert, Peterson and Lien (eds) (2008): *Street Gangs, Migration and Ethnicity*, Willan Publishing.

43 Natland, S. (2009): *Volden, horen og vennskapet: En kulturanalytisk studie av unge jenter som utøvere av vold* (Violence, whores and friendship: An analytical study of young girls who commit violence), Tapir akademisk forlag.

Girls who behave violently said in interviews for a Danish doctoral project that violence for them was about honour and respect.⁴⁴ The girls would not accept being treated disrespectfully. They would defend themselves and their female friends. They felt that neither their parents nor the system were helpful; the girls would therefore stand up for each other.

3.5 DEVELOPMENT OF VIOLENT BEHAVIOUR – RISK FACTORS

A number of risk factors have been linked to the development of violent behaviour among adolescents. The more risk factors a child lives with, the greater the chance he or she will commit violence.⁴⁵ It is important to note, however, that far from all children exposed to risk factors become perpetrators of violent acts. No single factor or combination of factors can be used to predict who will grow violent. Nevertheless, it is important to recognise the factors that increase the chance of problems developing. Such knowledge is particularly useful in prevention efforts.

Childhood conditions as a risk factor

In a review of research articles, researchers found strong correlations between child abuse, neglect and youth violence. The same review found that the likelihood of committing partner violence is higher for those who were subjected to abuse as children.⁴⁶ Other researchers point out that the risk factors for developing violent behaviour include negative parent-child relationships, socio-economic challenges, mental disorders, antisocial attitudes and behaviour, poor academic motivation and performance, and

negative factors in the local community such as crime, etc.⁴⁷

Thrill-seeking as a motivation for violence

A collaborative study between the Norwegian Centre for Child Behavioural Development in Oslo and the University of Nottingham shows that the very experience of excitement is often a strong motivation for aggression and serious criminality, including violence, among boys and girls. The study results indicate that the severest forms of violence and other illegal acts during adolescence are related more often to thrill-seeking and impulsiveness than to purposeful planning.⁴⁸

Use of intoxicants and violence

In the Nordic countries, a majority of violent incidents are alcohol-related. The more a person drinks and the more often he or she is intoxicated, the more likely that person is to commit violence or be on the receiving end of it. As a factor in violence, drugs play a smaller role than alcohol.⁴⁹

44 Henriksen, A.K. (2011): *Vold, subjektivering og kropslig erfaring – en antropologisk undersøgelse af vold blandt piger* (Violence, subjectification and bodily experience – an anthropological survey of violence among girls), work plan and draft of doctoral thesis, Roskilde University, Department of Society and Globalisation.

45 Bengtson, M., Steinsvåg, P.Ø. & Terland, H. (2004): *Ungdom bak volden* (Youth behind the violence), Universitetsforlaget.

46 Maas, C., Herrenkohl, T.I. & Sousa, C. (2008): “Review of Research on Child Maltreatment and Violence in Youth”, *Trauma, Violence and Abuse* 2008; 9:56.

47 Farrella A.D. & Flannery, D.J. (2006): “Youth violence prevention: Are we there yet?” *Aggression and Violent Behavior*, Volume 11, Issue 2, March–April 2006, pp. 138–150.

48 Bjørnebekk, G. & Howard, R. (2012): “Sub-types of angry aggression in antisocial youth: Relationships with self-reported delinquency and teachers’ perceptions of social competence and emotional/behavioural problems”, *Personality and Individual Differences*, 53(3), 312–316.

49 Rossow, I. (2010): *Rusmiddelbruk og vold* (Use of intoxicants and violence), see www.sirus.no.

Children and adolescents themselves tell of violence within peer groups. Such violence is both physical and psychological, and includes bullying. We know little about the extent of different forms of peer violence, or of the violence that children experience at the hand of siblings. Nor do we know how many children encounter violence both in the family and outside it. Little knowledge has been gathered as to what characterises the violence or the consequences of the violence for its object and its perpetrator. There is a need for a broad description of the violence and of the way young people understand it and relate to it. More research and greater expertise are required, as our base of knowledge about the violence and sexual abuse occurring between children and adolescents is weak.



04

SEXUAL ABUSE OF CHILDREN AND YOUTH

This chapter examines different forms of sexual abuse to which children and adolescents may be exposed. It also includes a discussion of the abusers.

4.1 FORMS OF SEXUAL ABUSE – WHAT DOES THE LAW SAY?

The legal definition of sexual abuse against children is set out in chapter 19 of Norway's Penal Code, which deals with sexual offences. The law prohibits sexually abusive or otherwise indecent behaviour, sexual acts and sexual relations with children.

Sexual behaviour:

Sexual behaviour without physical contact between child and abuser. Examples include indecent exposure, display of pornography, verbal sexual contact or forcing a child to be present during sexual acts between others.

Sexual acts:

Sexual behaviour that consists of physical contact between child and abuser. Examples include fondling of the child's genitals or masturbation of the abuser by the child. Sexualised touching of other body parts, such as the chest, are also included.

Sexual relations:

Sexual relations include the most intimate acts, such as sexual intercourse, but also intercourse-like activity such as oral-genital contact, masturbation and insertion of fingers or objects into the vagina or anus.

The age of consent in Norway is 16 years. If the child abused is under 14, the offence is seen as aggravated. In the case of sexual relations, circumstances are further aggravated if the child is under 10 years of age, and if the abuse is repeated. Minimum penalties associated with sexual relations are more severe than for sexual acts, which in turn are more severe than for sexual behaviour.

It is an offence to have involvement with representations of child sexual abuse, such as photographs or videos, or with representations that sexualise a child, if the child is, or appears to be, under 18 years of age.

Female genital mutilation is violence, but also a sexual assault

Genital mutilation of girls is prohibited and is punishable in Norway pursuant to the Act relating to prohibition of female genital mutilation. It is unclear whether the procedure is performed in this country, or how many people in Norway are affected. Nor is it known how many people are affected by the procedure in other countries.⁵⁰ The practice represents a serious assault with major health and social consequences for the girls involved. Female genital mutilation is a clear violation of human rights.⁵¹

4.2. WHAT WE KNOW ABOUT ABUSERS

Sexual abuse is often a matter of abusing power and control, and of exploiting vulnerability in others to meet one's own needs. An abuser can misuse religion or employ psychological or physical force to overcome and take control over another person.⁵²

As far as we know today, fewer women than men commit abuse. In most cases the abuser is a man or older boy whom the object of the abuse knows well; but women, too, may abuse their own or other children. It is hard for many people to imagine an adult female abuser, let alone a woman who abuses

50 Lidén, H. & Bentzen, T. (2008): *Kjønnslemlestelse i Norge* (Female genital cutting in Norway), Institute for Social Research, Report 2008:8; see also Talle, A. (2003): *Om kvinnelig omskjæring* (On female circumcision), Samlaget 2003.

51 See UN Convention on the Elimination of All Forms of Discrimination Against Women, the UN Convention on the Rights of the Child, the UN Convention Against Torture, the International Covenant on Economic, Social and Cultural Rights and the European Convention on Human Rights.

52 Bjerva, E. K. (2009): *Når ord står mot ord. Kirkens håndtering av seksuelle krenkelsesanklager mot sine ledere* (When it's word against word: The church's handling of sexual abuse complaints), master's thesis, Norwegian School of Theology.

her own child. The idea threatens our notions of mother as caregiver and protector.⁵³

Sexual abuse, violence and neglect in childhood have been found to be significant risk factors for development of sexually deviant behaviour.⁵⁴ Statistics vary on the percentage of offenders who themselves were subjected to abuse in childhood; the figures range from 20 per cent to as high as 70 per cent.⁵⁵

Abusive strangers

Brutal rape attacks are often perpetrated by strangers, but other types of abuse are rarely committed by total strangers. A child abuser may be unknown to the child initially, but tends to spend time getting to know the child and building a relationship of trust before the abuse begins. People with an attraction to children and adolescents in many cases will also seek out environments where it is easy to come into contact with them. Online chat rooms, sports organisations, scout troops and churches are examples of environments where abusers can manipulate children and adolescents over time, a process called grooming.⁵⁶ According to the Child Exploitation and Online Protection Centre (CEOP) in the UK, many paedophiles manipulate children online with the primary aim of committing abuse online. The children in such cases are lured and tricked into performing sexual acts online.

53 Bremnes, T. (2009): *Seksuelle overgrep fra kvinner* (Sexual abuse by women), master's thesis in criminology, University of Oslo.

54 Haugland, G. N. (2011): *Ingen penis – ingen skade? Når kvinner begår seksuelle overgrep*, (No penis, no damage? When women commit sexual abuse), *Tidsskrift for Norsk Psykologforening*, (Vol. 48, No. 6, 2011), 522–528.

55 Hermstad, K. (2006). *Forbrytelse og selvforståelse: Et bidrag til forståelsen av en gruppe menn dømt til fengsel for seksuelle overgrep, i lys av terapi, etikk og strafferett*. (Crime and self-awareness: A contribution to understanding a group of men sentenced to prison for sexual abuse, in light of therapy, ethics and criminal justice), dissertation, Norwegian University of Science and Technology, Faculty of Humanities, Department of Archaeology and Religious Studies; Haugland, G. N. Nygaard, I. E., Vik, J. S., & Lindstrøm, T. C. (2011): *Ingen penis – ingen skade? Når kvinner begår seksuelle overgrep* (No penis, no damage? When women commit sexual abuse), *Tidsskrift for Norsk Psykologforening*, (Vol. 48, No. 6, 2011), 522–528; Ingnes, E. K. & Kleive, H. (2011): *I møte med unge overgripere* (In the company of young abusers), Gyldendal.

56 More on child “grooming” in chapter 5.3.

The abuser in the child's near circle

Persons who commit abuse may be part of a child's near or extended family circle. The abuse may be committed by parents, step-parents, siblings or other relatives. The abuser could also be a teacher, scout leader, sports coach, religious leader or other trusted figure. In families where children are exposed to sexual abuse, we often find other forms of neglect as well. Often it occurs in a family in which the father is violent.⁵⁷

When the abuser is a woman

Awareness of the fact that some abusers are female has increased. Some surveys of female offenders have shown a possible link to mental disorders and substance abuse.⁵⁸ In a study comparing female inmates with and without abuse experience, several of the sexual abusers reported that they themselves had been abused.⁵⁹ Criminologist Tone Bremnes has interviewed victims of female abusers.⁶⁰ Several of them, both boys and girls, described being sexually abused by one's own mother as an especially hurtful violation.

Gender differences, sexual abuse

In studies of sexual abuse, girls far more often than boys report having been in situations involving the clear use of force. In one international study, almost all of the girls stated that their abuser was male, while about half of the boys reported that their abuser was female.

57 Bremnes, T. (2009): *Seksuelle overgrep fra kvinner* (Sexual abuse by women), master's thesis in criminology, University of Oslo; Sætre, M. (2007): *Analysen av kriminalitet: En innføring i data og metoder i samfunnsvitenskapelige og strategiske kriminalanalyser* (Analyses of criminality: An introduction to data and methods in social and strategic crime analyses), Høyskoleforlaget.

58 Haugland, G. N. (2011): *Ingen penis – ingen skade? Når kvinner begår seksuelle overgrep* (No penis, no damage? When women commit sexual abuse), *Tidsskrift for Norsk Psykologforening*, (Vol. 48, No. 6, 2011), 522–528.

59 Strickland (2008).

60 Bremnes, T. (2009): *Seksuelle overgrep fra kvinner* (Sexual abuse by women), master's thesis in criminology, University of Oslo.

4.3 CHILDREN AND ADOLESCENTS WHO COMMIT SEXUAL ABUSE

Despite previous empirical findings, only in recent years has special attention been focused on sexual abuse by children and adolescents. International studies have reported that up to a third of all known child sexual abuse is committed by individuals under 18 years old.⁶¹ Calculations by researchers suggest that about 90 per cent of abuse cases involving assaults on children or adolescents by another adolescent are not reported to the police. Official statistics appear to be inaccurate.⁶² The proportion of abuse against children that is committed by other children/adolescents may approach 50 per cent, according to some researchers.⁶³ This means that children and youth who commit sexual offences constitute a social problem and a significant public health challenge.

Abuse by children can be just as harmful as abuse committed by adults. Moreover, research shows that a not-insignificant number of adult offenders committed their first assault as a child or while still young.⁶⁴ In efforts to combat sexual abuse, it is therefore necessary to be particularly alert to children and adolescents who display abusive behaviour.

What distinguishes children who sexually assault other children

Although the present literature shows significant differences among abusers, it also highlights a number of similarities. Often these children have exhibited behavioural difficulties and antisocial behaviour. Abusers often have limited peer-

interaction skills, and may therefore be socially isolated. Violence and neglect have been shown to be a risk factor. The hypothesis that adolescents who commit sexually abusive acts have experienced sexual abuse themselves is highly controversial. However, there is research to suggest similarities between assaults inflicted on adolescents and the assaults they themselves commit.⁶⁵

Studies indicate that adolescents who commit sexual abuse are mainly boys, often in their teens.⁶⁶ In one US study, however, 13 to 18 per cent of abuses on children were committed by children under 13 years old. The youngest children in this group were three to four years old. According to researchers, such behaviour more commonly starts between the ages of six and nine.⁶⁷ Girls who commit abuse often engage in sexual acts with children they babysit, and/or they force younger girls to take part in sexual acts.

Youngsters with disabilities can also be abusers

Children with impaired psychological development or major learning disabilities are represented among abusers. There may be several reasons for this. In cases of very low functional ability, the abuser might not understand what is happening. Some of these children may also be impulsive by nature, with little capacity for putting themselves into the other's situation.⁶⁸

Need for knowledge about children who commit sexual abuse

In order to target preventive measures and treatments effectively, there is a need for more knowledge about why some young people develop abusive behaviour. In-depth studies emphasising such topics as attachment theory and developmental history

61 Strange, M (2002): *Unge kränkere* (Young abusers), Danish National Centre for Social Research.

62 <http://www.nkvts.no/aktuelt/Documents/Unge%20overgripere%20trenger%20hjelp.pdf>

63 Bendiksby, O. H. (2008): *Å forstå unge overgripere: Tilknytningsstrategier og utviklingshistorie* (Understanding abusers: Attachment strategies and development history), *Tidsskrift for Norsk Psykologforening*, (Vol. 45, No. 6), 735–738; Ingnes, E. K. og Kleive, H. (2011): *I møte med unge overgripere* (In the company of young abusers), Gyldendal.

64 Bendiksby, O.H. (2008): *Å forstå unge overgripere: Tilknytningsstrategier og utviklingshistorie* (Understanding young abusers: Attachment strategies and development history), *Tidsskrift for Norsk Psykologforening*, (Vol. 45, No. 6), 735–738.

65 Kvello, Ø. (2010): *Barn i risiko: Skadelige omsorgssituasjoner* (Children at risk: Harmful caregiving situations), Gyldendal.

66 Kjellgren, C. (2009): "Adolescent sexual offending: Prevalence, risk factors and outcome", doctoral dissertation, Lund University, Faculty of Medicine, Sweden.

67 Rightland, S. & Welch, C. (2004): "Characteristics of youth who sexually offend", *Journal of Child Sexual Abuse*, 13, (3–4), 15–132.

68 Ingnes, E. K. & Kleive, H. (2011): *I møte med unge overgripere* (In the company of young abusers), Oslo: Gyldendal.

could improve our understanding of why children and adolescents commit sexual abuses.

4.4. ABUSE IN INSTITUTIONS AND FOSTER HOMES

In 2003, a government-appointed committee was given the task of investigating the extent of neglect and abuse in child welfare institutions during the period 1945–1980. The report revealed that neglect and abuse, some of it serious, occurred throughout that period in orphanages and in residential schools/special schools for children and adolescents with adjustment difficulties.⁶⁹ On the basis of the report, the Storting adopted a special compensation programme. About 1,200 of the approximately 4,000 compensation cases processed from 2005 to 2011 involved neglect, physical abuse and/or sexual abuse in foster care.⁷⁰ In these cases, the Norwegian child welfare services had acted in a discreditable manner, providing inadequate or no supervision of children under care.

In 2006, a survey was conducted of 436 youth between the ages of 13 and 18 in child welfare institutions. Twelve of these teenagers told of experiencing something they perceive as sexual abuse in an institution.⁷¹

Public authorities have a special responsibility to safeguard and protect children placed outside the home in foster homes or institutions. To prevent physical, psychological and sexual abuse, and to respond to it properly when suspicions arise, the Norwegian Directorate for Children, Youth and Family Affairs has devised procedures for state-run child welfare institutions and foster homes. The procedures are being revised in 2013 to incorporate the child's perspective even more clearly.

69 NOU 2004:23 *Barnehjem og spesialskoler under lupen* (Orphanages and special schools under the microscope), Norwegian Official Report by a committee appointed by the Ministry of Family and Children's Affairs.

70 <http://www.fosterhjem.no/Aktuelt/Overgrep-mot-barn-som-far-hjelp-fra-barnevernet/>

71 Gjerustad, C., Sasaoka, K. & Gautun, H. (2006): *Brukerundersøkelse i barnevernsinstitusjonene* (User survey in child welfare institutions), Norwegian Social Research (NOVA) Report 9/06.

The introduction of a rule requiring institution staff members to produce a police certificate of good conduct is an important measure to improve children's legal safeguards. Additionally, a new course for institutional staff has been developed on Norway's regulation of rights in child welfare institutions. One of the goals is to increase staff knowledge about children's rights and the use of coercion.⁷²

4.5 SEXUAL ABUSE WITHIN MINORITY POPULATIONS AND RELIGIOUS COMMUNITIES

Culture and religion may be used to legitimise silence on the topic of sexual abuse. The strong and lifelong loyalty many feel towards family and community can make it hard to achieve transparency around the issue.

Very limited research has been conducted into sexual abuse among ethnic minorities in Norway, whether indigenous peoples, national minorities or immigrants. Practitioners who encounter minority youth in a variety of settings tell of abuse occurring. This knowledge is scattered and often anecdotal. Research is needed.

In early 2006, a number of sexual abuse cases were investigated in the northern community of Kautokeino. The cases received considerable attention in the media, and the inhabitants felt their community had been branded as a place where violence and abuse of that nature was accepted. Old, stereotypical notions of Sami people surfaced.⁷³ As a result, a collaborative project was initiated between the municipality of Kautokeino and SANKS, the Sami national resource centre.

SANKS performs psychiatric treatment functions in central Finnmark County as well as national resource-centre functions in the mental health field

72 A brochure and a film on the rights of children and adolescents in institutions were completed in June 2013.

73 http://www.helse-finnmark.no/getfile.php/FIN%20Helse-Finnmark%20INTERNETT/SANKS/Kautokeinoprojektet_for%20web.pdf

for the Sami population in all of Norway. Dealing with matters of violence and sexual abuse is part of the centre's work. In its follow-up, SANKS emphasised cultural sensitivity in its programme measures in Kautokeino. The situation was also seen in the context of the rapid changes that Sami communities are undergoing. Steps that have been carried out include dialogue and educational arrangements for youth, guidance for adults who work with youth, and measures aimed at parents. The evaluation of these measures includes recommendations to secure low-threshold services for children and adolescents as well as more study of the issues surrounding sexual abuse.

Child marriage

In some Roma groups, there is a tradition of marrying girls away very early. Roma are singled out by the World Health Organization (WHO) as the most vulnerable group with respect to child marriage.⁷⁴ Child marriage also occurs in parts of the immigrant population in Norway. Such "marriages" are not legally binding when the parties are minors, but for those directly involved, and for their community, the bonds are perceived as real enough. If a girl or a boy under the age of consent is "married" away, any sexual relationship that follows is abusive under Norwegian law. The organisations Self Help for Immigrants and Refugees (SEIF)⁷⁵ and the Red Cross (which operates a telephone hotline on forced marriage and female genital mutilation) have assertively placed this issue on the political agenda. According to the Red Cross's annual reports, 52

hotline calls were received between 2008 and 2012 regarding minors in forced marriages.⁷⁶

In some minority communities, religious solemnisers are seen as being constitutive of married life, and thus able to legalise sexual relationships. The parties are considered married in the eyes of their family, their nearest community and themselves. Such wedding ceremonies could be valid according to Islamic law. Marriage is seen as a matter of private law, and requirements regarding public registration, and compliance with such requirements, vary from country to country. The practice may be a continuation of traditions in the family's country of origin. It may also be a practice that is strengthened in connection with immigration to Norway, to circumvent Norwegian legal provisions. Religious wedding ceremonies are not covered by the Penal Code sections dealing with forced marriage (section 222, second paragraph) or prohibiting marriage of persons under 16 years of age (section 220, first paragraph), as these sections apply to formally contracted marriages.

The Ministry of Children, Equality and Social Inclusion has initiated a survey of extrajudicial marriage practices. This project will include a review of current legislation and a systematic compilation of existing facts and figures and of the experiences and challenges faced by religious leaders and bodies whose work brings them into contact with the problematic issue of religious or extrajudicial weddings in cases where the conditions of marriage set out in Norway's Marriage Act are not met.

Closed communities

Religious communities may be very important bearers of identity and culture. They may be key arenas for fellowship in addition to having a spiritual function. When abuse occurs, closeness to a congregation member may cause an unexpectedly strong reaction, in the eyes of outsiders, on the part

74 World Health Organization (2012): *Entre Nous. The European Magazine for Sexual and Reproductive Health*. (No. 76). See also the report by European Roma Rights Centre (2011): *Breaking the silence* and Fact Sheet 2011 by the Norwegian Country of Origin Information Centre, an independent body within Norway's immigration administration. Additional relevant literature includes Karoli, S. (2009): *Sigaymerkongens datter: Historien om mitt liv* (The gypsy king's daughter: The story of my life), Aschehoug; and Fonseca, I. (1996): *Bury me standing: The Gypsies and Their Journey*, Vintage Books, a division of Random House, Inc., New York.

75 In 2003 SEIF began a project directed towards the Roma people called *En plass i samfunnet – også for meg* (A place in society – for me, too). Combating marriage between minors is one of the project's focal points. Several reports have been prepared, and may be downloaded from <http://www.seif.no/>

76 Red Cross Oslo: *Røde Kors-telefonen om tvangsekteskap og kjønnslemlestelse: En oppsummering av perioden 2008–2011* (Red Cross hotline telephone on forced marriage and female genital mutilation: A summary of the period 2008–2011). See also the Red Cross report for 2012 and Turner, C. (2013): "Out of the shadow: Child Marriage and Slavery", Anti-Slavery International.

of the person abused. Abuse by a spiritual leader may be perceived as a violation as grievous as incest, even for adults.⁷⁷

In recent years the Catholic Church has been in particular focus after many revelations in the United States, Ireland and Germany. Individual cases in Norway have emerged as well. Similar cases can be

found in other religious communities, though they are not as well known. In 1996, the Church of Norway drew up guidelines and procedures to handle abuse cases, and the church has established its own resource centre for those subjected to abuse.⁷⁸ We have very limited knowledge about sexual abuse of children in Norway's various religious communities, and more research on the topic is required.⁷⁹

Children may be exposed to a variety of types of sexual abuse. Children and youth are themselves abusers in an estimated 30–50 per cent of all abuse cases. After reaching adulthood, some of them continue to commit abuses against children. This represents a significant public health challenge that calls for research, targeted preventive measures and treatment. More must be learned about why certain youngsters develop abusive behaviour.

77 Førsvoll, R. (2003): *Fra synd, fra sorg, fra fare: Seksuelle overgrep i kirke og samfunn* (From sin, from sorrow, from danger: Sexual assault in church and society), Verbum.

78 www.kirkens-ressurssenter.no/

79 In 1994 Eva Lundgren published the book *La de små barn komme til meg* (Let the little children come to me), on abuse in the church. There has been little follow-up on the subject.



05

DIGITAL ABUSE OF CHILDREN AND YOUTH

The Internet and smart phones are an integral part of children's lives today. Technology allows them to be themselves and "talk" openly. With access to the web and social media come many opportunities; yet children online are also exposed to bullying, unwanted exposure and the spread of sexualised images. Disconnection is not the answer.

5.1 LAWS AND RIGHTS

There are rules about what can be made public on the Internet. That applies to what it is permissible to publish as well as to what individuals may demand to have removed. Information on how to proceed to get illegally published material removed is available at such websites as www.slettmeg.no and www.datatilsynet.no.

Freedom of expression

The publishing and reposting of text, video or images on the Internet is generally protected under freedom-of-expression laws, even when what's published is perceived as provocative or offensive. That does not mean that anything at all may be written online. Freedom of expression is limited when it weakens another person's protected sphere of privacy or when it appears as threatening, racist, defamatory or pornographic. This limitation may apply to the party initiating a communication as well as to anyone who considers spreading it onward.

Personal privacy

Anyone that publishes personal information online – even on a personal website or blog – must bear in mind the Personal Data Act. The general rule is that no one may publish personal data without voluntary, informed and express consent from the person the information concerns. The information published must be accurate and up to date. Consent may be withdrawn at any time.

In connection with a revision of the Personal Data Act in the spring of 2012, a special rule was adopted to provide increased privacy for children. The new rule represents a strengthening of protection because personal information on a child may not be used if doing so would be unjustifiable with regard to the child's best interests. In addition, the Norwegian Data Protection Authority is able to intervene when the privacy of children is grossly violated.⁸⁰

The section of Norway's Personal Data Act dealing with the relationship between privacy and freedom of expression (section 7) has also been amended. The reason for this amendment was that the supervisory authorities have neglected to intervene in the case of online comments that were in part harassing, on grounds that the purpose of the comments was to sway opinion. Children are now better protected against unfortunate postings by parents, such as when child welfare and custody details are publicised.

Online violations – what does the law say?

The same laws and rules that govern society in general apply to the Internet. Many provisions also penalise aiding and abetting.

Defamation:

To present false claims about others on the Internet may be punishable by law in particular circumstances. Applicable legislation: Penal Code sections 246 and 247.

Invasion of privacy:

To disseminate information about personal or domestic matters may be punishable by law in particular circumstances. It is also an offence to violate others' privacy, to behave in a frightening or harassing manner or otherwise to conduct oneself recklessly. Applicable legislation: Penal Code sections 390 and 390a.

Threats:

To threaten someone with a criminal act that could lead to imprisonment for more than six months is illegal, provided that the threat is of a nature to evoke serious fear. Applicable legislation: Penal Code section 227.

⁸⁰ Prop. 47 L (2011–2012) *Endringer i personopplysningsloven*, a bill to the Storting amending the Personal Data Act, Ministry of Justice and Public Security.

Racism:

To communicate discriminatory or hate speech in public is illegal. More precisely, this prohibition covers threats or taunts based on skin colour, national or ethnic origin, religion or philosophy, homosexual orientation, lifestyle or disability. Applicable legislation: Penal Code section 135a.

Sexual abuse of children:

The possession and distribution of depictions of child sexual abuse, or of depictions that sexualise children, are illegal. Children are defined as persons who are or appear to be under 18 years of age. Applicable legislation: Penal Code section 204a. This section covers a number of offences, including inducing *“anyone under 18 to permit themselves to be photographed as part of the commercial production of tangible and intangible images with sexual content, or producing such representations in which anyone under 18 is depicted.”*

Grooming:

It is illegal to arrange meetings with children under 16 years old with the intent of committing sexual abuse on the child, a practice known as grooming. Applicable legislation: Penal Code section 201a.

Identity violations and identity theft:

It is illegal to use another person’s identity. It is also an offence to use an identifier that is easy to confuse with someone else’s in order to obtain unauthorised gain or to inflict loss or disadvantage on others. Creating a false profile online may be an example of such an offence. Applicable legislation: Penal Code section 190a.

Hacking:

It is illegal to obtain unauthorised access to data or program features stored or transmitted by electronic or other technical aids. Applicable legislation: Penal Code sections 145b and 393.

Penal Code section 145b has recently been amended, and the wording is now as follows:

A fine or imprisonment for up to one year shall be the penalty for any person who, with intent to commit an illegal act and without authorisation produces, acquires, possesses or makes available to another person

- a) *passwords or other information that can provide access to computerised information or computer systems, or*
- b) *computer programs or other things particularly suited as a means to commit criminal acts directed at computerised information or computer systems. Any person who, without intent of committing a criminal act, possesses a self-replicating computer program, the possession of which is due to unauthorised production or acquisition of the program, shall be liable to the same penalty.*

Document falsification and use of false documents:

Falsification of a signature may be covered by the provision on document forgery. Applicable legislation: Penal Code sections 182 and 185.

Rules for online publication of images

Anyone who publishes images online must act in accordance with provisions of the Personal Data Act and the Copyright Act, as well as non-statutory privacy protections. This means that it is generally not permitted to publicise an image of a person

without the consent of the person who is pictured. It is the party that has published the images that potentially may have to prove that voluntary, explicit and informed consent really exists. Applicable legislation: Copyright Act section 45c and Personal Data Act section 8.

Careless publication of child images online

Posting pictures of persons on the Internet without their consent is not permitted. Parents may not unreservedly post pictures of their kids without asking them. Children, too, have a right to privacy, and their opinions shall be accorded respect commensurate with their age and maturity. At the same time, it is the parents who have consent authority. Where to draw the line is determined by section 11 of the Personal Data Act, which authorises the Data Protection Authority to demand the removal of information about a child. This may be done at the request of the child or others who are concerned about the child.

5.2 ABUSE AND THREATS ON THE INTERNET AND IN SOCIAL MEDIA

Digital media can be used for bullying, threats, exclusion and the spreading of rumour and gossip. To be bullied or otherwise harassed via text messaging and the Internet often feels worse than schoolyard bullying, because it can be done anonymously at any time of day, even when the victim is at home. Offensive messages may spread rapidly and circulate for a long time, often invisibly to adults. Bullying may be random, but usually it occurs between children and young people who already know each other from school, extra-curricular activities or online forums.⁸¹

Digital harassment can occur through several online media, including video/picture messaging, email, text messaging, chat services or websites created to defame or hurt someone. Digital harassment can also involve the posting of unwanted images or

videos, unwanted comments on social networking sites or on blogs. It can take place in video gaming and in virtual communities.

The terms “digital harassment”, “digital bullying” and “cyberbullying” are used interchangeably. The concept is much discussed. There is broad consensus that it involves intentional, aggressive actions or behaviour performed using digital media, but there is less agreement on interpreting the definitional requirement that such actions or behaviour occur repeatedly over time. On the Internet, a nasty message can be forwarded to many recipients in a short time; in such a case one could say that the aggressive action has occurred again and again, and is thus a repetitive action in keeping with the traditional definition of bullying.

The biggest difference between traditional bullying and digital bullying is that the latter can be carried out anonymously, often through public media. This means that there are far more “witnesses” to the harassment, which in itself is highly stressful to the targeted individual.⁸² Another element in the traditional definition of bullying is a power imbalance between the parties. According to Staksrud, this element is not significant in defining digital bullying because such an imbalance is created as soon as digital harassment occurs. She believes it should be the child’s own perception that determines whether an act is bullying, because it is the experience itself that is potentially harmful.⁸³

Cyberbullying differs from traditional bullying in several ways. The fact that images and sound can be used as part of the bullying enhances its effect. Another characteristic of digital bullying is that the target cannot escape; physical barriers such as a closed door no longer exist. Facebook or text messages arrive at all hours, wherever the recipient may be. There is nowhere to hide, so every place is

81 Staksrud, E. (coming in 2013): *Digital mobbing: Hva, hvem hvordan og hvorfor – og hva kan de voksne gjøre?* (Digital bullying: What, who, how and why – and what can the adults do?), Kommuneforlaget.

82 Hellevik, P. & Øverlien, C. (2013): *Digital mobbing av barn og ungdom i Norge: En kunnskapsoversikt* (Digital bullying by children and youth in Norway: An overview of what is known), Norwegian Centre for Violence and Traumatic Stress Studies.

83 Staksrud, E. (coming in 2013): *Digital mobbing: Hva, hvem hvordan og hvorfor – og hva kan de voksne gjøre?* (Digital bullying: What, who, how and why – and what can the adults do?), Kommuneforlaget.

potentially unsafe. All legal, practical and technical frames of reference, including “in” and “out” of school, become irrelevant to the target of bullying. The consequences of cyberbullying can be very serious. Strong negative emotions and psychological symptoms have been documented, especially when the bullying sender is anonymous.

5.3 STUDIES OF INTERNET USE BY CHILDREN AND ADOLESCENTS

The Norwegian Media Authority is the national coordinating body for public and governmental initiatives related to children’s use of interactive digital media in Norway. A variety of ministries, agencies and private actors see advantages in exchanging views about programmes, initiatives and experiences regarding child and adolescent media use via a coordinating body such as the Norwegian Media Authority’s Safe Use project.

In the Safe Use project, the parties gather information and discuss input from the multinational EU-based *Safer Internet Programme*, which includes 28 countries in Europe. The nature of the Internet makes an international approach necessary when trying to keep children and young people safe with regard to their use of interactive digital media and their attitudes towards it. The Media Authority’s surveys about media use by children and youth provide important knowledge of their media habits, media understanding and risk behaviour. These representative surveys are conducted annually for children in the age group of eight to 18 years. They have been done five times, most recently in 2012. Analysis of the survey material makes it possible to identify the risks youngsters face in their use of interactive media. The findings go into the Media Authority’s knowledge base, and are put to use in subsequent informational programmes. Increased focus on online risk factors – and getting parents and schools to take their children’s Internet experiences seriously – has been the central objective of the Media Authority’s 2010–2011 action plan on children,

youth and the Internet (*Tiltaksplan for barn, unge og Internett 2010–2011*).⁸⁴

According to the Media Authority’s report from 2012, 98 per cent of Norwegian children have access to a computer and the Internet, and 59 per cent engage in online chat. Norwegian children begin their online lives earlier than children in most other countries. Four out of 10 children under three years of age have used tablet computers or smart phones. Children and adolescents spend more time daily on social networking sites, surfing the web and playing computer and video games than they spend with friends, exercising, playing musical instruments or reading books. The survey shows that 63 per cent of children use the Internet on a daily basis, 49 per cent use social networking sites like Facebook, GoSuperModel and MovieStarPlanet daily, and 29 per cent play computer or video games daily. The older the children are, the more extensive their daily use of the Internet. The figures show that 90 per cent of children from 15 to 16 years old use the Internet every day, compared with 32 per cent of children aged 9 to 11.⁸⁵

Norwegian kids vulnerable, but their online skills are high

Norway is part of the EU Kids Online project, a survey of 25,000 children in 33 European countries.⁸⁶ Norwegian children’s access to the Internet through handheld technology is unsurpassed in Europe, and Norwegian kids display clearer signs of excessive Internet use (41 per cent) than kids elsewhere in the Nordic region. The widespread presence of the Internet bolsters the view that Norwegian children are at high risk. At the same time Norwegian children demonstrate online skills above the European average, and they benefit more than other European children from the many positive opportunities the Internet presents. “Skills” in this context refers to the ability to adjust privacy settings,

84 http://www.regjeringen.no/upload/BLD/Barn%20og%20Ungdom/barn_unge_og_internett/Tiltaksplanen_2010_2011.pdf

85 <http://www.medietilsynet.no/Documents/Trygg%20bruk/Rapporter/Barn%20og%20digitale%20medier/NYBarnogdigmed2010.pdf>

86 http://eprints.lse.ac.uk/39351/1/EU_kids_online_final_report_%5BLSERO%5D.pdf

create a bookmark, block unwanted content or critically evaluate content.⁸⁷

Exposed to harmful material on the web

Survey results from EU Kids Online show that 23 per cent of Norwegian children have had unpleasant experiences on the Internet. In the past 12 months, 42 per cent of Norwegian children have seen potentially harmful user-generated content on the web, such as pro-anorexia sites, hate sites and suicide sites. This is the second highest percentage in Europe, and twice the European average. Young people who have been bothered or upset by something on the Internet usually pick a friend to confide in, followed by parents. It's rare that they tell a teacher (7 per cent) or other adults whose job it is to help children (2 per cent). This apparent lack of faith in adults' ability to help is worrying.⁸⁸ As for Norwegian children (aged 9–16) who are bullied, 85 per cent of the girls but only 45 per cent of the boys tell someone about it, and most of these prefer to tell a friend (86 per cent of boys and 67 per cent of girls). About half of those who talk to someone choose a parent, while 17 per cent speak with a teacher.⁸⁹

Thirty-four per cent of Norwegian youngsters in the EU Kids Online survey say they have seen sexual images online in the past year. This is the highest figure in a European context, where the average was 14 per cent. Of all children in the study, the Norwegians have seen the most pornography or other sexual material. Of the Norwegian children who have seen pornography exhibited, 77 per cent say it has not bothered them while 23 per cent – representing 9 per cent of all children – felt upset or uncomfortable afterwards. For most of them, such feelings went away in a matter of days.

Nude pictures gone astray

With the rise of user-friendly photo-sharing services like Instagram and Snapchat, the time between the

snapping of a picture and its availability to others has become very short. Theoretically, all Internet users have access to everything that is online, provided there is no restriction on access.

The Media Authority's survey disclosed that 5 per cent of children aged 13 to 16 had sent nude images of themselves via mobile telephone or Internet in 2011. This represented a small increase from 2010, when the figure was 4 per cent. The proportion of boys who had sent pictures increased from 4 to 6 per cent in the period. According to the survey, the nude pictures often generate unpleasant feedback. One in five survey respondents between 13 and 16 said they had received unwanted sexual comments online in the past year. Only 7 per cent said they tell a parent when it happens.⁹⁰ Across Europe, an average of 6 per cent of kids have seen or received sexual messages via the Internet; for Norwegian kids, the figure is 20 per cent.⁹¹

Sharing information is vital to young people. Many children and youths feel a need for attention and documentation, and they often take pictures of events in their lives. It appears to be increasingly acceptable among children and adolescents to take provocative pictures of oneself, including one's own genitals and/or sexual activity with oneself, and to distribute the images to others. It does not follow that everyone wants such pictures disseminated online. The service *Slettme* ("Deleteme") publishes monthly reports. Of those who inquired about deleting pictures in April 2013, 82 per cent were female and 18 per cent male. Deletion of images is the subject of about half of all inquiries, which numbered almost 7,000 in 2012.⁹²

Sometimes, photos taken in a confidential setting go astray. Some of the photos are stolen – from an iCloud account, for example – while others may be posted online by a jilted partner. And they can spread rapidly. Provisions of the Penal Code apply to nude

87 [http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/EU%20Kids%20I%20\(2009-11\)/EUKidsExecSummary/NorwayExecSum.pdf](http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/EU%20Kids%20I%20(2009-11)/EUKidsExecSummary/NorwayExecSum.pdf)

88 EU Kids Online.

89 Staksrud, E. (coming in 2013): *Digital mobbing: Hva, hvem hvordan og hvorfor – og hva kan de voksne gjøre?* (Digital bullying: What, who, how and why – and what can the adults do?), Kommuneforlaget.

90 <http://www.medietilsynet.no/Documents/Trygg%20bruk/Rapporter/Barn%20og%20digitale%20medier/NYBarnogdigmed2010.pdf>

91 EU Kids Online.

92 The service *Slettme* (Deleteme) was established in 2009. It is located on the web at www.Slettme.no.

images posted without consent. If the person pictured is under the age of sexual consent, additional provisions come into play.

Hateful statements and harassment of minorities

Hate speech or hate chat includes text, words, pictures and symbols used to spread hatred, threats and incitement to violence against a person or group on the basis of their assumed or actual group affiliation. There appears to be a less restrictive standard for conduct towards others online than face to face. However, what is not permitted in the real world is not allowed online either. Hate speech is prohibited by Penal Code section 135a.

Hate speech creates an atmosphere of aggression and may prevent people from participating in public debate out of fear. Hate speech thereby limits freedom of expression and the exercise of democracy, and can lead to violence and other forms of abuse against those identified as figures to be hated. Hate speech infringes on individual and group dignity by reducing certain people to stereotypes and perceived social problems. Norwegian society must be open and inclusive, a goal that also applies online.

In the spring of 2013, Amnesty International Norway arranged a seminar called “Anonymous cowards”. With that event, Amnesty lifted an important topic onto the political agenda. The Council of Europe also launched a campaign in the spring of 2013 to strengthen human rights and human dignity. This campaign, to combat online hate speech, is to be run by young people across Europe.

Sexual abuse on the Internet

Some children are lured, manipulated or groomed into performing sexual acts online, either right then and there or by taking pictures or videos of themselves and transmitting them.

Many websites and online communities have incorporated an official “red button” link on their pages. By clicking on this button, the user is transferred directly to the tip page of the National

Criminal Investigation Service, known as Kripos in Norway.⁹³ The red button has proved an important tool by virtue of the police visibility it represents. Kripos wants as many websites as possible to carry the red button. It permits any user to submit tips regarding abuse, sexual exploitation, racist comments, human trafficking and other topics. Police efforts to prevent Internet-related child abuse also continue through online patrolling.

In 2012, Kripos received 2,071 red-button tips on sexual exploitation of children. These included websites containing abusive material and specific reports of abuses, including some committed against the tipster himself or herself. Incoming tips to Kripos are handled by police officers with specialised expertise in child sexual abuse and Internet-related sexual exploitation. Tips that warrant follow-up by local police in districts around the country are sent to them after the information is registered centrally by Kripos. Such cases are approached as potential criminal cases.

The Norwegian filter – a preventive measure

In 2004, Kripos initiated a voluntary, contract-based collaboration with Norwegian Internet service providers (ISPs) to limit the distribution of abusive material on the web. The blocking system they implemented is referred to as “the filter” or the Child Sexual Abuse Anti Distribution Filter (CSAADF).

Kripos’s specialists on child sexual abuse document the online abuses they discover. They find, assess, track and secure for evidentiary purposes the domains (web addresses) that distribute material in violation of Penal Code section 204a. The addresses are collected on a list that is sent securely to the Internet service providers with which Kripos has contracts. Traffic to domains containing abusive material is then redirected to a “stop page” bearing information from Kripos to the effect that a redirection has taken place, and how to go about making a complaint. In the future, links will be added for access to the relevant Penal Code sections,

⁹³ www.tips.kripos.no

information about the type of criminality detected, etc.

Kripos provides an approximation of the number of times the “stop page” has been displayed by Norwegian ISPs as a result of the agreement. This number has declined each year, from about 10 million in 2008 to about 1 million in 2012. Kripos reckons that this significant reduction has to do with a variety of international police investigations that have instilled a fear of discovery among the users of such websites.

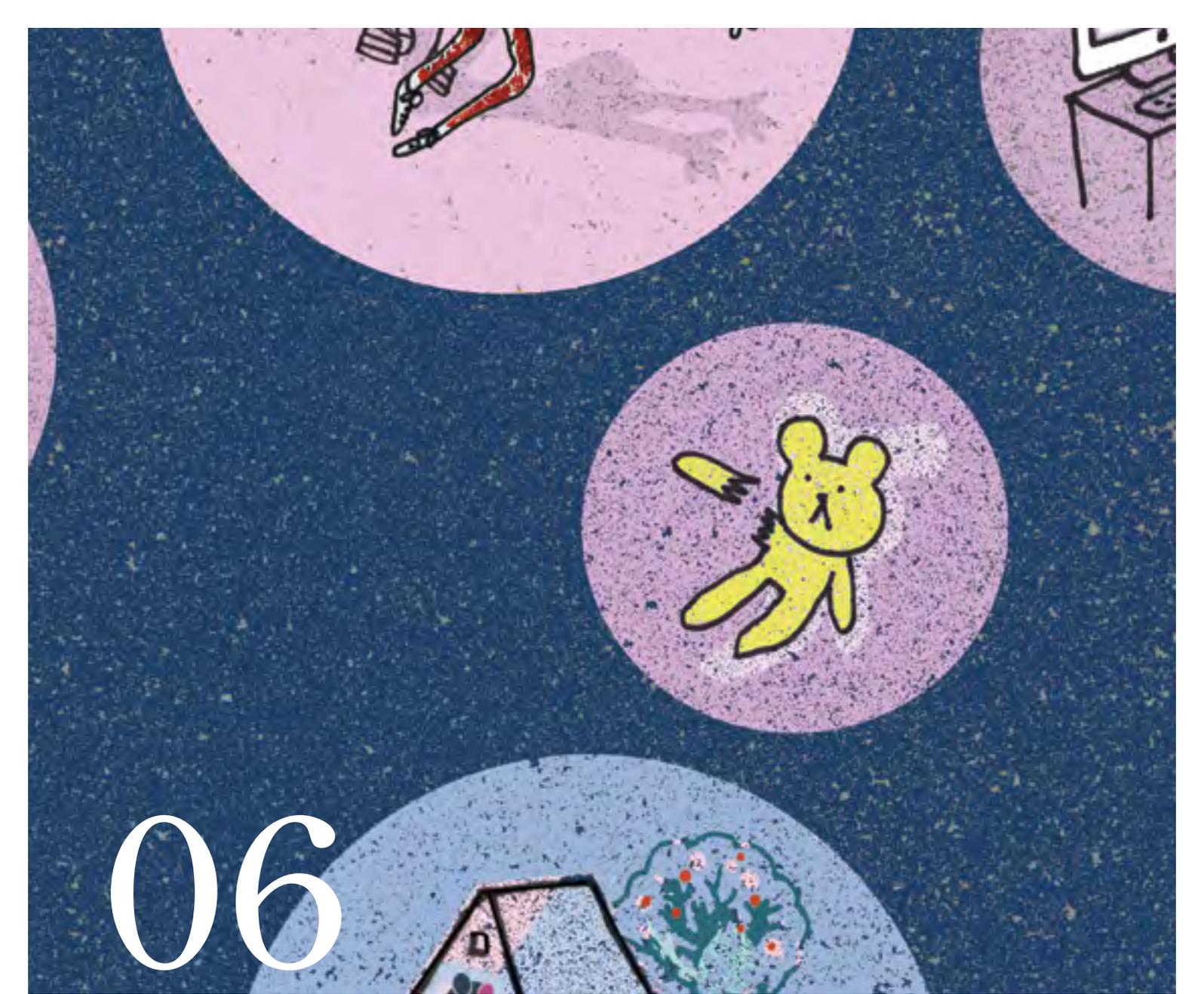
The police have also increased cooperation with payment processors and credit card companies, so that it is no longer easy to pay for access to abusive material.

Over time, a number of countries have introduced blocking systems like those used in Norway. These reduce access to potential customers who are willing to pay for abusive material. Today, “the filter” is Norway’s foremost tool in the fight against images featuring child abuse. It blocks websites with illegal content, but it does not capture abuse images distributed through file-sharing between private computers. To trace computer files on the basis of a unique code is a well-developed technology employed for many years against computer viruses.⁹⁴

Almost all children in Norway have access to the Internet and they start using it earlier than children in most other countries. Because of their extensive use of the web and social media, Norwegian children and adolescents are seen as being at high risk of exposure to harmful online material. There is an additional risk that images taken of themselves may go astray and be spread online.

Many children and young people know a lot about the risks of Internet use. This knowledge must be maintained. Adults who work with children should be aware of the positive aspects of Internet use, but also of what makes children vulnerable. Prevention of digital abuses must be given high priority. Efforts to combat possession and sharing of abuse material online and in mobile communications must be strengthened.

94 <http://www.forskning.no/artikler/2010/desember/272089/print>



06

SCOPE OF THE PROBLEM

The focus of this chapter is the scale of violence and sexual abuse directed against children and adolescents. Few studies on the extent of the problem in Norway exist, and more research is needed.

6.1 PHYSICAL VIOLENCE

A health survey conducted among 15- and 16-year-olds in six Norwegian counties sheds light on the incidence of violence inflicted by other youth, violence by adults and sexual abuse.⁹⁵ Nearly 24 per cent of the boys and 12 per cent of the girls who took part reported that they had been subjected to violence by other youth in the past year. Violence by adults occurred much less often. Survey respondents with parents from non-Western countries reported experiencing adult violence more than twice as often as those with parents born in Norway. The extent of violence by peers, however, was more or less equal.

In 2007, Norwegian Social Research (NOVA) conducted a nationwide study of 7,033 pupils in the third year of upper secondary school. The youths were asked about violence in the home. Twenty-five per cent responded that they had experienced at least one incident of physical violence by a parent. Seven per cent reported physical violence by both parents, 8 per cent reported gross violence by at least one parent and 2 per cent gross violence by both parents. Girls reported minor violence such as pinching, hair-tugging and slapping by the mother at a consistently higher rate than boys. One in 10 of the youth reported that in the course of their childhood they had seen or heard at least one parent being subjected to physical violence. Six per cent had seen or heard an instance of gross violence against at least one of their parents. Very few reported such an instance in which the father was the victim. The survey results indicate that children more often experience direct violence from their mother than from their father. The proportion that reported having been exposed to at least one gross offence (gross sexual abuse, gross parental violence or experiencing violence against a parent) was 16 per

cent. Half a per cent of survey respondents had experienced all three forms of gross offence.⁹⁶

A survey in 2005 showed that 22 per cent of 10th-grade pupils (ages about 15–16) in Oslo had consulted a doctor because of violence during the last year. Six per cent of the girls and 2 per cent of the boys had gone to the doctor because they had been subjected to sexual abuse.⁹⁷ About one in four boys and one in 10 girls reported having committed violence in the last year.⁹⁸

6.2 SEXUAL ABUSE

In a study published in 2007, 22 per cent of girls and 8 per cent of boys replied that they had been subjected to minor sexual abuses. Of these, 15 per cent of the girls and 7 per cent of the boys reported having been subjected to sexual abuses of a more serious character.⁹⁹

Steine (2012) has researched the proportion of men and women who have been subjected to sexual abuse before reaching the age of consent, which is 16 years. Twenty-four per cent of the women and 12 per cent of the men reported that they had experienced sexually abusive behaviour before turning 16.¹⁰⁰ International studies of sexual abuse involving at least the direct touching of genitals, and where the sexual age of consent is 16, show that 21 per cent of women and 6 per cent of men have had such an experience. These numbers correspond largely with

95 Schou, L., Dyb, G. & Graff-Iversen, S. (2007): *Voldsutsatt ungdom i Norge: Resultater fra helseundersøkelser i seks fylker* (Violence-exposed youth in Norway: Results of health surveys in six counties), Norwegian Institute of Public Health and Norwegian Centre for Violence and Traumatic Stress Studies, Report 2007:8.

96 Mossige, S. & Stefansen, K. (2007): *Vold og overgrep mot barn og unge: En selvrapporteringsstudie blant avgangselever i videregående skole* (Violence and abuse against children and youth: A self-report study among graduating upper secondary school pupils), Norwegian Social Research (NOVA), Report No. 20/2007.

97 Haavet, O.R., Straand, J., Hjortdahl, P. & Saugstad, O. D. (2005): "Do negative life experiences predict the health-care-seeking of adolescents? A study of 10th-year students in Oslo, Norway," *Journal of Adolescent Health*, 37 (2005) 128-134.

98 <http://ungdata.no/id/25895.0>

99 Mossige, S. & Stefansen, K. (Red). (2007): *Vold og overgrep mot barn og unge* (Violence and abuse against children and youth), Norwegian Social Research (NOVA), 20/2007.

100 Steine, I.M. (2012): *Forekomsten av seksuelle overgrep i et representativt befolkningsutvalg i Norge* (The prevalence of sexual abuse in a representative population sample in Norway), *Tidsskrift for Norsk Psykologforening*, Vol. 49, No. 10, 2012, pp. 950–957.

Norwegian prevalence studies.¹⁰¹ Sexual abuse against boys has traditionally received little attention in the research community and the health and social services. It is possible that the taboo nature of such abuse leads to underreporting, and that it is more prevalent than we now know.

Abuses against children with disabilities can be difficult to detect. Some such children have difficulty communicating. Not all are able to convey what they have been exposed to. Changes in behaviour resulting from abuse can be misunderstood as being a consequence of the disability. In a study by the Nordland Research Institute, researchers looked at the legal system's handling of allegations of sexual abuse against children with disabilities. Reports of severe abuse appear to receive low priority by local police, and, in practice, the testimony of the disabled person is given little credibility in court, according to the researchers. Cases may be dismissed on the grounds that they are too complicated, and they rarely lead to conviction because of the cognitive difficulties and communications challenges that may accompany disability.¹⁰² An arrangement for conducting out-of-court judicial interviews at Children's House child advocacy centres (Barnehus) is intended to remedy this problem.

There have been few Norwegian studies of abuse against children with disabilities. A 2001 hospital survey of 431 deaf persons showed that 14 per cent of the girls and 17 per cent of the boys had been touched in a sexual manner. As many as 25 per cent of the girls had been subjected either to sexual intercourse or attempted sexual intercourse; the equivalent figure for boys was 14 per cent.¹⁰³ A similar survey in 2003 of 502 blind persons showed that as many as 22 per cent of the girls had been subjected to intercourse and 3 per cent to genital

touching. The corresponding percentages for boys were 8 and 9 per cent.¹⁰⁴

A health survey in 2007 showed that motion disabilities, visual impairment and hearing impairment among boys were associated with increased vulnerability to sexual abuse, whereas for girls only hearing loss increased vulnerability.¹⁰⁵

The police have seen a rise in the number of sexual abuse reports in recent years, a development that may be due to a lowering of the threshold for reporting. No variation in prevalence has been shown among the different regions of Norway or between urban and rural areas.¹⁰⁶

The results of prevalence surveys of sexual abuse vary to a greater extent than one might expect. This may seem confusing. One explanation, however, is that the researchers apply different limits when defining abuse. The researchers also disagree on where to draw the line between abuses deemed minor and those considered more serious.

Police criminal case registry (Strasak)

A total of 4,761 reported cases were registered in 2012 under the category of sexual offences. The number of cases in which the aggrieved party was under 18 years of age at the time of the offence was 2,486. The number of aggrieved individuals was 2,191, indicating that some were registered as the aggrieved in more than one case.

101 Mossige, S. & Stefansen, K. (Red). (2007): *Vold og overgrep mot barn og unge* (Violence and abuse against children and youth), Norwegian Social Research (NOVA), 20/2007.

102 Handegård, T. L. & Olsen, T. (2009): *Vanskelig å snakke om?* (Hard to talk about?), Nordland Institute of Research, Report No. 1/09.

103 Kvam M. H. (2001): *Seksuelle overgrep mot barn* (Sexual abuse of children), Universitetsforlaget.

104 Kvam M. H. (2003): *Seksuelle overgrep mot synshemmede barn i Norge* (Sexual abuse of visually impaired children in Norway), SINTEF Unimed.

105 Schou L., Dyb, G. & Graff-Iversen, S. (2007): *Voldsutsatt ungdom i Norge: Resultater fra helseundersøkelser i seks fylker* (Violence-exposed youth in Norway: Results of health surveys in six counties), Norwegian Institute of Public Health and Norwegian Centre for Violence and Traumatic Stress Studies, Report 2007:8.

106 Steine, I.M. (2012): *Forekomsten av seksuelle overgrep i et representativt befolkningsutvalg i Norge* (The prevalence of sexual abuse in a representative population sample in Norway), *Tidsskrift for Norsk Psykologforening*, Vol. 49, No. 10, 2012, pp. 950–957.

6.3 CHILD ABUSE MATERIAL ONLINE

Documentation of child abuse today is produced almost exclusively in private settings, or in surroundings familiar to the child.¹⁰⁷

The number of unreported cases of online child abuse is large. The United Nations Office on Drugs and Crime (UNODC) estimates that 50,000 new abuse images of children are placed online each year. Because of the problem's scope, the EU and the United States undertook to establish a global alliance at government level. In December 2012, this alliance was launched. It includes 27 EU countries and 21 non-EU countries, including Norway. The aims are to combat sexual abuse of children online, improve identification procedures, assist victims and investigate perpetrators. The hope is that, with decision-makers around the world united, countries will commit information and expertise to the effort and ensure that victims are offered assistance. In Norway, the primary responsibility for follow-through rests with the Ministry of Justice and Public Security.¹⁰⁸

It is not possible to estimate with any certainty the extent of online child sexual abuse in Norway, but by counting the reports that have been received we can form an idea of the magnitude. We can also discern something about the number of children involved, by examining such factors such as:

- abusive material distributed on the Internet and then recovered in criminal investigation seizures
- abusive material blocked in cooperation with Internet service providers
- abusive material spread via file-sharing networks
- the number of children identified as a result of documented abuses

107 British police report through their Child Exploitation and Online Protection Centre (CEOP) that up to 80 per cent is produced at the home of either the offender or the victim: "Threat Assessment of Child Sexual Exploitation and Abuse", CEOP 2012.

108 http://ec.europa.eu/commission_2010-2014/malmstrom/news/archives/2012/12/20121204_en.htm

6.4 PSYCHOLOGICAL VIOLENCE

There are no Norwegian prevalence studies directly related to psychological violence. Little is also known about the extent of the problem internationally, as shown by the UN Study on Violence Against Children.¹⁰⁹ In a respected US study on Adverse Childhood Experiences (ACE), however, researchers found that 10.6 per cent of a sample of 17,337 people had experienced emotional abuse in childhood. Older children experienced more emotional abuse than the youngest ones, and girls experienced it more often than boys.¹¹⁰

In a study conducted in the United States and England, 8 to 9 per cent of women and about 4 per cent of men reported that they had been subjected to severe psychological abuse during childhood.¹¹¹ Whether this can be generalised as reflective of Norway is uncertain.

6.5 NEGLECT

There are no Norwegian prevalence surveys that specifically address failure of care or neglect. Estimates of the extent of the problem in other countries are uncertain. According to Kvello (2010), studies in the UK, Australia and North America indicate that between one and 10 children per thousand are exposed to neglect.¹¹²

Child welfare statistics from Statistics Norway include figures indicating the reason for child welfare officials' intervention on behalf of new children, meaning children who did not receive protective services the previous year.

109 http://www.regjeringen.no/nb/dep/ud/dok/rapporter_planer/rapporter/2007/fn-studie-om-vold-mot-barn.html?id=440295.

110 Dube, S.R., Miller, J.W., Brown, D.W., Giles, W.H., Fellitti, V.J., Dong, M. & Anda R.F. (2006): "Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence", *Journal of Adolescent Health*, 2006, 38:444.e1-444.e10.

111 Gilbert, R., Spatz Widom, C., Browne, K., Fergusson, D., Webb, E. & Janson S. (2010): "Burden and consequences of child maltreatment in high-income countries", *Lancet* 2009; 373: 68-81.

112 Kvello, Ø. (2010): *Barn i risiko: Skadelige omsorgssituasjoner* (Children at risk: Harmful caregiving situations), Gyldendal.

	2009	2010	2011	2012
Gross neglect	87	79	125	92
Parents' psychological disorders	1 431	1 489	1 641	1 649
Parents' substance abuse	906	1 134	1 167	1 103
Parents' lack of caregiving ability	1 044	1 259	1 258	1 496

Source: Statistics Norway

These figures give an approximate picture of the number of children who, in the view of the child welfare service, were subjected to neglect during the years specified. There may be several reasons for implementing protective measures in the case of an individual child. For example, a single child may have parents with both drug abuse and mental health problems. Summing the annual totals for the different categories of neglect therefore does not produce a number matching the number of new children affected.

6.6 BULLYING

In the annual Pupil Survey by the Norwegian Directorate for Education and Training, school pupils are asked about their enjoyment of school, their motivation to do schoolwork and their experience of bullying. The survey is mandatory for pupils in the 7th and 10th grade levels, and these youths constitute the bulk of survey respondents. The proportion of students who report bullying two or three times per month or more is seen as being stable from year to year. It has varied from 6.8 per cent in 2012 to 7.5 per cent in 2008 and 2011.¹¹³

A Norwegian survey analysis has shown that the prevalence of bullying is highest during the first years of school.¹¹⁴ It is therefore to be expected that the prevalence among Norwegian schoolchildren

113 Wendelborg, C. (2012). *Mobbing, diskriminering og uro i klasserommet: Analyse av Elevundersøkelsen 2012* (Bullying, discrimination and commotion in the classroom: Analysis of the Pupil Survey 2012), NTNU Samfunnsforskning AS, Report 2012.

114 Vatn, A. S., Bjertnes, E. & Lien, L. (2007): *Mobbing og helseplager hos barn og ungdom* (Bullying and health problems among children and adolescents), *Tidsskrift for den norske legeforening*, 15 (127), pp. 1941–44.

overall is higher than that indicated by the Pupil Survey, which does not include the youngest children. In the survey analysis, researchers conclude that 10 per cent of Norwegian schoolchildren are subjected to bullying.

Children may also experience bullying by teachers. Respectively 3.7 and 3.4 per cent of pupils report experiencing digital bullying by one or more teachers or other adults at school two to three times a month or more, according to an analysis of the 2012 Pupil Survey. Three per cent of pupils report that they are bullied two to three times a month or more by teachers, while 2.2 per cent report a similar frequency of bullying by other adults at school.¹¹⁵

6.7 PREVALENCE OF DIGITAL HARASSMENT AND BULLYING

Children in Norway get a mobile phone of their own early, usually before they turn 10. In the Norwegian Media Authority's survey, 8 per cent of children report that they have received a threatening or frightening message on their mobile phone in the past year, in most cases from people they know. Fourteen per cent of children report that someone in the past year has sent mobile-phone photos or videos of them to another person without their approval; 8 per cent have themselves sent mobile-phone pictures or video of others without consent. The proportion of kids who have received information about the safe use of mobile phones is greater now than in 2008, but 29 per cent have not received such information.¹¹⁶

Figures presented by Telenor in a 2010 report show that almost four out of 10 Norwegian children and youths feel vulnerable to bullying, most of them while online. More than one in three children find it easier to say something nasty about others online or on a mobile phone than face to face. Moreover, eight

115 Wendelborg, C. (2012): *Mobbing, diskriminering og uro i klasserommet* (Bullying, discrimination and commotion in the classroom), NTNU Samfunnsforskning AS, Report 2012.

116 <http://www.medietilsynet.no/Documents/Trygg%20bruk/Rapporter/Barn%20og%20digitale%20medier/NYBarnogdigmed2010.pdf>

out of 10 say that the experience of receiving nasty comments is as bad or worse when they occur in written form online or via mobile phone than when said face to face.¹¹⁷ According to the Centre for Behavioural Research at the University of Stavanger, 25 per cent of Norwegian lower secondary school students fear online bullying.¹¹⁸

From 2006 to 2010, Professor Dan Olweus took annual surveys to measure the prevalence of digital bullying at 41 schools in Oslo. Altogether, about 9,000 students in the 4th to 10th grade levels (ages about 9 to 16) took part. Bullying was defined in basic accord with his own definition of traditional bullying dating to 1993.¹¹⁹ Digital bullying was assigned no separate definition, but was described as bullying that occurs via email, messages, online chatting, websites or mobile phone text messaging. Survey participants were asked about the experience of being digitally bullied as well as that of digitally bullying others. Olweus' research findings show a smaller scale of digital bullying than some other studies.¹²⁰ On average, 3.4 per cent responded that they had been digitally bullied two or more times per month. No trend upward or downward was observed during the period the surveys were conducted. The prevalence of digital bullying of others remained stable, too. Over the five years of measurements, an average of 1.4 per cent of pupils reported having bullied others digitally.

Figures from the 2012 Pupil Survey track Olweus' findings closely. More than 380,000 students took part altogether. The survey showed that 4.9 per cent had experienced digital bullying by classmates and 3.7 per cent had experienced digital bullying by one

or more teachers. Those who reported having bullied others amounted to 3.8 per cent of the survey group.¹²¹

Results from EU Kids Online show that 31 per cent of Norwegian children have been bullied in the last year, of whom 8 per cent report that the bullying has occurred online. The most common types of cyberbullying experienced are the receipt of nasty or hurtful messages and the publicising of messages about oneself so that others can see them. Parents are largely aware of the bullying. In fact, there are more parents who believe their children are being bullied (13 per cent) than children who feel that way (8 per cent).

If we examine only the parents of children who report that they have been bullied online, 59 per cent of these parents say their children have not been bullied online while 9 per cent say they do not know and 32 per cent say yes. That means two out of three Norwegian parents of children being bullied on the Internet do not know about such bullying.¹²² Ninety-seven per cent of the Norwegian children in the study say that teachers have become engaged in their Internet use, and an equal number see their parents engaging themselves actively to ensure that their use of the Internet is safe. Both results are the highest in Europe. Fifteen per cent of all Norwegian children have met an online contact face to face; two thirds of these children's parents did not know about this.

In the Media Authority's 2012 survey, 19 per cent of children report that they have noticed someone being bullied or threatened in an online community. Ten per cent have themselves experienced bullying in online communities, while only 5 per cent say they have bullied others on such sites. Nine per cent of children say they have been bullied or threatened while chatting online. A number of the children have

117 Telenor (2010): *Nedgang i digital mobbing blant barn og unge* (Decline in digital bullying among children and youth).

118 Redd Barna <http://www.reddbarna.no/vaart-arbeid/barn-i-norge/nettvett/fakta-om-barns-nettbruk/nettmobbing>

119 This definition assumes conditions of power imbalance and repetition. Media researcher Elisabeth Staksrud, who has a key role in the large European project EU Kids Online, believes those terms acquire a different meaning in the context of online bullying. Defining bullying by different criteria will affect study results. See discussion in chapter 5.3.

120 Olweus, D. (2012): "Cyberbullying: An overrated phenomenon?" *European Journal of Development Psychology*, 9:5, 520-538; Staksrud, E. (coming in 2013): *Digital mobbing: Hva, hvem hvordan og hvorfor – og hva kan de voksne gjøre?* (Digital bullying: What, who, how and why – and what can the adults do?), Kommuneforlaget.

121 Wendelborg, C. (2012). *Mobbing, diskriminering og uro i klasserommet: Analyse av Elevundersøkelsen 2012* (Bullying, discrimination and commotion in the classroom: Analysis of the Pupil Survey 2012), NTNU Samfunnsforskning AS, Report 2012.

122 Staksrud, E. (coming in 2013): *Digital mobbing: Hva, hvem hvordan og hvorfor – og hva kan de voksne gjøre?* (Digital bullying: What, who, how and why – and what can the adults do?), Kommuneforlaget.

received emails that upset or frightened them, and some also admit that they have sent this type of email.¹²³

6.8 CHILDREN MAY BE EXPOSED TO NUMEROUS ABUSES AND STRESSES

A review of 30 international studies found that between 30 and 60 per cent of children who experience violence in the home are also themselves subjected to physically abusive treatment.¹²⁴ In a

Swedish study, researchers found the equivalent figure to be 58 per cent.¹²⁵ In NOVA's study of 7,033 pupils in the third year of upper secondary school, one half of one per cent of participants reported they had experienced being subjected to serious sexual abuse, serious violence by a parent and an act of violence against a parent.¹²⁶

A child who experiences violence between adults at home has an elevated risk of being subjected to neglect and other types of physical and sexual violence from someone in their surroundings.¹²⁷

A number of surveys show the prevalence of different types of violence against children in Norway. The annual Pupil Survey, for its part, also shows the prevalence of bullying. There is nevertheless a need for regular prevalence studies that capture multiple forms of violence, such as psychological abuse, peer violence, sibling violence, etc. These studies should reflect changes in society. Violence against children occurs in all communities and social environments, regardless of religious or cultural affiliation. It is important to highlight any differences in population groups in order to target response measures more effectively.

Many observers call for unambiguous numbers that clearly depict the scope of the problems in question. One challenge is that researchers define violence in different ways. That contributes to statistical disparities and difficulties in comparing findings. There is reason to expect that problems will continue to go underreported as long as younger children are not included as primary research sources. At present, the opportunity to collect data from minors is limited without parental consent.

123 <http://www.medietilsynet.no/Documents/Trygg%20bruk/Rapporter/Barn%20og%20digitale%20medier/NYBarnogdigmed2010.pdf>

124 Apple, A. E. & Holden, G. W. (1998): "The co-occurrence of spouse and physical child abuse: A review and appraisal", *Journal of Family Psychology*, 12:578–599.

125 Annerbäck, E.M. & Wingren, G. & Svedin, C. G. & Gustafsson, P. (2010): "Prevalence and characteristics of child physical abuse in Sweden – findings from a population-based youth survey", *Acta Paediatrica*, No. 99, 1229–1236.

126 Mossige, S. & Stefansen, K. (2007): *Vold og overgrep mot barn og unge: En selvrapporteringsstudie blant avangselever i videregående skole* (Violence and abuse against children and youth: A self-report study among graduating upper secondary school pupils), Norwegian Social Research (NOVA), Report No. 20/2007.

127 Heltne, U. & Steinsvåg, P.Ø. (Red.).(2011): *Barn som lever med vold i familien* (Children who live with family violence), Universitetsforlaget.

A stylized illustration within a large pink circle. It depicts a child in a red shirt and patterned pants being pushed in a wheelchair by a hand from the left. The child has a long, thin neck and is reaching out with their right hand. The background is a dark blue, textured surface with other pink circles partially visible.

07

RISK AND PROTECTION

This chapter examines factors that increase the risk of children encountering violence as well as those factors that tend to protect children. Some children face a heightened risk of being subjected to violence and sexual abuse.

7.1 RISK AND PROTECTIVE FACTORS

Risk factors and protective factors alike are present in most families. The interaction of multiple risk factors in combination with a limited number of protective factors may increase the likelihood of child abuse and neglect. A risk assessment cannot determine whether particular children are being subjected to violence; but knowing what factors increase the likelihood of violence against children is important in the targeting of prevention activities. It is likewise important to be aware of factors that reduce the risk of violence against children. An overview of protective factors indicates areas where it may be necessary to apply child welfare measures in vulnerable families.

The table at right is an example of ways of approaching this issue; it is not an assessment tool. The table is based on an overview developed by Child Family Community Australia as part of a broad analytical appraisal.¹²⁸

In some groups one often finds an aggregation of risk factors. Very young, first-time mothers with little social support and low socio-economic status are an example. Many of these women excel in the parental role, but if there are few valid protective factors in the family, the risk of neglect and violence is elevated.

Risk and protective factors also have significance for a child's vulnerability. The degree of vulnerability stems from the interplay between conditions specific to the child and the environment in which the child grows up. For example, a child with an easy temperament and secure attachments who grows up in a safe and caring environment will be better equipped to handle a traumatic event than a child with a difficult temperament and attachment troubles who grows up with insensitive caregivers, a high conflict level in the family and substance use.

Table 1:
Risk factors for various forms of violence against children

Individual child factors	Disabilities
	Serious physical or mental illness
	Difficult temperament
	Aggressive behaviour
	Attention difficulties
Caregiver factors	Substance abuse
	Criminality
	Physical or mental health problems
	Own exposure to abuse or neglect
	Disabilities or psychological developmental impairment
	Low self-esteem
	Teenage parent (or parents)
	Single parents
	Low educational level
	Unemployment
Family and social factors	Family conflict or violence
	Large family size
	High parental stress
	Poor parent-child interaction
	Authoritarian child-rearing style
	Separation or divorce
	Non-biological parents in the home
	Use of corporal punishment
	Social isolation
	Weak social support
	Lack of access to services
	Poor housing conditions
	Poorly resourced school
	Racism or discrimination exposure

¹²⁸ Child Family Community Australia (part of the Australian Institute of Family Studies, Australian government); see: <http://www.aifs.gov.au/cfca/pubs/factsheets/a143921/#why>

Table 2:
Protective factors that reduce the risk of violence and neglect

Individual child factors	Good health
	Positive peer relationships
	Strong, positive friendships
	Hobbies and interests
	High self-esteem
	Independence
	Secure attachments
	Social skills
Positive attitude	
Caregiver factors	Secure attachment to child
	Positive relationship with child
	High education
	Sound coping strategies
	Knowledge of and attention to child development stages
Family and social factors	Stabile housing situation
	Access to well-resourced schools
	Access to health and social services
	Social support
	Parents employed

Aggregation of risk factors – vulnerable offline and online

Research shows that people who lack a supportive school environment, social support from friends and supportive parents are more prone to cyberbullying than others. The results of some US studies show that the roles pupils play in traditional school bullying are often the same in digital bullying. Several studies show a relatively strong correlation between who is bullied online and who is bullied in other contexts.¹²⁹

Social media are not sociable for everyone. Exclusion from key activity arenas contributes to a sense of estrangement that can make some people extra vulnerable. Young people who receive no answer to Facebook friend requests, or who are not invited to social events, may perceive this as bullying.¹³⁰ If a manipulative adult then comes along and shows attention to such a youth, the youth may be easy prey.

A Norwegian study from 2008 showed that youngsters who have had negative online experiences often are beset by a number of factors, suggesting living circumstances that are generally problematic. The most important single risk factor has to do with their relationship with parents. The more negative that relationship in the eyes of the youth, the greater the risk he or she will experience abuse stemming from online contact. Poor parent-child relations are often characterised by parents who become very controlling, according to researchers; generally there is a lack of trust and caregiving in the relationship. A good peer network is the most important protective factor in tackling challenges that arise online.¹³¹

129 For more detail, see Hellevik, P. & Øverlien, C. (2013): *Digital mobbing blant barn og ungdom i Norge: En kunnskapsoversikt* (Digital bullying by children and youths in Norway: An overview of what is known), Norwegian Centre for Violence and Traumatic Stress Studies. The figures vary greatly, from 93 per cent in Olweus, D. (2012) "Cyberbullying: An overrated phenomenon?", *European Journal of Development Psychology*, 9:5, 520–538, to 35 per cent in the 2012 Pupil Survey.

130 Staksrud, E. (coming in 2013): *Digital mobbing: Hva, hvem hvordan og hvorfor – og hva kan de voksne gjøre?* (Digital bullying: What, who, how and why – and what can the adults do?), Kommuneforlaget.

131 Suseg, H., Skevik, A.G., Valset K. & Mossige, S. (2008): *Seksuelle krenkelser via nettet – hvor stort er problemet?* (Online sexual abuse – how big a problem?), Norwegian Social Research (NOVA), Report No. 16/2008.

7.2 GROUPS AT RISK

Some particularly vulnerable groups face an increased risk of being exposed to violence and neglect.

Children whose parents have mental disorders or substance abuse problems

Children living with parents who have substance abuse problems or mental disorders have an elevated risk of being subjected to violence.¹³² The severity of the parents' problems affects the risk of harm to the children.¹³³

A relatively high proportion of children live with parents who have mental disorders and/or who abuse drugs. A report by the Norwegian Institute of Public Health estimated that close to 410,000 children in Norway had one or two parents suffering from a mental disorder, and that 90,000 children had at least one parent who abused alcohol. Many of the parents had relatively mild conditions, and not all of these lead to diminished parenting skills. However, approximately 135,000 of the children in the sample had parents with severe problems. The report concluded that a rather high prevalence of mental disorders in the population means that a large number of children live in homes where the parents struggle with some degree of mental illness or alcohol abuse. These children have an elevated risk of experiencing serious adverse outcomes. There is considerable variation from one individual to the next, however, and many kids do well, including some who have severely mentally ill parents.¹³⁴

Alternative to Violence and Tyrilistiftelsen (the Tyrili foundation) have conducted a study that shows a large percentage of adults now undergoing treatment

for violence issues had parents with substance abuse problems. Many adults in the study were subjected to violence or sexual abuse in childhood.¹³⁵

Children and adolescents with disabilities

Studies from a variety of countries show that neglect and abusive treatment of children with disabilities are more prevalent¹³⁶ than they are among other children.¹³⁷ Scientists observe that disabled children are two to three times more likely to encounter sexual abuse than children who are free of disabilities.¹³⁸ They appear to be especially vulnerable to psychological and physical abuse.¹³⁹

In a UK study, Spencer (2005) has found that children with cerebral palsy, behavioural disorders, language impairments and learning disabilities encounter a disproportionately high rate of violence in all its forms. Children with behavioural disorders and those with learning disabilities were at the highest risk for all forms of abusive treatment.¹⁴⁰ Children with impaired cognitive function and sensory loss make up a group that is particularly vulnerable to physical and sexual abuse. Sexual abuse perpetrated

132 Finkelhor, D. & Ormrod, R. K. & Turner, H. A.: "Poly-victimization: A neglected component in child victimization", *Child Abuse and Neglect*, 31, 1, January (2007 b).

133 Torvik, F.A., & Rognmo, K.: *Barn av foreldre med psykiske lidelser eller alkoholisbruk* (Children of parents with mental disorders or alcohol abuse), Norwegian Institute of Public Health, Report 2011:4.

134 Torvik, F.A. & Rognmo, K.: *Barn av foreldre med psykiske lidelser eller alkoholisbruk* (Children of parents with mental disorders or alcohol abuse), Norwegian Institute of Public Health, Report 2011:4.

135 Final report to the Norwegian Directorate of Health, *Rus & Vold* project (Substance abuse and violence project), a collaboration between Tyrilistiftelsen (the Tyrili foundation) and Alternative to Violence (ATV) – undated.

136 Disabilities refer to physical, mental and cognitive functions. Physical functions are those such as movement, vision or hearing. Impaired mental function refers to diseases and conditions that are considered mental disorders. Impaired cognitive function means a reduction in the ability to carry out mental processes such as memory, language, information processing, problem solving and the acquisition of knowledge and experience. See Norwegian Official Report, NOU 2009: 14, *Et helhetlig diskrimineringsvern* (Comprehensive protection from discrimination), Ministry of Children, Equality and Social Inclusion.

137 Hibbard, R. A., & Desch, L. W. (2007): "Maltreatment of children with disabilities", *Pediatrics*, 119(5), 1018–1025.

138 Kvam, M. H. (2001): *Seksuelle overgrep mot barn* (Sexual abuse of children), Universitetsforlaget; and Kvam M. H. (2003): *Seksuelle overgrep mot synshemmede barn i Norge* (Sexual abuse of visually impaired children in Norway), SINTEF Unimed.

139 Jaudes, P.K. & Mackey-Bilaver, L. (2008): "Do chronic conditions increase young children's risk of being maltreated?", *Child Abuse & Neglect*, 32, 7, 671–681.

140 Spencer, N.; Devereux, E.; Wallace, A.; Sundrum, R.; Shenoy, M.; Bacchus, C., et al. (2005): "Disabling conditions and registration for child abuse and neglect: A population-based study", *Pediatrics*, 116(3), 609–613.

against this group also appears to be more severe than that inflicted on other children.¹⁴¹

Both Norwegian and international studies suggest an underreporting of sexual abuse. The reasons often cited include communication problems, guilt feelings, fear of being left alone, fear of having to move away from family and a sense that they must endure abuses in order to be accepted, liked and loved.¹⁴²

For children and adolescents with disabilities, several factors can lead to an increased risk of abuse and neglect. The risk factors centre in part on the care burden and stress reactions of parents. Their practical and financial challenges, their sense of powerlessness in relation to health and caregiving services, and their helplessness in interacting with the child all increase the risk of violence. So do increases in tension between the parents and feelings of depression resulting from the situation. Other risk factors are environmental in nature, such as the presence of numerous caregivers besides the parents as well as social and physical isolation and communication difficulty.¹⁴³ Children with disabilities may also be subjected to abuse from fellow residents or students in auxiliary housing or boarding schools.

Disabled youth may themselves be abusers

Children with developmental disabilities or major learning difficulties are also to be found among offenders, according to Igenes and Kleive (2010). There may be several reasons for this. One may be

that members of this group are less able than others to hide what they do. For those of very low ability, it may be a matter of not understanding what is happening. It is further assumed that members of this group are more impulsive and less able to put themselves in the shoes of those being abused.

Abuse of lesbian, gay, bisexual and transgender persons

Studies from other countries show that youths who identify as lesbian, gay, bisexual or transgender (LGBT) are significantly more vulnerable than heterosexual youths to discrimination and bullying as well as to physical, psychological and sexual violence, both inside the home and out of it.¹⁴⁴ For young people in ethnic minority communities, the challenges may be heightened.¹⁴⁵ Little Norwegian research has been conducted on the topic; more knowledge is needed with regard to LGBT youths' experiences with violence.

In a new report by the Centre for Equality, we learn that there is insufficient knowledge about gender identity in most social arenas.¹⁴⁶ This lack may contribute to intolerance, discrimination, ostracism, stigmatisation and harassment.

LGBT youth may be exposed to violence because of their sexual orientation, gender identity or gender expression. Rape and sexual abuse may be used as persecution mechanisms or "weapons" against LGBT persons. Criminal offences motivated in whole or in part by someone's sexual orientation, gender identity,

141 Jaudes, P.K. & Mackey-Bilaver, L. (2008), Kvam, M. H. (2001): *Seksuelle overgrep mot barn* (Sexual abuse of children), Universitetsforlaget; Kvam, M. H. (2003): *Seksuelle overgrep mot synshemmede barn i Norge* (Sexually abuse of visually impaired children in Norway), SINTEF Unimed; Kvello, Ø. (2010): *Barn i risiko: Skadelige omsorgssituasjoner* (Children at risk: Harmful caregiving situations), Gyldendal; and Jaudes, P.K. & Mackey-Bilaver, L. (2008): "Do chronic conditions increase young children's risk of being maltreated?", *Child Abuse & Neglect*, 32, 7, 671–681.

142 Stalker K. & McArthur K. (2012): "Child abuse, Child Protection and Disabled Children: A review of recent research".

143 Gundersen, T., Farstad, G.R. & Solberg, A. (2011): *Ansvarsdeling til barns beste? Om Barn og unge med funksjonsnedsettelse i barnevernet* (Responsibility sharing in the child's best interest? On Children and youths with disabilities in the child welfare services), Norwegian Social Research (NOVA), Report 17/2011; and Stokke, G. (2011): *Autismespekterforstyrrelse eller tilknytningsforstyrrelse? (Autism spectrum disorder or attachment disorder?)*, *Tidsskrift for norsk psykologforening*, 48, 529–534.

144 See among others Balsam, K. F.; Rothblum, E. D.; and Beauchaine, T. P. (2005): "Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings", *Journal of Consulting and Clinical Psychology*, 73(3), 477–487; and Swedish National Board for Youth Affairs (2012): "About LGBT youth: Health".

145 Narvesen, R. R. (2010): «Bestem deg, er du homo eller muslim?» «Jeg er et menneske!» *En kvalitativ studie av åtte lesbiske, homofile og bifile personer med muslimsk bakgrunn* ("Make up your mind – are you gay or Muslim?" "I'm human!" A qualitative study of eight lesbian, gay and bisexual persons with Muslim background), master's thesis in social work, Oslo University College. See also Moseng, B. (2007): *Vold mot lesbiske og homofile tenåringer: En representativ undersøkelse av omfang, risiko og beskyttelse: Ung i Oslo 2006* (Violence against lesbian and gay teenagers: A representative survey of extent, risk and protection: Young in Oslo 2006), Norwegian Social Research (NOVA), Report 19/2007.

146 *Alskens folk: Levekår, livssituasjon og livskvalitet for personer med kjønnsidentitetstematikk* (All sorts of folks: Living conditions, life situation and quality of life for persons with gender identity issues) (2013): <http://www.bufetat.no/PageFiles/8628/Alskens%20folk%20Endelig%20rapport,%202014.%20januar%202013.pdf>

ethnicity or other fundamental traits are classified as hate crimes. Among reported hate-crime incidents related to sexual orientation in 2007, 13 of the 31 aggrieved parties were under 21 years of age.¹⁴⁷ Most of these reported incidents were categorised as violent. In Norway in 2009, there were 36 reports of hate criminality against LGBT people, compared with 1,090 reports in Sweden.¹⁴⁸

A Norwegian study from 2007 showed that young people with alternative forms of gender expression receive help from the child welfare service more often than other young people.¹⁴⁹ The study also showed that there is little expertise on the subject within the service.¹⁵⁰ In a separate study, LGBT young people report that they are bullied more often than heterosexual youth.¹⁵¹ Among the most common epithets heard at school are *homo*, *homse*, *lesbe* and *soper* – roughly equivalent to “homo,” “dyke,” and “fag”.¹⁵² The prime targets, feminine boys and masculine girls, are those who violate typical notions of how one is supposed to look and behave.

It also appears that LGBT persons run a greater risk in connection with meetings arranged online. Of this group, six per cent reported that they had been pressured or forced to have sex after meeting someone with whom they had established contact online.

LGBT persons with immigrant backgrounds

Ethnic minorities with an LGBT association seem to be particularly vulnerable. To date there has been only one published research report on gays and lesbians in Norway's immigrant communities.¹⁵³ Social commentator Amal Aden has written about what it is like to be a gay ethnic minority in Norway. For her, stepping forward has cost a great deal.¹⁵⁴

147 Norwegian National Police Directorate (2010): *Hatkriminalitet: Registrerte anmeldelser i Norge 2007–2009* (Hate criminality: Registered reports in Norway 2007-2009).

148 Press release from the Norwegian LGBT Association, 18 July 2012.

149 Moseng, B.U. (2007): *Vold mot lesbiske og homofile tenåringer: En representativ undersøkelse av omfang, risiko og beskyttelse: Ung i Oslo 2006* (Violence against lesbian and gay teenagers: A representative survey of extent, risk and protection: Young in Oslo 2006), Norwegian Social Research (NOVA), Report 19/2007.

150 Hope, K. and Neby, S. (2010): *Kartlegging av familievernets og barnevernets tjenestetilbud til lesbiske, homofile, bifile og transpersoner* (Identifying family and child welfare services for lesbian, gay, bisexual and transsexual persons), Bergen: Uni Rokkansenteret.

151 Moseng, B.U. (2007): *Vold mot lesbiske og homofile tenåringer: En representativ undersøkelse av omfang, risiko og beskyttelse: Ung i Oslo 2006* (Violence against lesbian and gay teenagers: A representative survey of extent, risk and protection: Young in Oslo 2006), Norwegian Social Research (NOVA), Report 19/2007.

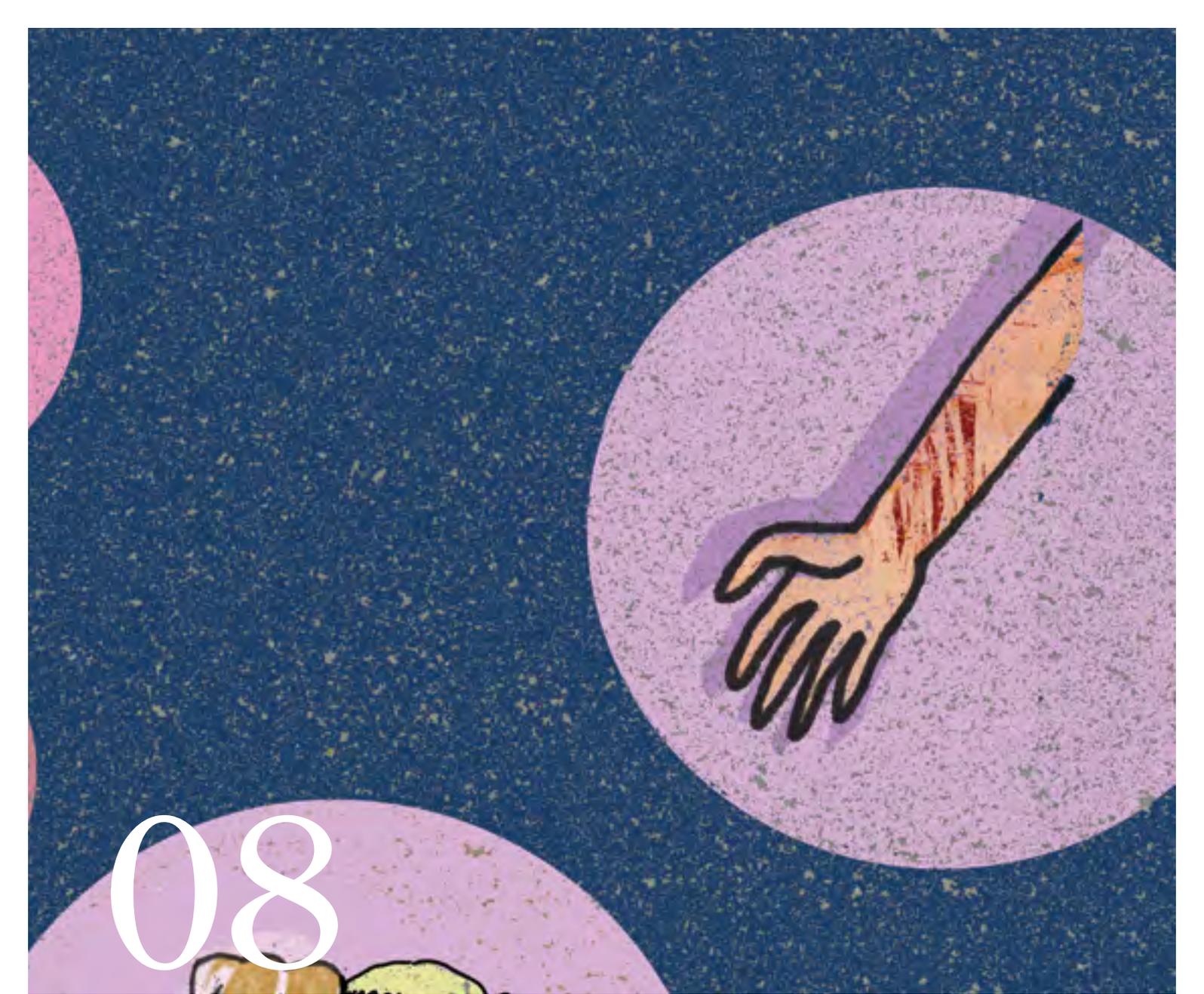
152 Slåtten, H. & Anderssen, N. & Holsen, I. (2009): *Nei til «Homo!» og «Hore!» i ungdomsskolen: Lærarrettleiing om forebygging og handtering av kjønnsrelatert mobbing, homofobisk erting og seksuell trakassering* (No to “Homo!” and “Whore!” in secondary school: Teacher guidance on preventing and responding to gender-related bullying, homophobic teasing and sexual harassment).

153 Moseng, B. U.: *Lesbiske og homofile med innvandrerbakgrunn* (Lesbian and gays with immigrant background), a pilot study, Norwegian Social Research (NOVA), 14/03; see also Richard Ruben Narvesen: *«Bestem deg, er du homo eller muslim?» «Jeg er et menneske!» En kvalitativ studie av åtte lesbiske, homofile og bifile personer med muslimsk bakgrunn* (“Make up your mind – are you gay or Muslim?” “I’m human!” A qualitative study of eight lesbian, gay and bisexual persons with Muslim background), master’s thesis in social work, Oslo University College, 2010.

154 Aden, A. (2012): *Om håpet glipper, er alt tapt: Homofile flyktninger* (If hope fails, all is lost: Homosexual refugees), Aschehoug.

This chapter has provided an overview of factors that either increase or decrease the risk that children and adolescents will be exposed to violence.

The presence of risk factors in a family does not automatically mean that the children there face violence and neglect. To determine which children and families need help, and what kind of help is most appropriate, health and social service personnel must have the knowledge and tools to identify and assess risks. Understanding protective factors is equally important. These can be strengthened in vulnerable families so as to lower the risk that children will be subjected to neglect, violence or sexual abuse.



08

CONSEQUENCES OF EXPOSURE TO VIOLENCE AND SEXUAL ABUSE

In this chapter, the potentially harmful consequences of violence and sexual abuse are discussed in terms of the signs of illness that children may develop. We also examine the effects of abuse on psychological development. Traumas inflicted by someone close to the child are particularly harmful, and therefore receive special focus here.

Children experience traumatic events differently. Their ability to deal with such events depends on their age, their level of development and the support and follow-up available in their environment.¹⁵⁵ Children exposed to bullying, violence and sexual abuse may do well later in life, despite their painful experiences. However, it is important to detect traumas as early as possible so that the abuse can be stopped, the children helped and their care situation assessed.

8.1 VIOLENCE MAY LEAD TO SUBSTANTIAL PHYSICAL AND PSYCHOLOGICAL HARM

Studies have shown that violence and sexual abuse of children may result in significant psychological symptomatology, such as that associated with post-traumatic stress disorder (PTSD) and other anxiety disorders, depression and behavioural problems.¹⁵⁶ If these are not adequately treated, the troubles may become chronic and last into adulthood.¹⁵⁷

A correlation is also found between childhood trauma and a variety of conditions that may show up later in life, such as substance abuse, personality disorders, eating disorders, anxiety and depression, somatoform disorders,¹⁵⁸ cardiovascular diseases, immunological disorders, and sexual difficulties.¹⁵⁹ Children who have been traumatised may experience difficulty concentrating and a high level of inner turmoil.

155 Norwegian Centre for Violence and Traumatic Stress Studies (2011): *Seksuelle og fysiske overgrep mot barn og unge – kunnskapsstatus* (Sexual and physical abuse of children and youth – current state of knowledge).

156 American Academy of Child and Adolescent Psychiatry (1998): "Practice parameters for the diagnosis and treatment of posttraumatic stress", *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(10), 4-20.

157 Green, B.L., Grace, M.C., Vary, M.G., Kramer, T.L., Gleser, G.C. & Leonard, A.C. (1994): "Children of Disaster in the Second Decade: A 17-Year Follow-up of Buffalo Creek Survivors", *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 945-951; Sack, W.H., Clarke, G.N. & Seeley, J. (1995): "Posttraumatic stress disorder across two generations of Cambodian refugees", *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 1160-1166.

158 "Somatoform disorders" refers to the experience of physical symptoms when there is no indication of physical illness to explain the symptoms.

159 Van der Kolk, B.A. (2003): "The neurobiology of childhood trauma and abuse", *Child and Adolescent Psychiatric Clinics of North America*, 12(2), 293-217.

These are also key symptoms in an ADHD diagnosis. Some traumatised children have been incorrectly diagnosed with ADHD.¹⁶⁰

Observable symptoms vary considerably among children exposed to violence and abuse. The symptoms and harmful effects depend on a number of factors, including the child's age when the abuse began, whether threats or violence accompany the abuse, and the nature, frequency and duration of the abuse. The child's mental health and developmental level are also important, along with the support he or she receives from parents and caregivers not involved in the abuse. The emotional climate within the family is an important factor in a child's coping strategies.

Relationship traumas are particularly harmful for children

The degree of a child's emotional attachment to the abuser has a strong bearing on how the trauma is experienced and what reactions the child may have. Relational traumas are those inflicted on the child by a caregiver or someone close to the child. Such traumas are especially harmful.

The biological response to danger is either to get away from it (flight) or to resist it (fight). With relational trauma, the power balance is often so skewed that a child can neither escape nor fight back. What's natural in such a case is for the child to seek consolation and help from a caregiver whom the child knows well. When the caregiver is both the source of intense fear and pain and the provider of comfort, the child may desire both distance and closeness to this person at the same time. This is especially harmful to children.

Someone who inflicts such traumas on a child can scarcely be expected to play a supportive role in the child's full development. The child becomes burdened with difficulties, even as he or she is cheated of the development support all children need.

160 Official Norwegian Report, NOU 2012: 5: *Bedre beskyttelse av barns utvikling* (Better protection of child development).

Attachments and relations with others

Children who experience relational trauma in the home live with caregivers whose function is partly to provide consolation and support. Yet they are simultaneously causing intense fear and psychological pain, which negatively affect the child's attachment to caregivers. Infants and young children exposed to abuse often develop a disorganised attachment style. In some study samples of traumatised children, 80 per cent are found to exhibit a disorganised attachment style.¹⁶¹ This attachment style in a child is marked by a lack of coping strategies when the bonding system is activated (by stress or anxiety).

Children with a normal start in life, but who later are subjected to trauma, are affected in a different way from those who are exposed to abuse very early. When someone whom a child trusts and loves hurts the child, a feeling of personal betrayal often arises. The child's expectations of adult care and protection are also breached. Trust problems may follow, and some children who face such trauma become fearful of forming close relationships later in life.

Development of the self

Sensitive care early in life prepares the way for the development of a positive self-image, in which the growing child sees itself as generally competent and worthy of love and respect. Experiencing abuse at the hands of someone close may lead to a more negative self-image, in which the child sees herself or himself as someone not worthy of love from others. Children with such a self-image who also expect rejection and pain from others are far more likely to blame themselves for negative experiences. This can reinforce their negative self-image.¹⁶²

Children exposed to relational trauma often feel powerless. They have learned by painful experience that their feelings, desires and needs are not taken

161 Friedrich, 2002, in Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E. & van der Kolk, B.A. (2005): "Complex trauma in children and adolescents", *Psychiatric Annals*, 35(5), 390–398.

162 Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E. & van der Kolk, B.A. (2005): "Complex trauma in children and adolescents", *Psychiatric Annals*, 35(5), 390–398.

into account. In consequence, their sense of influence and control over their own lives may be undermined.

Cognition – learning, memory and thought

A child who has grown up with sensitive, predictable caregivers will likely develop confidence and positive expectations in relation to other people. A child exposed to relational trauma, especially if the trauma was repetitive and began early, may develop other expectations of people. It is not uncommon for such a child to lose faith in the world's goodness or in the likelihood of a positive future for himself. These basic assumptions may come to dominate the child's mindset. Children who undergo relational trauma may also experience more general disorders in cognitive development.¹⁶³ Manifestations may include delayed language development, lower ability levels, learning difficulties¹⁶⁴ and impaired concentration as well as problems associated with abstract reasoning and the ability to perform various functions.¹⁶⁵

Emotional self-regulation

In a normal, sound developmental environment, caregiving persons help children to regulate their emotions, by soothing and calming young children, for example. Such assistance nurtures a child's ability to self-regulate later in life.¹⁶⁶ Children who live with neglect and trauma do not always get the help they need. Today there are clear indications that trauma affects a child's ability to experience and express affect. Children often have difficulties with affect regulation, and may display either intense or very weak emotions. The earlier the trauma and the longer it lasts, the greater the likelihood a child will

163 Koverola, C & Friedrich, W.N. (2000): "Psychological effects of child sexual abuse"; I Heger, A., Emans, S.J., Muram, D. (Eds): *Evaluation of the sexually abused child*, p. 21–40, London: Oxford University Press; Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E. & van der Kolk, B.A. (2005): "Complex trauma in children and adolescents", *Psychiatric Annals*, 35(5), 390–398.

164 Culp, Watkins & Lawrence, 1991, in Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E. & van der Kolk, B.A. (2005): "Complex trauma in children and adolescents", *Psychiatric Annals*, 35(5), 390–398.

165 Beers, S.R. & De Bellis, M.D. (2002): "Neuropsychological function in with maltreatment-related posttraumatic stress disorder", *American Journal of Psychiatry*, 159(3), 483–486.

166 Schore, 1994, in Sroufe, A.L. (1997): "Psychopathology as an outcome of development", *Development and Psychopathology*, 9, 251–268.

have trouble regulating anger, anxiety, sexual impulses, etc.¹⁶⁷ When children receive no solace or help to calm down, they must find their own ways to do it. Some seek to resolve the problem by injuring themselves, perceiving that the physical pain shifts their focus from the psychological.

Changes in the brain

Neuropsychological findings support the notion that relational traumas influence children's development, sometimes quite seriously. It appears that abuse in childhood has a sizable effect on the developing brain. Changes in a child's cortisol level, stemming from neglect, violence or sexual abuse over time, may lead to a change in brain structure. It is important to remember, though, that the brains of young children are plastic, and that in some cases good treatment and care can reverse such changes.

Self-injury

Traumatized children may develop self-injurious behaviour. Self-harm may become a way to cope with complex feelings. The most common forms of self-injury include cutting, scratching, clawing and burning of the skin, most often on body parts hidden from the world. Such self-mutilation may continue into adulthood.¹⁶⁸

People who harm themselves do so because they feel it helps them to cope with overwhelming psychological pain. In a way, physical pain replaces their emotional pain.¹⁶⁹ For some, self-mutilation may also serve as a way to punish themselves, while for others it may be a way to tell the world that some sort of abuse is taking place. Self-harm linked to feelings of

shame and guilt is often hard for the sufferer to discuss.

Promiscuous behaviour may be part of a larger self-harm enterprise. The reasons for it may be complex, but often an important factor is having been subjected to sexual abuse.¹⁷⁰

8.2 CONSEQUENCES OF BULLYING

Being bullied is a significant risk factor for developing mental disorders, both while the bullying is in progress and later in life.¹⁷¹ The long-term effects were made clear by a Norwegian study in which researchers found that about half of the adults who sought outpatient help for mental disorders had been subjected to severe bullying at school. The study also showed a correlation between the extent of bullying and the severity of the mental health problems.¹⁷² The problems, in other words, may continue even if the bullying ends, and victims may need support for a long time to come.

Those, especially boys, who subject *others* to bullying also have an elevated risk of developing problems such as criminality and substance abuse.¹⁷³ Olweus (2009) showed that 60 per cent of the boys who had bullied others between the 7th and 10th grades were

167 Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E. & van der Kolk, B.A. (2005): "Complex trauma in children and adolescents", *Psychiatric Annals*, 35(5), 390–398.

168 See, i.a., Plante L. G. (2007): *Bleeding to ease the pain: Cutting, self-injury, and the adolescent search for self*, Westport, CT: Praeger. The author is a psychologist who emphasises in the book that treatment approaches must be differentiated – from the necessity of assessing suicidality and severe psychopathology to a lower-key approach in which self-injury is seen as part of an unsuccessful development strategy.

169 Psychologist Tor Bøe has translated a significant amount of literature on self-harm. See also <http://www.sinnethelse.no/artikler/selvskading.htm>

170 Engwall, C. (2008): *14 till salu – en sann svensk historia* (14 for sale – a true Swedish story). The author makes clear connections between abuse suffered by the main character, Tessa, and the contempt she later feels for herself and her body. She fights against shame and is drawn into a vicious circle of self-debasement and prostitution. Tessa throws away and burns the money she receives for sex, as prostitution is about something other than money.

171 Vatn, A. S., Bjertnes, E. & Lien, L. (2007): *Mobbing og helseplager hos barn og ungdom* (Bullying and health problems among children and youth), *Tidsskrift for den norske legeforening*, 15 (127), pp. 1941–44.

172 Fosse, G.K. (2012): *Mental health of psychiatric outpatients bullied in childhood*, doctoral thesis, Department of Neuroscience, Norwegian University of Science and Technology. See also Idsøe et al. (2012): "Bullying and PTSD symptoms", *Journal of Abnormal Child Psychology*, August 2012, (Volume 40), Issue 6, pp. 901–911.

173 Norwegian Directorate for Health and Social Affairs (2007): IS-1455. See also Sourander, A., Jensen, P., Ronning, J.A., Elonheimo, H., Niemela, S., Helenius, H., Kumpulainen, K., Piha, J., Tamminen, T., Moilanen, I. & Almqvist, F. (2007): "Childhood bullies and victims and their risk of criminality in late adolescence: The Finnish from a boy to a man study", *Archives of Pediatrics & Adolescent Medicine*, 161(6): pp. 546–552.

convicted of one or more criminal offences by the age of 24.¹⁷⁴

Some children also suffer from bullying that is perpetrated by teachers, and the long-term effects can be highly unfortunate. One study, for example, has shown a correlation between personality disorders in adults and the experience of being bullied as a child by a teacher.¹⁷⁵

The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) has examined school performance by 7,343 youths in the 10th grade across 56 lower secondary schools in Oslo. These adolescents were asked questions about their health, well-being and previous experiences of violence, sexual abuse and maltreatment, as well as whether they had been bullied at school. At the individual level, the researchers found a significant correlation between exposure to violence or sexual abuse and poorer marks in school. At the system level, the study shows that a school environment where bullying is conspicuous creates uncertainty in daily routines, a phenomenon that weakens the performance level of all pupils.¹⁷⁶

8.3 LONG-TERM EFFECTS

Violence and abuse are important factors for future health. The Adverse Childhood Experiences (ACE) study was begun in 1993. Researchers investigate connections between negative childhood experiences and health later in life. Over 17,000 people in the North American normal population have answered questions about experiences related to abuse, neglect and negative family relationships in childhood, as well as to their health in adulthood. The findings show clear correlations between negative childhood experiences and risk behaviours such as smoking,

substance abuse, physical inactivity and having more than 50 sexual partners during life. There also turned out to be a strong correlation between the number of negative childhood experiences and conditions in adulthood such as chronic obstructive pulmonary disease (COPD), substance abuse, depression, cardiovascular disease, obesity, liver disease, sexually transmitted diseases and various forms of cancer. Among the group with high ACE scores, researchers found a higher prevalence of attempted suicide, intimate partner violence, unwanted pregnancies and teenage pregnancies.¹⁷⁷

Kirkengen (2009) describes how violence experienced in childhood can influence one's body experience, self-awareness and understanding of the world.¹⁷⁸ She describes how a traditional medical approach to the body often makes it difficult to understand what is really wrong with a patient, as in cases when abuse and violence manifest themselves medically in the form of diffuse disorders.

174 Olweus, D. (2009): *Mobbing i skolen – fakta og tiltak* (Bullying at school – facts and countermeasures), in Klepp, K.I. & Aarø, L.E. (eds) *Ungdom, livsstil og helsefremmende arbeid* (Youth, lifestyle and work that promotes health), Gyldendal Norske Forlag.

175 Monsvold, T., Hagen, R., Bendixen, M. & Helvik, A.S. (2011): "Exposure to teacher bullying in schools: A study of patients with personality disorders", *Nordic Journal of Psychiatry*. 65(5):323 (2011).

176 Strøm, I.F. et al. (2013): "Violence, bullying and academic achievement: A study of 15-year old adolescents and their school environment", *Child Abuse & Neglect*, 2013 Jan 5.

177 <http://acestudy.org/>

178 Kirkengen, Anna Louise (2009): *Hvordan krenkede barn blir syke voksne* (How abused children become sick adults), Universitetsforlaget.

Violence and abuse may damage a child's normal development as well as his or her mental and physical health. Children experience traumatic events in different ways depending on their age and developmental level as well as the support and attention they receive from the people around them. It is important to detect traumas quickly, so the child can get help quickly and any harmful traumatic effects may be reversed. Children exposed to bullying, violence and sexual abuse can do well later in life, despite their painful experiences.



09

PREVENTION: BETTER THAN CURE

Preventive efforts are designed to prevent children and adolescents from being exposed to violence and sexual abuse, to stop violence that is already in progress and to protect against further abuse. The aim is also to help and support vulnerable children, teenagers and their families, and to keep young people from experiencing lives of physical and emotional pain and isolation as a result of abuse.

9.1 RESPONSIBILITY LIES WITH MANY ORGANISATIONS

Norway's municipalities have overall responsibility for preventive efforts. This means that municipalities must closely monitor the conditions in which children live and find ways to prevent neglect and behavioural problems as described in section 3–1 of the Child Welfare Act.

The prevention and detection of violence and sexual abuse against children and adolescents is a matter of concern for numerous organisations, including day care centres, schools, health and caregiving agencies, the family counselling service, sports and recreational groups, the Norwegian Labour and Welfare Administration, the child welfare service, the police and associated bodies. In this chapter we discuss the particular importance of preventive efforts undertaken by public health clinics, day care centres and schools.

9.1.1 The public health clinic service

Community public health clinics provide free, easily accessible, low-threshold services for pregnant women and for all children up to five years of age and their parents. The clinics perform health-enhancement and preventive work across various categories of physical and mental health, and they pay close attention to social conditions. Because such clinics have close contact with almost all infants and toddlers and their families, they provide a unique channel for preventive measures and cooperation to help children exposed to violence and sexual abuse. Community clinics can also help detect violence against pregnant women and young children while helping victims of violence to receive the help they need.

The public health clinic service is to pay particular attention to children and youth at risk of, or subjected to, violence; see the regulations on the public health clinic and school health service. The service plays a key role in identifying and managing various risk

factors, including violence in close relationships, challenging life situations and health problems. Violence and sexual abuse must be a topic raised during consultations at the clinics in order to increase parents' awareness and uncover ongoing violence or abuse.

9.1.2 Day care

Most children attend a day care centre before they start school. Day care coverage in 2012 was 90 per cent for children aged one to five and 97 per cent for three- to five-year-olds. As a result of daily interaction, day care personnel know a lot about the children in their care as well as the children's families. Staff members see the children alone and in the company of their parents every day. This gives them a unique opportunity to identify children who need help due to violence or sexual abuse. It is essential that day care personnel have the requisite expertise to discover children in need as well as to determine the right course of action.

Day care employees with the right skills can also help children ward off poor mental health. To do this they require an understanding of normal child development, interaction, attachment and social skills development. Day care staff are important to children, helping them explore the world and providing comfort and support as they learn to regulate their emotions.¹⁷⁹ Many day care centres use the International Child Development Programme (ICDP) as a quality-control measure for the care they provide and as a guidance method for parent groups.

A day care centre should have set procedures for handling concerns about a child's care situation and helping families to obtain guidance from the child welfare service or a public health clinic.¹⁸⁰ The Ministry of Education and Research and the Ministry

179 Killén, K. (2012): *Forebyggende arbeid i barnehagen – samspill og tilknytning* (Preventive work at day care – interaction and attachment), Kommuneforlaget.

180 The report *Å sende en bekymringsmelding – eller la det være?* (Submit a notice of concern – or let it go?), NOVA 2009, showed that 94 per cent of day care centres have routines for personnel to follow in cases of suspected negligence.

of Children, Equality and Social Inclusion have prepared a Norwegian-language guide titled, *Til barnets beste: Veileder om samarbeid mellom barnehagen og barneverntjeneste* (In the children's best interest: Guidelines for cooperation between the day care centre and child welfare services). The guide describes how day care staff members ought to proceed when concerns arise about a child.

9.1.3 School

School is an important place for preventing and detecting bullying, violence and sexual abuse against children and youth. Vulnerable children will have a better chance of developing a good quality of life if teachers act quickly in response to signs of bullying, violence or sexual abuse. Good school organisation is important in this context.¹⁸¹ Employees of schools and after-school care programmes have an duty to be on the lookout for circumstances that could warrant child welfare measures, and every employee is obligated to notify the proper authorities if there is reason to believe abuse or neglect is taking place. These personnel are also obligated to provide information to child welfare authorities if requested.

A good, safe learning environment

Creating positive school ties requires a good learning environment. To support efforts to develop a good learning environment at school, the Ministry of Education and Research began its "Better learning environment" initiative in 2009.¹⁸² The overall objective of the programme is for all pupils to experience an inclusive learning environment that promotes health, well-being and learning. Elements of the programme include knowledge development, classroom leadership, web resources, steps to improve regulatory compliance, local development projects and efforts to combat abuse, discrimination and bullying. The initiative is being evaluated, with a final report to be published in 2015.

181 Norwegian Official Report, NOU 2012:5, *Bedre beskyttelse av barns utvikling* (Better protection of child development).

182 Norwegian Directorate for Education and Training's improved learning environment programme: [http://www.udir.no/Laringsmiljo/Bedre-laringsmiljo/sosial-kompetanse/](http://www.udir.no/Laringsmiljo/Bedre-laringsmiljo/http://www.udir.no/Laringsmiljo/Bedre-laringsmiljo/sosial-kompetanse/)

The school health service is a key to identifying and managing risk factors, health problems and other challenges, including violence and sexual abuse. Conditions in and out of the home that affect pupil motivation, effort and achievement lie within the responsibility of the school health service. It is relevant that this service and the Educational and Psychological Counselling Service (*Pedagogisk psykologisk tjeneste*, or PPT) cooperate with child welfare authorities when necessary. The goal is to establish the best possible environment, one in which children and teenagers learn to succeed at school.

Curricula

Norway's national framework curriculum asserts that schools are to provide a solid general education that can serve as the basis for comprehensive personal development and diverse interpersonal relationships. Such relationships have to do with interaction, which is why it is important that pupils learn a broad set of social skills at school.¹⁸³ Instilling social skills is a key to keeping youngsters from violating the boundaries of others, committing sexual abuse or perpetrating violence. Issues related to family, relationships and sexuality are covered in the core national curriculum as well as in the teaching principles and competency targets for primary and lower secondary school subjects, such as social studies, natural sciences, religion, ethics and Norwegian.

New competency targets in the curricula, to be effective from the 2013-14 school year, will strengthen the focus on these subjects. The curricula are to have competency targets that emphasise instruction to help children develop critical attitudes to violence, abuse, sexually related violence and violence in close relationships.

As reported in Meld. St. 20 (2012–2013) *På rett vei*, a white paper on quality and diversity in schools, a cross-disciplinary competency trial is being considered for the primary and lower secondary school levels. The purpose will be to strengthen the

183 Norwegian Directorate for Education and Training: *Veileder for sosial kompetanse* (Social competence guide).

learning environment with universal measures as well as preventive measures targeting the most vulnerable pupils. The competency trial should be viewed in connection with efforts to strengthen the school health service, which are discussed in Meld. St. 34 (2012–2013) Public Health Report: Good Health – A Common Responsibility.

Several school-based preventive measures are being implemented through the national action plan against rape (2012–2014); these measures include teaching campaigns on sexuality in the 7th through 10th grades and a campaign to raise awareness of rape. Young people will have a central role in shaping the latter campaign. The booklet *Seksualitet og kjønn – en ressurs-hefte for lærere i grunnskolen* (Sexuality and gender – a resource booklet for teachers in primary and lower secondary school) is intended to serve as a professional resource when teachers deal with topics such as gender identity, sexual orientation, the setting of boundaries, sexual harassment, sexual abuse and violence.

Guidelines and instruction

The Norwegian Directorate for Education and Training has developed an online preparedness and crisis management guide for school staff and parents.¹⁸⁴ Violence in the home and sexual abuse are discussed in the guide, with examples of how to handle different situations. Lists of professional literature, fiction and online resources are provided for each main topic.

Low-threshold services for minority youth

As part of the Government's action plan against forced marriage (2008–2011), a programme involving minority advisers was introduced in upper secondary schools. These advisers help uncover a wide spectrum of issues, including abuse and honour-related violence. Many are brought to light before problem situations turn acute, with minority advisers serving an important preventive function. Continuation of the minority adviser programme is important to ensuring a low-threshold service for the target group.

¹⁸⁴ <http://www.udir.no/Laringsmiljo/Beredskap-og-krisehandtering/Veiledere-for-beredskap-og-krisehandtering-i-skolen/>

9.1.4 The school health service

All schools covered by the Education Act or approved under the Private Education Act are required to provide school health services that take a comprehensive approach to health, child development and quality of life. A primary characteristic of such services is that they are cost free and easily available to children and young people at school without an appointment.

The school health service is a key to identifying and managing risk factors, including violence and sexual abuse. Surveys show that when the service is regularly available over time it is used by 50 per cent of pupils in both lower and upper secondary schools.¹⁸⁵ This makes it possible to detect problems early and reach children and teenagers of all social backgrounds. The young people who provided input during the preparation of this strategy all emphasised the need for an open, accessible school health service, with personnel skilled in dealing with violence and sexual abuse as well as issues specific to ethnic minorities and young lesbian, gay, bisexual and transgender persons.

Sexual health and orientation are topics explored in a recommended programme for public health clinics and the school health service. The programme will also cover issues related to sexual abuse. The health information may be provided in class or in other group settings. Several methods have been developed to address how children can take care of themselves.¹⁸⁶ Public health clinics and school health services are required to have established procedures for collaborating with general practitioners and local public services such as day care and schools and the dental and specialist health services.

¹⁸⁵ Sitter, M. & Andersson, H. W. (2008): *Brukerbasert evaluering av det kommunale tjenestetilbudet for barn og unge med psykiske vansker 2004–2007: Evaluering av Opptrappingsplanen for psykisk helse*, (User-based evaluation of municipal services for children and youth with mental health difficulties 2004-2007: Evaluation of the phased plan for mental health), SINTEF report.

¹⁸⁶ See methods such as “Du bestemmer” (You decide) and “Sette egne grenser” (Set your own limits).

9.2 PREVENTIVE METHODS AND PROGRAMMES

There are a number of methods and programmes designed to prevent and detect violence and sexual abuse against children and adolescents. Some of the preventive programmes are intended to improve parents' caregiving skills. However, a wide range of tools is necessary to prevent violence and abuse. Examples include programmes to introduce and enhance social skills such as moral reasoning and anger management. A global review has been conducted of effective methods implemented by school and after-school programmes to keep children and adolescents from developing violent behaviour.¹⁸⁷ An assessment of parental support programmes in the Nordic region is to be carried out in 2013.¹⁸⁸

The following section presents a selection of recommended preventive programmes. It is not an exhaustive overview. Some of the programmes have already been tested in Norway, while others are seen as worth implementing. See www.ungsinn.no for additional information and programme evaluations.

9.2.1 Programmes and methods targeting parents

One of many tasks in our society is to support parents in the performance of their caregiving duties. Providing families with social and financial security, promoting equality and working towards full social participation are important ways of helping to secure sound childhood conditions. Municipal-level public services have a special responsibility in countering problems like marginalisation, stigmatisation, apathy and social exclusion. More specific methods, too, must be applied to prevent and expose violence.

187 Baim, C. & Guthrie, L. (2012): "Helping boys to break the cycle of family violence – a literature review", <http://www.berrystreet.org.au/Assets/1846/1/Helpingboystobreakthecycleoffamilyviolence-literaturereview.pdf>

188 The project *Robuste samliv* (Robust cohabitation/lives together) is funded by the Nordic Council; in Norway, the Norwegian Directorate for Children, Youth and Family Affairs is the responsible agency.

The International Child Development Programme (ICDP)

This parental guidance programme is offered to parents and other caregivers of children aged 0–18. ICDP aims to develop caregiver sensitivity and empathy as well as to support and enhance the caring skills and resources of parents and others who raise children. The programme has been in operation since 1995, and 160 municipal employees have received training. Approaches to problems like violence in childhood, forced marriage and female genital mutilation have been integrated into the programme since 2008. ICDP has been evaluated and found to have documented positive effects including heightened awareness of child-rearing issues in minority families.

ICDP will be further developed and tailored to the Norwegian Children's House model and mandate. A pilot project is examining the possible use of ICDP in violence prevention efforts targeting men. The results of that project will have some bearing on whether the programme is deemed expandable for use by the family counselling service.

The Nurse-Family Partnership (0–2 år)

A public study led by child psychologist Magne Raundal contains a proposal that public health clinics adopt the Nurse-Family Partnership (NFP) programme developed by David Olds. The target group is young first-time mothers at risk.¹⁸⁹ The aim of the NFP is to strengthen interaction between children and parents at risk, and thereby to prevent neglect. The programme involves 64 scheduled home visits (more frequent if necessary), each lasting 60 to 90 minutes, in the period between early pregnancy and a child's second birthday. The programme is carried out by nurses.

The Centre for Child and Adolescent Mental Health-Region East and South (RBUP-East and South) and the Norwegian Centre for Child Behavioural Development (*Adferdssenter*) cooperate on adapting the programme to Norwegian conditions and testing it here. The evidence base for NFP results has been

189 Norwegian Official Report, NOU 2012:5, *Bedre beskyttelse av barns utvikling* (Better protection of child development).

deemed extremely solid, and the programme model has been called highly effective.¹⁹⁰

Prenatal care

Routine questions about violence will be introduced in connection with prenatal check-ups. Just how this is to be done will be described in revised prenatal care guidelines.

Circle of Security

Through the “Circle of Security” (COS) programme, parents are given help to improve interaction with their children.¹⁹¹ The techniques they learn make parents more sensitive to a child’s signals, thereby strengthening family ties and preventing the development of childhood difficulties. Municipalities that have taken part in the “Model Municipality Trial” have provided nurses with training in the programme.¹⁹² In some municipalities, day care personnel have also been trained. The Centre for Child and Adolescent Mental Health for eastern and southern Norway has laid the groundwork for research into the effects of this preventive model.

The Incredible Years

The Incredible Years is a universal programme of measures to head off child-development difficulties for kids aged 2–6 and equip parents to help children grow linguistically, emotionally and cognitively. This programme includes a version for day care centres and schools that is intended to reduce aggressive behaviour and build positive relationships.¹⁹³

Parent Management Training – Oregon model (PMTO)

PMTO targets families with children from three to 12 years old who have behavioural problems – families whose parent-child interaction is characterised by mutual negativity that has persisted for at least half a year. PMTO is also used in foster homes

and child welfare institutions. Studies show that its treatment and training methods lead to a significant reduction in child behavioural troubles, both at home and at school. Positive long-term effects from the treatment have been demonstrated not only for the child at risk, but for his or her siblings. PMTO is offered by state and municipal services for children and young people throughout Norway.¹⁹⁴

Marte Meo

The Marte Meo guidance method is used primarily to improve interaction between parents and children. It is employed preventively in public health clinic settings and in child welfare agencies, foster homes, child and adolescent psychiatry and habilitation (for children with special needs). In recent years the method has been enhanced and is now used in family therapy, day care and other settings. This systems- and resource-oriented method builds on knowledge gained in recent research on infants emphasising empowerment thinking and solution-focused approaches.

9.2.2 Methods and programmes directed at children and youth

Anti-bullying programmes and universal school-based programmes that help develop social skills and prevent problem behaviour are important measures to curb violent and aggressive behaviour.¹⁹⁵ Such programmes are discussed in a comprehensive summary of current knowledge on the subject.¹⁹⁶

Zippis venner (Zippi’s friends) in Norway is structured for use in the first grade of primary school. Its main goal is to prevent emotional difficulties by encouraging better management of daily stress. Its narrower objectives are to develop kids’ social skills, help children identify and talk about their feelings, improve their communicative

190 Glad, K.A., Overlien, C. & Dyb, G. (2010): *Forebygging av fysiske og seksuelle overgrep mot barn – en kunnskapsoversikt* (Preventing physical and sexual abuse of children – an overview), Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS). See also: <http://www.blueprintsprograms.com/>

191 <http://ungsinn.no/ungsinn/startside/aktuelt>

192 *Tidsskrift for helsesøstre* (Journal for public health nurses), 1–2013.

193 www.incredibleyears.com or www.deutroligearene.no

194 Visitors to the website are able to locate the nearest service: <https://www.pmt.no/tilbud-til-familier/pmt>

195 Robert Hahn et al.: Effectiveness of Universal School-Based programs to Prevent Violent and Aggressive behaviour, *American Journal of Preventive Medicine*, 2007:33 (2S).

196 Norwegian Directorate for Education and Training (2006): *Forebyggende innsatser i skolen* (Preventive efforts in the school).

abilities and develop both friendship and conflict-solving skills; the programme also teaches children to cope with change and loss, and to support other kids in difficulty.

Steg for steg (Step by step) can be used in day care centres and schools. The programme's main goal is to foster children's social skills, discourage aggressive behaviour and counter violence. The programme's effectiveness is well documented.

Aggression Replacement Training (ART) is a programme for social aptitude development consisting of training in moral reasoning, anger management and social skills. ART is used in both primary and lower secondary schools.

Du, jeg – vi (You, me – we) is a universal course in violence prevention measures designed to help youths to become more self-aware in social situations, to learn practical communication and conflict-management skills and to work on improving their attitudes and choices. Its objectives are consistent with the overall goal of preventing violence in close relationships.

Du og jeg og vi to (You and me and the two of us) is a programme to encourage social skills in small children while preventing behavioural problems related to both uninhibited extraversion and introversion. The programme is mainly intended for day care settings. Social skills are put to use to express empathy, pro-social behaviour, self-control and assertiveness as well as play, joy and humour. The programme was developed in Norway in conjunction with day care studies carried out since 1993.

Olweus-programmet mot mobbing og antisosial atferd (Olweus Bullying Prevention Program). The main goals of this programme are to reduce or eliminate existing bullying problems in and outside the school environment as well as to prevent the occurrence of new problems and improve school friendships. One goal is to create conditions in which bullied and bullying students can thrive and function at a higher level, whether at school or away from it. The

programme has been widely implemented both in Norway, where it has featured in national government action plans, and abroad. Extensive evaluations of the programme have been published in international scientific journals. The Olweus programme has been named one of 10 "Blueprint" programmes by an American committee of experts associated with the US Department of Justice.

Trivselsprogrammet (Well-being programme) is primarily intended to heighten personal welfare and promote good role models, but also to prevent bullying. In the programme, activity leaders in the 4th to 10th grade levels try to make free periods more dynamic. These leaders (*trivselsledere*) are chosen in anonymous voting by the others in the class (4th to 7th grades) on the basis of their friendliness and respect towards all other pupils. In certain cases the teacher has the right to override nominations. If the class nominates a candidate who the teacher believes is involved in bullying or social exclusion, the teacher is supposed to postpone that candidate's eligibility until the next election period. In 2011, the programme conducted an external survey of school employees responsible for running the programme at 153 schools.

Positiv atferd, støttende læringsmiljø og samhandling i skolen, or PALS (Positive behaviour and supportive learning environment at school). This is a measure applicable to the 1st to 7th grade levels. Its aim is to strengthen child social skills and prevent behavioural problems at school. The programme's various target groups are the entire pupil body (universal preventive measures), pupils at moderate risk of problem behaviour (selected measures) and pupils who have already developed problem behaviour or are at high risk of doing so (indicated measures).

Zero (Zero). The main focus of this programme, which is employed in primary and lower secondary schools, is to reduce and prevent bullying. Authoritative classroom leadership is emphasised, along with the prevention of behavioural problems other than bullying.

Kjærestevoldsprosjektet – forebygging av vold mot kjæresten (Partner violence project – prevention of violence among intimate partners). The Reform resource centre for men has executed this project, which was aimed at violence by boys and young men against their partners. The intention was to prevent such violence through dialogue and knowledge-sharing. Participants received information over the Internet; presentations were also given to upper secondary school classes. Conversations were conducted either in group settings or in one-on-one meetings.¹⁹⁷

Police “conversation intervention”

Conversation intervention (*bekymringsamtaler*) is an important preventive tool that police employ in the case of minors when it is feared that recently discovered legal offences or other undesirable activities may evolve into criminal behaviour, including violence and sexual abuse. The goal is early intervention that will prevent further offences. Conversation interventions are authorised by the Police Act. Children and parents are obligated to attend a meeting for such a conversation if the police have reason to believe the child or youth in question has committed a criminal act. Conversation interventions may be used in the case of criminal offenders under the age of 15, and are often conducted in collaboration with child welfare authorities. In autumn 2011, the National Police Directorate published an updated and expanded police guide to conversation intervention. The directorate will continue to expand use of the technique and strengthen knowledge about it in police districts around the country. Increasingly, conversation intervention will also be incorporated into study programmes at the Norwegian Police University College.

Instruction at day care

In Sortland municipality, instruction is provided on talking with children about genitals, sexuality, the way children come into existence and the difference between female and male bodies. Such conversations must be tailored to the child’s age and maturity.

Afterwards, one can explain about sexual abuse. The key is to equip kids with terminology and concepts they can use to describe ways of touching that are good and bad, what is okay and what’s not. Security and openness with regard to their own sexuality help children to set limits, thereby protecting them to some degree from abuse.¹⁹⁸ A number of municipalities have school instructional programmes for different age levels. In Vestfold County, a systematic approach has been taken.

Preventive procedures in the state child welfare service – institutions and foster care

When a child is placed in a foster home or institution, the public authorities have a special responsibility to protect the child and see to his or her needs. To help prevent – or properly respond to – cases of physical, psychological and sexual abuse, or suspicions thereof, the Norwegian Directorate for Children, Youth and Family Affairs has compiled procedures for use by child welfare institutions, foster home services and foster parents.

Preventive efforts at asylum centres

In 2009 the Norwegian Directorate of Immigration prepared an informational plan on violence in close relationships, including forced marriage and female genital mutilation. The plan’s target group is children and young people. For several years the information has focused on strengthening the parental role among residents of asylum reception centres. A course titled *Foreldre i Norge – et dialog-basert foreldrekurs* (Parents in Norway – a dialogue-based parenting course) is one measure contributing to this informational focus. Conflict-management courses have also been conducted in asylum reception centres.

¹⁹⁷ <http://www.reform.no/images/stories/Kjarestevoldrapport.pdf>

¹⁹⁸ Sortland municipality has initiated training in several municipal sectors. Instruction has also been provided at the day care level. Psychotherapist Margrethe Wiede Aasland has led the effort there. In several counties, sexual abuse is discussed during school visits conducted by personnel from centres devoted to combating abuse and incest.

Much can be done to prevent violence, bullying and sexual abuse. Preventive measures can be implemented at the system, group and individual levels. Day care centres are helping children to build good social skills. Training programmes on sexual abuse are provided for children of different ages. A variety of anti-bullying programmes can prevent bullying at school. Also effective are measures designed to improve child well-being and happiness, and to provide positive role models. Other measures target parents, with the goal of enhancing their caregiving skills. For the littlest children, programmes to strengthen attachment as well as preventive strategies targeting particular risk groups may be important. More information about the prevention and health enhancement programmes mentioned in this chapter may be obtained at the various websites that are provided. Some websites include programme evaluations.



DETECTING ABUSE, AND THE DUTY TO ACT

Detecting violence against children is an important responsibility for adults who work in education, child development and child health. This responsibility rests most heavily on employees of day care centres, schools, psychological services, health clinics and child welfare services. This chapter focuses on why it is so important to uncover violence and sexual abuse, and how employees can talk about these issues with children.

10.1 VIOLENCE AND SEXUAL ABUSE ARE OFTEN KEPT HIDDEN

On their own initiative, children rarely tell about violence and sexual abuse, especially if the abuser is in their own family. Many years may pass before the stories come out. In a US study, researchers found that it took an average of 9.5 years for childhood abuse to be uncovered.¹⁹⁹ A New Zealand study found an average of 16 years.²⁰⁰

Childhood traumas may thus live on unexposed for extremely long periods. That is one reason few children are referred to specialised health services for treatment of trauma reactions. In 2012, according to a report by the Norwegian Directorate of Health, only 5.6 per cent of patients at clinics operated by Children and Adolescents' Psychiatric Polyclinic Services (Norwegian acronym: BUP) had been referred because of "severe psychological reactions following crises, trauma or disasters". This was despite the fact that a Norwegian trauma study found that 60 per cent of BUP patients in Nordland County were found to have been subjected to physical or sexual abuse.²⁰¹ Even among those who suffer clear psychological difficulties, incidents of childhood violence and abuse usually remain hidden.

There can be many reasons why children do not tell about the abuse they experience. Very young children, for example, lack the vocabulary to describe such events. Those who are a little older may be silenced by threats. Children may also fear they won't be believed. In some cases, the abuser is an important person in the child's life – someone that the child may be afraid to lose. It could be a coach, a parent or someone else who brings positive elements to the child's life in addition to the abuse. If parents

199 Frenken, J. & Van Stolk, B. (1990): "Incest victims' inadequate help by professionals", *Journal of Child Abuse and Neglect*, 14, 253–263

200 Read, J., McGregor, K., Coggan, C., & Thomas, D. R. (2006): "Mental health services and sexual abuse: The need for staff training", *Journal of Trauma and Dissociation*, 7(1), 33–50.

201 Reigstad, B., Jørgensen, K. & Wichstrøm, L. (2006): "Diagnosed and self-reported childhood abuse in national and regional samples of child and adolescent psychiatric patients: Prevalence and correlates", *Nordic Journal of Psychiatry*, 60, 58–66

are responsible for the abuse, the notion of revealing what is going on may seem particularly fraught with danger.

Another reason is that talking about trauma can awaken strong emotional reactions. For a child, it may be tempting to try to keep a lid on the situation, rather than tell someone. Nor is it uncommon for children to believe that they are to blame for abuse. The shame that many children feel may hold them in check.

Secrecy precludes help

Violence and sexual abuse often leave deep scars in children. In order to offer appropriate help, therapists must know what a child has been exposed to. Only then can they correctly interpret the child's troubles and find sound remedies. Children may also need help from the child welfare service, something they will not get if the abuse remains secret. Still more important, violence and sexual abuse that goes undetected cannot be stopped. That's why it is necessary to expose traumatic situations – whether they are in progress, or in the past.

10.2 TALK WITH KIDS ABOUT WHAT THEY'VE EXPERIENCED

It is not easy to observe whether a child has been traumatised. One may suspect that something is wrong if he or she is nervous or fearful, is bruised or scratched, complains of pain in the lower abdomen or behaves in a sexual manner. Some traumatised children may have an entirely unremarkable appearance. These children bear their woes "inside", and it is not always possible to spot their distress. To detect violence or abuse, one must ask children how they feel and what they have experienced.

Many adults who meet children through their work shy away from asking questions about violence and sexual abuse. They are afraid the questions will cause offence, arouse strong reactions or be harmful to the child. Others are unsure how to go about asking, or they are concerned whether the child will tell the truth. One reason for not asking difficult

questions is that it hurts to sense the pain of others. Some people may also be uncertain how to handle the serious matters that might be disclosed. In some ways, violence and sexual abuse are taboo subjects. That makes them even harder to talk about.

Kids can bear being asked

A group of US scientists has surveyed children and adolescents to learn if they react negatively to questions about potentially traumatic events. The research extended to 3,614 American youths between 12 and 17 years old. First the youths were asked questions specifically designed to detect violence and sexual abuse; then they were asked if they felt the questions were stressful or upsetting. Immediately after the questions were asked, 5.7 per cent of the kids said the questions were upsetting, whereas at the end of the interview only 0.2 per cent reported that they still felt emotionally upset.²⁰²

A Norwegian study surveyed 97 children to discover their feelings when asked, upon being admitted to a mental health service centre, about their traumatic experiences. These children had been exposed to a variety of traumatising events, most of them involving violence or sexual abuse, and all of them suffered from post-traumatic stress disorder. Only 2 per cent reported a strong negative reaction to the questions. Approximately 80 per cent of the children said they would be either fairly willing or very willing to answer the questions again.²⁰³

This shows that even people struggling with major traumatic reactions tolerate being asked about their experiences. Talking about painful events can indeed provoke reactions, but these are not harmful if the child is treated with care and respect. It is important to avoid squeezing a story out of a child; questions must be asked the right way. According to prominent

researchers, this is not dangerous for traumatised children.²⁰⁴ International studies have shown that patients seeking mental health care not only *tolerate* questions about childhood trauma; they also expect such questions.²⁰⁵

Violence and abuse *can* be detected

It may seem hard to detect either abuse or the reactions to such trauma. In a Norwegian study of child mental health treatment, researchers introduced the routine documentation of traumatic experiences upon admission to clinics operated by Children and Adolescents' Psychiatric Polyclinic Services (BUP). This led to the identification of traumas for about half the patients.²⁰⁶ Their traumas varied in nature and included violence and sexual abuse as well as accidents, natural disasters, robberies and so on. Similarly, Swedish researchers have found reports of family violence in 6 per cent of referrals to Sweden's BUP service. When BUP employees began systematically documenting traumatic experiences as part of the admissions process, the figure increased to 21 per cent, indicating that traumas can be uncovered if you ask the right questions.²⁰⁷

Questions about trauma – relevant for many services

Many children live in families whose caregivers have substance abuse and/or mental health problems.

202 Zajac, K., Ruggiero, K. J., Smith, D. W., Saunders, B. E. & Kilpatrick, D. G. (2011): "Adolescent distress in traumatic stress research: Data from the national survey of adolescents replication", *Journal of Traumatic Stress*, 24 (2), 226–229.

203 Jensen, T. K. (2012): *Intervjuer med barn og unge i spesielt vanskelige livssituasjoner: Kan vi snakke med barn om alt?* (Interviews with children and young people in particularly difficult situations: Can we talk to children about everything?), I E. Backe-Hansen & I. Frønes (red.), *Metoder og perspektiver i barne- og ungdomsforskning* (pp. 95–120), Oslo: Gyldendal Akademisk.

204 Jensen, T. K. (2012): *Intervjuer med barn og unge i spesielt vanskelige livssituasjoner: Kan vi snakke med barn om alt?* (Interviews with children and young people in particularly difficult situations: Can we talk with talk to children about everything?), I E. Backe-Hansen & I. Frønes (red.), *Metoder og perspektiver i barne- og ungdomsforskning* (pp. 95–120), Oslo: Gyldendal Akademisk; Lothian, J. & Read, J. (2002): "Asking about abuse during mental health assessments: Client's views and experiences", *New Zealand Journal of Psychology* 31(2), 98–103; Griffin, M. G., Resick, P. A., Waldrop, A. E. & Mechanic, M. B. (2003): "Participation in trauma research: Is there evidence of harm?", *Journal of Traumatic Stress*, 16(3), 221–227.

205 Lothian, J. & Read, J. (2002): "Asking about abuse during mental health assessments: Client's views and experiences", *New Zealand Journal of Psychology*, 31(2), 98–103

206 Ormhaug, S.M., Jensen, T.K., Hukkelberg, S.S., Holt, T. & Egeland, K. (2012): *Traumer hos barn – blir de gjemt eller glemt? Kartlegging av traumatiske erfaringer hos barn og unge henvist til BUP* (Traumas in children – hidden or forgotten? Documenting the traumatic experiences of children and youth referred to BUP), *Tidsskrift for Norsk Psykologforening*, 2012(49): 234–240.

207 Hedtjärn, G., Hultmann, O. & Broberg, A. (2009): *Var femte mamma till barn i BUP-vård hade utsatts för våld* (Every fifth mother of children in BUP care subjected to violence), *Klinik och Vetenskap*, 106, 3242–3247.

Such children have a significantly elevated risk of experiencing, witnessing or being threatened by mental, physical or sexual violence.²⁰⁸ Service workers and therapists should ask hard questions when parents are provided with help for substance abuse or mental health problems. Children, too, should be questioned.²⁰⁹

Breakups and violence between parents increase the risk of children experiencing neglect and abuse.²¹⁰ Employees at family counselling offices, crisis centres and similar agencies should make a practice of initiating this difficult conversation. In some cases, regular GPs may record a patient's traumatic experiences. When adults with a refugee background enter the treatment system, it is important to be aware that their children, too, may have been exposed to severe trauma before coming to Norway.

Shedding light on bullying

Bullying often occurs in secret, so detecting it may require a special effort. Norway's annual Pupil Survey reveals bullying that occurs among older kids. It is important to check on pupils during breaks

between classes. For smaller kids, surveys, logbooks and sociograms may be helpful. Equally important, perhaps, is to clearly encourage parents to report any suspicions that their own children or others are bullying, being bullied or not enjoying school. One indication of whether a school is uncovering cases of bullying is the relationship between the number of cases it records and the proportion of children in surveys who say they feel bullied. In Ringerike municipality, schools and day care centres are subject to systematic inspections with this relationship in mind. The method is described in the Norwegian Electronic Health Library.²¹¹

Bullying online and in social media is a growing problem. A variety of campaigns have been mounted to raise awareness.

Training to uncover trauma

It is hard for service employees to screen for trauma without prior training. Nor, perhaps, would it be advisable for them to do so. Those who undertake such screening must know what kinds of help and follow-up are available to children exposed to violence and abuse. It is not easy to listen to the stories of children who have experienced abuse, so it is important that managers make themselves accessible and provide support. Good training makes employees more secure and increases the likelihood that they will detect childhood trauma.²¹²

Trust what kids say

It is important to trust what children convey about violence and sexual abuse. They are more likely to understate what has happened to them than to

208 Anda, R.F., Whitfield, C.L., Felitti, V.J., Chapman, D., Edwards, V.J., Dube, S.R. & Williamson, D.F. (2002): "Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression", *Psychiatric Services*, 53, 1001–1009.; Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D., Dube, S.R., & Giles, W.H. (2005): "The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology", *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174–186; Hanson, R.F., Self-Brown, S., Fricker-Elhai, A., Kilpatrick, D.G., Saunders, B.E., Resnick, H. (2006): "Relations among parental substance use, violence exposure and mental health: The national survey of adolescents", *Addictive Behaviors*, 31, 1988–2001; Linaard, H. (2006): Familieorientert alkoholbehandling – et litteraturstudium af familiebehandlings effector (Family-oriented alcohol treatment: A study of the literature on family treatment outcomes), *Sundhetsstyrelsen*, 2006; Nicholas, K.B. & Rasmussen, E.H. (2006): "Childhood abusive and supportive experiences, inter-parental violence, and parental alcohol use: Prediction of young adult depressive symptoms and aggression", *Journal of Family Violence*, 21, 43–61; Torvik, F. A. & Rognmo, K. (2011): *Barn av foreldre med psykiske lidelser eller alkoholmisbruk: Omfang og konsekvenser* (Children of parents with mental disorders or alcohol abuse: Extent and consequences), Norwegian Institute of Public Health, Report 2011:4.

209 Øverlien, C. (2012): *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Oslo: Universitetsforlaget.

210 Afifi, T.O., Boman, J., Fleisher, W., Sareen, J. (2009): "The relationship between child abuse, parental divorce, and lifetime mental disorders and suicidality in a nationally representative adult sample", *Child Abuse Neglect*, 33, 139–47; Mossige, S., Stefansen, K. (2007): *Vold og overgrep mot barn og unge: En selvrapporteringsstudie blant avgangselever i videregående skole* (Violence and abuse against children and youth: A self-report study among graduating upper secondary school pupils), Norwegian Social Research (NOVA), Report No. 20/2007.

211 <http://www.helsebiblioteket.no/samfunnsmedisin-og-folkehelse/helsestasjon-og-skole/artikler/metode-for-systemtilsyn-med-barnas-psykososiale-milj%C3%B8-i-skolene-i-ringerike-kommune>

212 Currier, G., Barthauer, L., Begier, E. & Bruce, M. (1996): "Training and experience of psychiatric residents in identifying domestic violence", *Psychiatric Services*, 47, 529–530; Currier, G., & Briere, J. (2000): "Trauma orientation and detection of violence histories in the psychiatric emergency service", *Journal of Nervous and Mental Disease*, 188, 622–624; Young, M., Read, J., Barker-Collo, S. & Harrison, R. (2001): "Evaluating and overcoming barriers to taking abuse histories", *Professional Psychology: Research and Practice*, 32, 407–414; Cavanagh, M-R., Read, J. & New, B. (2004): "Sexual abuse inquiry and response: A New Zealand training programme", *New Zealand Journal of Psychology*, 33(3), 137–144.

exaggerate. A great deal of information suggests that children generally are no less reliable than adults.²¹³

To ask about violence and abuse is to be obligated to take action if necessary. If a child tells of neglect, violence or sexual abuse and then fails to receive adequate assistance and protection, the lack of response will be perceived as a betrayal.²¹⁴

10.3 INFORMATION EXCHANGE AMONG AGENCIES – WHAT DO THE RULES SAY?

Early in this strategy document we described Norway's Children Act and its Child Welfare Act. What follows is a review of regulations that pertain to the exchange of information between service agencies. Of particular interest are provisions on the *duty of confidentiality*, the *right of access to information*, the *duty to inform* and the *duty to avert a criminal act*.

The duty to maintain confidentiality prevents certain information, including personal information, from becoming known to unauthorised persons. This duty generally prohibits the transfer of such information from one service agency to another. In some cases, however, compliance with the *duty to inform* the child welfare service of suspicions would require handing over information without regard to confidentiality. In addition, *right of access to information* rules may permit otherwise confidential information to be passed on. The *duty to avert a criminal act*, too, may supersede the duty of confidentiality.

Considerations that generally would call for strict confidentiality and others suggesting a need for information exchange between service agencies are balanced against each other in Norway's regulatory

provisions concerning confidentiality, the duty to inform, and the right of access to information.

10.3.1 Duty of confidentiality

The duty of confidentiality entails a prohibition against disclosure of certain information, including information pertaining to personal matters.

There are two main sets of confidentiality duties: the general administrative duty of confidentiality, which stems from the Public Administration Act and from certain provisions in more narrowly focused legislation, and professional secrecy, which is a separate duty of confidentiality for employees in certain professions and stems from provisions in special legislation. Professional secrecy may be stricter than the general duty of confidentiality pursuant to Public Administration Act section 13.

Anyone who performs service or work for an administrative body or institution that is regulated by the Child Welfare Act is bound by section 6-7 of that act. In some respects, the confidentiality provisions of the Child Welfare Act are stricter than those of the Public Administration Act. For example, under the Child Welfare Act more types of information are deemed to be personal in nature. Similarly, the Social Services Act imposes a stricter confidentiality standard for labour and welfare administration services than the Public Administration Act does, while the confidentiality duties of day care centre employees are spelled out in section 20 of the Kindergarten Act. See also: Education Act section 15-1, Health Personnel Act section 21, Specialist Health Care Services Act section 6–1, Health and Care Services Act section 12–1, Police Act section 24 and the Act relating to family counselling offices section 5.

Confidentiality rules are primarily meant to protect the personal integrity and privacy of the individual in question. They also help preserve the relationship of trust between that individual and the various agencies and other public bodies involved. When people are required to provide personal information,

213 Langballe, Å. (2011): *Avdekkende samtaler med voldsutsatte barn* (Revealing conversations with children exposed to violence), *Barn i Norge 2011: Vold og traumer*, pp. 8-22, published by Voksne for Barn.

214 Langballe, Å., Gamst, K. T., & Jacobsen, M. (2010): *Den vanskelige samtalen: Barneperspektiv på barnevernarbeid: Kunnskapsbasert praksis og handlingskompetanse* (The hard conversation: The Child's perspective in child welfare work: Knowledge-based practice and skills), NKVTS, Report 2/2010.

it makes sense that they are protected by confidentiality rules. People are often more willing to provide correct and complete information when they know it will not be passed on.

On the other hand, limits to confidentiality may be necessary to enable service providers and authorities to access the information they need to perform their duties and cooperate in such a way that the services they provide are as integrated as possible.

10.3.2 Duty to inform the child welfare service

The child welfare service's main task is to ensure that children who live in conditions that could harm their health or development receive the attention and care they require in timely fashion. The service has overall responsibility for conducting investigations and carrying out interventions necessary to protect and otherwise help children at risk of various forms of violence and abuse. Such a responsibility exists when children are exposed to violence or abuse by parents as well as when parents are unable to protect children from exposure to violence or abuse by others.

To perform its duties, the municipal child welfare service must be informed when someone is worried that a certain child or children may be at risk. The duty to inform evolved in response to the child welfare service's dependence on being notified of children facing serious challenges.

All public authorities are legally bound by this duty to inform the child welfare service when serious concerns about a child arise. This duty to inform is pursuant to both Child Welfare Act section 6–4 and corresponding provisions in other laws pertaining to particular agencies, such as Education Act section 15–3, Kindergarten Act section 22, Criminal Procedure Act section 61c and Public Administration Act section 13f. The duty to inform also applies to a variety of professions in which professional secrecy is practiced, such as those regulated by section 33 of

the Health Personnel Act and section 10 of the Act relating to family counselling offices.

Information required by the child welfare service is to be given without regard to relevant confidentiality obligations. The duty to inform entails reporting and providing information to the child welfare service on one's own initiative as well as providing information when ordered to do so by the service. When the duty to inform arises, information is to be communicated immediately to the child welfare service. This duty is limited to more serious situations, such as a child's exposure to violence in a close relationship or other serious neglect (see Child Welfare Act section 6–4).

10.3.3 The duty to inform is independent and personal

The duty to inform is an independent and personal responsibility, requiring those affected to take the initiative to notify the local child welfare service if concerned about a child. This duty may not be left to other employees of an organisation or to other agencies. The duty to inform is no obstacle, however, to instituting practical procedures such as the channelling of concerns through the head teacher of a school. Still, it does not absolve individuals of their independent responsibility to report information to the child welfare service if the head teacher, for example, fails to pass it on. When a concern is particularly serious, the service is to be notified immediately.

10.3.4 Right of access to information

The right of access to information entitles a person to communicate otherwise confidential information to others. Those in possession of the data may choose to disclose it or not. They are permitted, but not required, to pass on information.

Informational access rights provide opportunity for collaboration between agencies and service providers. For agencies to collaborate on specific cases in which children are at risk of abuse in a

family, statutory exemptions from the duty of confidentiality must be met. The clearest grounds for access rights are that consent has been given, that the information has been anonymised, that use of the information will serve the purpose for which it was given or obtained, and that the information is necessary to advance the informant agency's mission.

If the persons entitled to confidentiality *consent* to the release of information to others, the duty of confidentiality is lifted, provided the consent conforms to Public Administration Act section 13a, paragraph 1. Health clinics and the child welfare service may, for example, transfer information about a child to one another with the consent of the parents. As a general rule it is the subject of the information who provides consent for its release. When the information concerns a child, consent is required from those who have parental responsibility; but when the child has reached the age of 15, the parents and child must both consent (see Child Welfare Act section 6–3). In general, the confidentiality duties of health personnel may also be lifted by the consent of whomever such duties were meant to protect (see Health Personnel Act section 22). People over 16 are able to consent to information exchanges that otherwise would be subject to the confidentiality duties of health personnel. For children under 16, the relevant consent provisions are found in Patients' Rights Act sections 4–4 and 3–4, paragraph 2. As a rule, consent is required from those who have parental responsibility for a child. If the child is between 12 and 16 years old, information is not to be provided to those with parental responsibility if the child objects for reasons that warrant respecting.

Cases may be discussed anonymously without violating confidentiality duties. The parties in question are considered anonymous if it would be impossible, directly or indirectly, to trace information back to them (see Public Administration Act section 13a, paragraph 2). Anonymised discussions are only appropriate when concerns about the child by a health clinic or school health service are not severe enough to trigger the duty to inform. In case of doubt, clinic staff may discuss the matter

anonymously with the child welfare service. Anonymity may be appropriate when a health clinic or school health service needs advice on how best to raise the issue with parents or when it needs help to crystallise a concern or the content of a report. Anonymity may also be called for when clinic staff need assistance to determine whether parents should or should not be made aware of a report before it is sent, or when staff members need to find out what resources the child welfare service can contribute.

Confidentiality does not preclude the use of information *to achieve the purpose for which it was provided or obtained*; see Public Administration Act section 13b, paragraph 2). For example, during case preparation it may be necessary to disclose information subject to confidentiality duties in order to collect other relevant data. But this rationale is not applicable to service agencies and authorities regulated by the Health Personnel Act and the Act relating to family counselling offices. The child welfare service may only provide information to other public agencies when, after serious consideration, doing so has been deemed necessary to fulfilling the child welfare service's obligations to a child who has been, or may be, exposed to violence in the family; see Public Administration Act section 13b, paragraph 5.²¹⁵

10.3.5 The Penal Code on averting crime

In June 2012, the legal duty to avert criminal acts was strengthened and expanded. According to Penal Code section 139, anyone who fails to report to the police or otherwise fails to try to prevent a criminal action or its consequences may be punished by fine or imprisonment for up to a year. This duty applies only to offences specified in section 139. The list of offences specified in the act was extended by legislative amendment to include those of Penal Code section 200, paragraph 2, on sexual activity with children under 16 years of age, etc., as well as section

²¹⁵ Also see the guide *Formidling av opplysninger og samarbeid der barn utsettes for vold i familien* (Providing information and cooperation when children are exposed to family violence), <http://www.regjeringen.no/upload/kilde/bfd/bro/2005/0002/ddd/pdfv/250231-veileder2.pdf>

193, relating to such offences as abuse of power in a relationship, and section 219, on abuse in close relationships and complicity in such abuse.

Before section 139 was amended, the duty to avert criminal acts arose only after one had certain, reliable knowledge that a serious offence would be, or was in the process of being, committed. Under the amended law, this duty arises when it is deemed to be certain, or most likely, that an offence will be, or has been, committed. This amounts to an expansion of the duty, with a lower threshold for its entry into effect. The amendment also made explicit that the duty to avert criminal acts outweighs any confidentiality duty. Complicity in violating the duty to avert crime is also illegal. An example would be persuading someone not to notify the police.

Health personnel must keep in mind that they may encounter situations when notifying the child welfare service would be an insufficient response. The duty then would be to notify the police if such notification could avert serious harm; see Health Personnel Act section 31).

10.3.6 Continued review of key legal issues

Two inter-ministerial working groups have been established and are led, respectively, by the Ministry of Health and Care Services and the Ministry of Justice and Public Security. The group led by the Ministry of Health and Care Services is to document current practice with regard to confidentiality, the duty to inform and the right of access to information. The purpose is to determine whether existing rules and regulations are an obstacle to necessary communication between cooperating agencies and services, and whether regulatory changes or other measures are needed to ensure adequate coordination. Norwegian Social Research (NOVA) has surveyed relevant court interpretations and practices, and submitted a report on the subject.²¹⁶ The other working group, led by the Ministry of Justice and Public Security, will consider whether legislative amendments are needed with regard to confidentiality, the duty to inform and the right of access. This working group will base its continued work in part on the NOVA report.

Violence, sexual abuse, neglect and bullying are often kept hidden. Children need these activities to be uncovered so the trauma can be stopped and they can get the help they need. Many service agencies can help expose violence. Children tolerate being asked about violence, if the questioning is done right. What children say about violence is as reliable as accounts given by adults.

The exchange of information between different agencies is regulated by law.

²¹⁶ Gording Stang, E., Aamodt, H.E., Sverdrup, S., Kristofersen, L.B. & Winsvold, A. (2013): *Taushetsplikt, opplysningsrett og opplysningsplikt. Regelkunnskap og praksis* (Duty of confidentiality, right of access to information and duty to inform), Norwegian Social Research (NOVA) Report 3/13

A stylized illustration of a multi-story building with a yellow door and windows, set within a light blue circular frame. The building has a logo on its upper left side. To the right of the building are two green trees with red and orange accents. The background is a dark blue textured surface with other circular elements, including a purple one with a hand illustration.

11

ASSISTANCE AND TREATMENT SERVICES

Many professionals in the health and care services sector encounter children and young people who have been subjected to abuse. A wide range of services are offered in the different sectors. The following chapter contains a description of the assistance and treatment services available for children and adolescents exposed to violence and/or sexual abuse.

11.1 THE CHILD WELFARE SERVICE

The child welfare service is tasked with helping to ensure that children and youth grow up in a safe environment. The service is organised into municipal and central government child welfare services, which have different functions. Many children who are exposed to violence in the family come into contact with the child welfare service. The service must ensure that children who experience violence and sexual abuse receive protection and follow-up. Proposals intended to ensure high quality in child welfare operations are presented in Prop. 106 L (2012–2103) *Endringer i barnevernloven*, a bill on amendments to the Child Welfare Act. Key areas of focus include due process, sound minimum standards and children's participation in decision-making processes, together with knowledge and skills resource and knowledge development and effective coordination between levels of administration.

Municipal child welfare services

Municipalities are responsible for carrying out the tasks imposed by the Child Welfare Act which have not been assigned to a state body. All municipalities must have a child welfare service that carries out the continuing, day-to-day work. This includes a duty to implement interventions when the conditions of the Act are met. The child welfare service is responsible for conducting investigations, making administrative decisions under the Act or preparing matters for consideration by the county social welfare board. The child welfare service is also responsible for initiating interventions and following up on children and their families. See also chapter 1.3.

The child welfare service's preventive responsibilities primarily consist of undertaking early interventions in respect of children and families where there is a risk of neglect and serious behavioural problems. In Child Welfare Act section 3–1, second paragraph, which focuses on the child welfare service's preventive activities, the service is assigned special responsibility to try to expose neglect and behav-

ioural, social and emotional problems as early as possible, so as to avoid long-term problems.

The child welfare services are required to collaborate with other sectors and administrative levels when doing so may help accomplish their own statutory functions. Just as the child welfare services have a duty to collaborate with other agencies, the others have a duty to work closely with the child welfare services. Close cooperation between the child welfare service and other agencies in the health and social welfare sector is essential to be able to provide the right help at the right time. Under section 3–2 of the Child Welfare Act, the child welfare service is required to help ensure that other public agencies, too, safeguard the interests of children.

In order to create an integrated programme of services for each child, the child welfare service has a duty to draw up an individual plan for children who need long-term, coordinated services. An individual plan must be based on collaboration with other services to ensure close, coherent follow-up. Cooperation must take place within the constraints of the duty of confidentiality, the limits of which are described in the previous chapter. Prop. 106 L (2012–2013) *Endringer i barnevernloven*, a bill debated by the Storting in the spring of 2013, proposes amendments to the Child Welfare Act that specify the collaborative duties of the child welfare service in more detail.

Central government child welfare services

The Office for Children, Youth and Family Affairs (Bufetat), a state agency, is responsible for recruiting and assigning foster homes, providing necessary training and general guidance for foster homes, and establishing and running child welfare institutions. Bufetat is also tasked with assisting municipal child welfare services with the placement of children in out-of-home care such as foster homes, substitute family homes, emergency placement homes or child welfare institutions.

To achieve the goal of high-quality, equitable services, Bufetat has decided to differentiate and specialise central government services to meet the

needs of different target groups.²¹⁷ This necessitates a more systematic, targeted assessment of children and adolescents, since the target groups often require a combination of types of assistance.

Emergency preparedness – emergency child welfare units and emergency helpline

Problems and incidents may require the intervention of the child welfare service at any time of the day or night. Emergency child welfare units have been called the child welfare service's extended arm to the police, and are often located in or near police headquarters to facilitate contact between the two services.²¹⁸

If a police patrol unit finds reason to believe that a child is being abused at home, or if other forms of child neglect give grounds for concern, the police officers must write a report to the child welfare service. In some cases, an emergency child welfare unit will accompany the police when they respond to a call. The arrangement varies from municipality to municipality, but cases are generally referred to the ordinary child welfare service as quickly as possible. The emergency preparedness system was evaluated in 2009.²¹⁹

The emergency helpline for children and youth – reachable by dialling 11 61 11 – is a free emergency telephone service for children and adolescents. The helpline is open when child welfare service offices are closed. A 2011 evaluation concluded that the helpline is necessary both as a supplement to local emergency preparedness arrangements and as a telephone number that children and adults can call to ask for help in an emergency or to express concern that a child may be subjected to violence, abuse or neglect. The findings show this need exists in

municipalities with emergency child welfare units as well as those without.²²⁰

11.2 HEALTH AND CARE SERVICES

The health and care services have a considerable responsibility in terms of preventing abuse and following up on injuries and harm caused by violence and sexual abuse.²²¹ Municipal antenatal care services and municipal health-promotion and prevention services in the public health clinics and school health services are required by regulation to have procedures for cooperating with other municipal services as well as with regular general practitioners, the dental health care service, the county authorities and the specialist health services.²²² Ideally, such collaborative procedures are set out in writing with a view to quality assurance and service continuity.

At the level of the individual, the municipal health and care services have an overall responsibility for preventing, treating and following up somatic and mental disorders, injuries and illness in children and adults; see sections 3–1 and 3–2 of the Health and Care Service Act. This responsibility includes helping to prevent violence and sexual abuse against children and youth. The municipality shall also help to ensure that abuse already committed leads to the least possible physical and mental harm. Section 10a of the Health Personnel Act imposes a duty on health personnel to help meet the needs of minors for information or follow-up when a guardian is mentally ill, suffers from substance addiction or has a serious somatic illness or injury.

Emergency medical services

Reports have shown that emergency medical services effectively meet the acute medical needs of

217 *Kvalitetsutviklingsprogrammet* (Quality development programme), http://kvalitetsutviklingsprogrammet.no/?page_id=13

218 Guidelines on temporary and provisional decisions in emergency situations, <http://www.regjeringen.no/nb/dep/bld/dok/rundskriv/2000/retningslinjer-om-midlertidige-og-forelo.html?id=279001>

219 Falch, S. & Vorland, N. (2009): *Problemer har ikke kontortid: Akuttberedskapen i barnevernet* (Problems don't have office hours: Emergency preparedness in the child welfare service), Norwegian Social Research (NOVA) Report 5/09.

220 http://www.regjeringen.no/upload/BLD/Barn%20og%20Ungdom/evaluerings_alarmentelefonen.pdf

221 More expertise is needed on violence and sexual abuse in the health and care services. NKVTS has launched a pilot version of *Håndbok for helsepersonell ved mistanke om fysisk barnemishandling* (Handbook for health personnel on suspected physical abuse of children). The handbook will be presented in the autumn of 2013. See <http://www.nkvts.no/aktuelt/Sider/HandbokBarnemishandling.aspx>

222 FOR 2003-04-03 No. 450

persons who have been subjected to violence and abuse, but that more expertise is needed on securing evidence and making forensic reports. To enhance the quality of these services, it has now been decided that services for children who have been subjected to violence and/or sexual abuse are to be placed under the specialist health services. Further follow-up by the child's regular general practitioner and other municipal health care and social services is important.

Assault centres

At present, assault centres are a health service for persons who have been subjected to sexual abuse and/or violence in close relationships. The aim is to reduce adverse short- and long-term effects on health. The assault centres serve three main purposes: medical examination and treatment, psychosocial support and follow-up, and forensic examination and collection of forensic evidence. The service is not required by law.

The Nordland Research Institute was commissioned by the Ministry of Health and Care Services/ Directorate of Health to evaluate the 22 assault centres currently in operation. The evaluation report was published in October 2012. The evaluation showed that there are significant challenges associated with the services in their current form. One of the most important findings was that the variation in case volume at the centres – ranging from five to 400 cases per year – leads to substantial differences in staff training and in the ability of the centres to acquire and maintain expertise. Several assault centres have limited financial resources. At present, the function best fulfilled by the centres is medical examination and treatment. With regard to psychosocial follow-up and the collection of forensic evidence for legal use, services at many centres are inadequate. Not all assault centres admit children. The service as a whole works best at large centres, but the evaluation did not show any clear correlation between service quality and affiliation with a hospital or an emergency medical facility. Moreover, responsibility for carrying out various forensic tasks has not been clearly defined. The quality of forensic examinations varies from one assault centre to

another, due to variations in staff expertise and the amount of training received. The evaluation findings indicate that assault centres refrain from marketing their services due to their limited capacity. Several centres do not accept persons who have been subjected to violence in a close relationship unless they were also sexually abused, in part because that would require more staff and a different type of expertise.

The aim is to ensure that persons who have been subjected to violence and/or sexual abuse are offered assistance by easily accessible, high-quality health and care services. This aspect has been important in determining how to follow up the evaluation findings. Services are inadequate in many places and vary from one part of the country to another. To achieve the goal of good, accessible services, it has been necessary to examine their organisation. The Government's goal is to ensure more equitability of service, 24-hour preparedness and the ability to add expertise in forensic examination and evidence collection.

While reviewing Meld. St. 15 (2012–2013) *Forebygging og bekjempelse av vold i nære relasjoner: Det handler om å leve, a white paper on preventing and combating violence in close relationships*, the Storting concluded that services for children who have faced abuse and other maltreatment are to remain within the remit of the specialist health services. The regional health authorities must review the services and ensure that they have sufficient capacity and expertise. The Government will consider establishing regional assault centres for children. In 2013, the South-Eastern Norway Regional Health Authority established a regional centre of expertise for sexual abuse and violence against children and will attach importance to increasing the health services' general ability to detect injuries and abuse.

Regular general practitioners (GPs)

People seeking help on account of violence or sexual abuse usually come into contact first with municipal services such as their regular GP, an emergency medical service or an assault centre. At present, most first-hand assessments of somatic and psychological

disorders, including problems that appear in connection with violence and sexual abuse, are carried out by GPs. In many cases, the issue of violence does not arise until after several consultations, because the patient needs to have built up a strong degree of trust to be able to bring up such a sensitive topic.

According to the revised regulations for general medical practice, GPs will keep their medical-coordination role and work closely with other relevant services to meet the needs of patients on their own lists. GPs treat a wide variety of patients who have been subjected to violence and the consequences of violence. They have professional medical responsibility for diagnosis, treatment and follow-up. They must collaborate with other agencies, for instance by preparing an individual plan for a patient or by referring the patient to the specialist health services. Virtually every member of the population has been assigned a GP, and the GP's expertise in this field is highly significant for detecting violence-related problems and ensuring that those concerned receive the necessary follow-up.

Dental health services

Persons who have been subjected to sexual abuse may find it very difficult to receive dental treatment because there are a number of similarities between the abuse they have experienced and the dental treatment situation. It is essential that the dental professional and the patient establish a relationship of trust. In some cases, it may be expedient for a psychologist and dental professionals to work together on the follow-up and provision of dental care for this target group.

Sexually abused persons often develop dental phobia, or a fear of dental care. Unusually strong reactions on the part of a patient should therefore be seen as a warning. Some children are fearful and anxious about entering the dentist's office. They may have bad teeth yet be unable to have x-rays taken, and they may gag when something is put in their mouth. Far too few dentists ask why. When a child has extensive bruising on the roof of his or her mouth,

it could be a sign of oral sexual abuse. If a child has relatively symmetrical bruises behind the ears, where children are seldom injured when falling, it may be an indication that someone has held the child's head in a firm grip in connection with abuse. Small, round open wounds are seldom a rash; they are often cigarette burns. Statistics from England show that 10-12 per cent of all burn injuries sustained by children are not caused by an accident.²²³ It is important that the dentist take photographs, as such pictures are sometimes the only evidence if legal proceedings are instituted.

The dental care services in several county municipalities have worked purposefully to address this issue. With the help of the Norwegian Directorate of Health, all county municipal dental care services have established good procedures to ensure that suspected neglect or abuse is reported to the proper authorities. For example, Buskerud County Municipality has entered into cooperation agreements with the child welfare service, public health clinics, school health services and the paediatrics and rehabilitation department at Drammen Hospital. Procedures have been established for reporting cases to the child welfare service. Information from the child welfare service, meanwhile, is communicated at district meetings, and joint meetings are held with the child welfare service in all municipalities. Furthermore, attention is focused on violence and abuse in connection with other events such as theme days, professional speciality days and meetings.²²⁴

The specialist health services

Through the centrally governed regional health authorities, specialist health services are offered on both an inpatient and outpatient basis. Specialist health services encompass somatic services, mental

223 Dentist Anne Rønneberg, 13 March 2013, paper presented at a seminar in Drammen. See also: <http://www.helsedirektoratet.no/publikasjoner/tilrettelagte-tannhelsetilbud-for-mennesker-som-er-blitt-utsatt-for-tortur-overgrep-eller-har-odontofobi/>

224 Kloppen et al. (2010): "The public dental health service – an important partner and source of information for the child welfare service when a child is subjected to neglect and maltreatment", *Norges Barnevern*, No. 4 2010, (Vol. 87).

health care and interdisciplinary specialist treatment for substance abuse, regardless of whether the cause of the substance abuse is related to violence or abuse or to other circumstances.

In order to receive treatment from a specialist health service, the patient normally requires a referral from the primary health service, unless he or she is admitted for emergency treatment. Health problems resulting from violence or abuse may, in many cases, lead to a need for psychological treatment. If no such treatment is received, after-effects may appear that then develop into chronic health issues. The health system's access to expertise on post-traumatic disorders was generally strengthened by the implementation of the Escalation Plan for Mental Health, through the establishment of Regional Centres for Violence, Trauma and Suicide Prevention (RVTS).

To ensure that those patients who require treatment most urgently are the first to receive it, all patients must be assessed in accordance with the regulations on prioritisation of health services, etc. The guide for mental health care for children and adolescents has a separate category for prioritisation of patients who have severe psychological reactions following a trauma, crisis or disaster.

Mental health care for children and youth

Young people who require specialist care from the mental health service may be referred to the Children and Adolescents' Psychiatric Polyclinic Services (BUP) by their GP or the head of their child welfare service. BUP is responsible for assessing the child's state of health and providing appropriate treatment. The treatment may be provided for an individual or be family-based, and will often consist of both approaches. Another of BUP's tasks is to provide guidance for the municipal health and care services and the child welfare service. At times it may also be appropriate to advise caregivers and support persons in families and networks. BUP also has an emergency function in the event of a crisis.

Health institutions covered by the Specialist Health Act shall have the required level of child support

personnel with responsibility for facilitating and coordinating health personnel's treatment of minor children whose parents suffer from mental illness, substance addiction or a serious somatic disease or injury; see section 3–7a. All hospitals have child support personnel. The aim is to ensure that children's needs are met, and that adult patients are offered help to cope with their role as parents. The duty to help address the needs of individual children rests in the first instance with the personnel responsible for treating the sick parent; see section 10a of the Health Personnel Act.

The role of municipal psychologists

Psychologists play an important role in efforts to combat violence and sexual abuse against children. Municipal psychologists can provide training on how to talk to children about violence and abuse. They can teach other professionals in the municipality about trauma symptoms, and give guidance and follow-up in practice. The psychologists can also establish procedures for detecting violence and for determining what action should be taken in cases where violence is discovered. Furthermore, psychologists can help respond to acute situations, assess children's need for treatment and provide trauma treatment.

The Government aims to make mental health care more accessible in municipalities. The Ministry of Health and Care Services has decided to intensify efforts to recruit psychologists for municipal positions, in accordance with the Coordination Reform. This reform was premised on the need to focus more strongly on prevention and earlier intervention in the course of disease. The recruitment of municipal psychologists is part of this effort.²²⁵ The stimulus funding scheme has made it possible to employ more psychologists at public health clinics, in school health services and at family centres/ Family Houses.

²²⁵ Report No. 47 (2008–2009) to the Storting *Samhandlingsreformen – Rett behandling – på rett sted – til rett tid* (The Coordination Reform – The right treatment – at the right place – at the right time).

Treatment services for young abusers

According to the Institute for Clinical Psychology and Therapy (IKST), there is a need for specially designed institutions with the professional staff and financial resources to be able to adopt a long-term approach.

There are examples of individual projects that provide follow-up for young abusers. V27 is a resource centre for the Western Norway Regional Health Authority that is attached to the Betanien Children and Adolescent Psychiatric Polyclinic in Bergen. The centre only accepts cases from its own district, but offers other districts consultation services, assessment tools and treatment manuals. The centre staff also provide guidance, give lectures and otherwise contribute to the general upgrading of skills.²²⁶ The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) has been commissioned to take a closer look at methods of treatment and this issue.²²⁷

11.3 CRISIS CENTRES

As from 1 January 2010, Norwegian municipalities were given a statutory duty to provide crisis centre facilities for women, men and children who have been subjected to violence in close relationships. These facilities must include free, safe and temporary accommodation, daytime services, a 24-hour telephone helpline and follow-up services while users re-establish a normal life. At the start of 2013, 47 facilities for women and 40 for men were in operation. Children, in the company of adults, account for a large percentage of the users, totalling around 1 500–1 800 children annually.²²⁸

The Crisis Centre Act defines children as a separate user group, and services must be adapted to

children's special needs and rights. The municipality must also ensure that children's rights under other legislation are fulfilled. When there is concern about a child, the crisis centres have a statutory duty to notify the child welfare service. Reports and studies show that efforts to follow up on children using crisis centre services have varied substantially, and that children have little access to health services and assistance from other social services.²²⁹ However, the situation seems to have improved since the Act came into force. In 2012, 38 crisis centres for women and 31 for men had dedicated positions for child support personnel. A growing number of centres have formalised their collaboration with other service agencies to provide follow-up services for children who leave the centre, including transport to school or day care and recreational activities.

Municipalities have a duty to ensure that the rights of children at crisis centres under other laws and regulations are fulfilled; see section 3 of the Act on Municipal Crisis Centre Services. An electronic handbook has been developed on the follow-up of children at crisis centres.²³⁰ Parents' stays in a crisis centre offer a unique opportunity for interventions with regard to their children.²³¹ In 2013, a brochure will be published on safety and security at crisis centres, with a separate chapter on meeting the needs of children. An evaluation of municipalities' implementation of the Crisis Centre Act will be completed in the autumn of 2014. Services for children are to be included in the evaluation.

The handbook on serving children at crisis centres notes that the municipal child welfare service and the family counselling service are key authorities

226 Ingnes, E.K. & Kleive, H. (2011): *I møte med unge overgripere* (Encounters with young abusers), Gyldendal

227 NKVTS gathered 40 researchers in 2012 to discuss this topic. See: <http://www.nkvts.no/aktuelt/Documents/Unge%20overgripere%20trenger%20hjelp.pdf>

228 Sentio Research (2013): *Rapportering fra krisesentertilbudene 2012* (Reporting by crisis centres), Norwegian Directorate for Children, Youth and Family Affairs.

229 Jonassen, W. et al. (2008): *Kunnskap – kvalitet – kapasitet: En nasjonal utredning om krisesentrenes kompetanse og tilgjengelighet* (Knowledge – quality – capacity: A national report on the expertise and accessibility of crisis centres), NKVTS, Report 2/2008; Øverlien, C. (2009): *Barns erfaringer fra livet på krisesenter: En landsomfattende studie om flukten, oppholdet og forestillinger om fremtiden* (Children's experiences of living in a crisis centre: A nation-wide study of their escape, stay and perceptions of the future), NKVTS, Report 2/2009 and centre statistics.

230 This was a measure in the Government's action plan against violence in close relationships (2004–2007). See: <http://intranett/documents/bufetat.no/bufdir/krisesentre/barn%20p%C3%A5%20krisesenter.pdf>

231 Øverlien, C. (2012): *Krisesentre som intervensjonsarena for barn som har opplevd vold i hjemmet* (Crisis centres as intervention arenas for children who have experienced violence in the home), Norsk barnevern, No. 1–2 2012.

with regard to children's interests. In 2012, the crisis centres sent reports of concern to the child welfare service in connection with 25 per cent of first-time stays by residents with children under the age of 18; in 47 per cent of these cases, the child welfare service was already involved. In 15 per cent of the stays, the crisis centres referred the residents to a family counselling office.²³²

11.4 FAMILY COUNSELLING SERVICES

The family counselling service offers low-threshold services that provide treatment and guidance for families in difficulty, conflict or crisis. The family counselling service has 50 offices all over Norway, and its range of services varies from region to region and from office to office. Many family counselling offices offer programmes for couples and families with violence issues. In 2013, the family counselling service's programmes for children in families exposed to violence were strengthened by organising talk-therapy groups for children who were subjected to violence. Through measures such as the *Barn som lever med vold i familien* (Children living with domestic violence) project, the family counselling service has strengthened its expertise in this field.²³³

The family counselling service will strengthen treatment services for children who have been subjected to violence in close relationships and for young violent offenders. Cooperation will be established between the Alternative to Violence (ATV) foundation and the Norwegian Directorate for Children, Youth and Family Affairs/the family counselling service in order to upgrade the expertise of therapists in this field, and to increase treatment capacity. Through its work with violent offenders, ATV encounters families that are exposed to violence. This means that the staff are in contact with children who have been subjected to violence and adolescents who are themselves at risk of developing a problem

²³² Sentio Research (2013): *Rapportering fra krisesentertilbudene 2012* (Reports by crisis centre services, 2012), Norwegian Directorate for Children, Youth and Family Affairs.

²³³ Alternative to Violence and Centre for Crisis Psychology (2010): *Sluttrapport: Prosjektet «Barn som lever med vold i familien»* (Final report: "Children who live with domestic violence" project), 2004–2010.

with violence. Through its activities, the family counselling service also encounters children and young people in these groups. Through cooperation with ATV, the family counselling service will acquire greater expertise in dealing with this type of problem, as past experience has shown. Among other things, ATV played a key role in the Finnmark project, which aimed at strengthening measures offered by the family counselling service for violent offenders in Finnmark County.

The tasks of the family counselling service also include further developing collaboration and reciprocal exchanges of expertise with such institutions as the child welfare service, the crisis centre services, the Norwegian Labour and Welfare Administration (NAV), courts of law, etc.

Providing early assistance can reduce the number of persons seeking help from public health services, the child welfare service, the legal system and NAV. By law the family counselling offices are also to engage in family-related outreach activities in the form of counselling, information and education programmes for the health and social welfare services and the general public. The International Child Development Programme (ICDP) is such an activity. In cooperation with the state child welfare service, selected family counselling offices are responsible for offering municipalities training in implementing the programme. The programme can also be used in the family counselling service's work with couples and families.

11.5 THE POLICE AND JUDICIAL SYSTEM

The police come into contact with children who have experienced violence and abuse when they respond to emergency calls or in connection with out-of-court judicial interviews. In order to limit the negative impacts of traumatic situations, particular attention must be focused on the needs of children. It is important that the police play down the dramatic aspects of their presence and explain that they are there to help both children and adults. They must

also explain to children what is going to happen. In many cases, nevertheless, police patrols still barely speak to the children or not at all. Øverlien (2012) refers to similar experiences from her interviews with children and adolescents who have grown up with domestic violence.²³⁴

Hearing what children have to say may have a determinant impact on the police's immediate decisions. The police patrol must also consider whether it is safe for a child to remain in a dwelling, or whether he or she could face reprisals once the patrol has left the premises. Moreover, a child's account could provide a good basis for a subsequent out-of-court judicial interview.

The Norwegian Police University College's evaluation in 2012 of police efforts to combat violence in close relationships provides important input for the further development of police work in this field. One of the measures in the 2014–2017 action plan to combat violence in close relations – *Et liv uten vold* (A life without violence) – entails following up on this evaluation and further pursuing the work being done in police districts. Under measure 33 (d), for instance, attention will be focused on the way the police deal with children when responding to an emergency call, and on police collaboration with the child welfare service.

Out-of-court judicial interviews

When a child has been subjected to violence or abuse, it may be relevant to conduct an out-of-court judicial interview. The police send cases to the court with a request for an out-of-court judicial interview. The interview must be carried out as soon as possible and at the latest two weeks after the criminal act has been reported to the police.

The number of out-of-court judicial interviews of children and adolescents under the age of 16 has risen sharply in the past few years. This increase can be ascribed in part to the establishment of Children's Houses (*Statens barnehus*), which has led to a rise in the rate of reported violence or abuse and greater

understanding of the need for age-appropriate interview methods. Due to the Government's increased focus on violence in close relationships and the situation of children in this context, more children are being interviewed as witnesses and aggrieved persons.

11.6 CHILDREN'S HOUSES

The system of Children's Houses was initiated in 2007 with a view to better addressing the needs of children and adolescents under the age of 16 who are believed to have been subjected to violence or sexual abuse. The idea underlying the Children's Houses is to ensure that children and youth who have experienced violence or sexual abuse receive help from highly qualified professionals in safe, child-friendly surroundings.

A total of eight Children's Houses have been established in various areas of Norway.²³⁵ At these centres, judicial interviews, medical examinations, follow-up services and treatment can all be carried out at the same place. Another function of the Children's Houses is to improve cooperation between different agencies in violence and abuse cases. The staff must also be able to provide advice and guidance to parents, other next-of-kin and local services.

Evaluation of Children's Houses

The Children's Houses were evaluated in 2012.²³⁶ While the number of child sexual abuse cases reported has been fairly stable, the number of cases of family violence has increased in the past few years. There is reason to believe that the steady rise in the

²³⁵ It was decided to open two more centres in 2013.

²³⁶ Stefansen, K. & Gundersen, T. & Bakketeig, E. (2012): *Barnehusevalueringen 2012, Delrapport 2: En undersøkelse blant barn og pårørende, jurister og politifolk, samt ledere og ansatte* (Evaluation of Children's Houses 2012, Interim report 2: A survey of children and their next-of-kin, jurists and police officers, and management and employees), Norwegian Social Research (NOVA) Report 9/2012; Bakketeig, E. & Berg, M. & Myklebust, T. and Stefansen, K. (2012): *Barnehusevalueringen 2012, Delrapport 1: Barnehusmodellens implikasjoner for politiets arbeid med fokus på dommeravhør og rettsmedisinsk undersøkelse* (Evaluation of Children's Houses 2012, Interim report 1: The implications of the Children's House model for the work of the police with focus on out-of-court juridical interviews and forensic examinations), PHS Forskning, 2012:6, Norwegian Police University College.

²³⁴ Øverlien, C. (2012): *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Oslo: Universitetsforlaget.

number of interviews is beginning to pose capacity problems; it is therefore recommended that the authorities carry out an overall assessment of the resource situation. The cooperation between different professional groups affiliated with the Children's Houses is perceived as positive by everyone concerned.

A further two Children's Houses are to be established in 2013, in Bodø and Sandefjord. In addition, the staff of existing Children's Houses is to be increased by a total of 17 positions, 10 of which will be in Oslo. Furthermore, a working group has been appointed to prepare a draft of common operating guidelines for Children's Houses and to assess the need for supervision. The working group will complete its work in August 2013.

11.7 NON-PROFIT AND PRIVATE SERVICES

In addition to the help offered by the ordinary health and social services system and the specialist health services, a number of services are organised through support and resource centres. Some of these services are described below. The list is not exhaustive.

Centres to combat incest and sexual abuse

The centres to combat incest and sexual abuse do not target children in particular, but most of them have a number of users under the age of 18. Some centres offer group programmes for children. According to the centres' guidelines, services for children are intended to supplement public health and social welfare services, and necessary collaboration must be established with the child welfare service, the specialist health services or Children's Houses when the user is under the age of 18.²³⁷

Most of the centres disseminate information to day care centres, schools, public health clinics, the child welfare service and educational institutions.²³⁸

²³⁷ Sentio Research (2012): *Rapportering fra incestsentrene 2011* (Reports by incest centres 2011).

²³⁸ According to the circular regarding the grant scheme for the centres, Circular Q 22/2013, as from 2013.

The support centre in Vestfold, for instance, offers a teaching programme for second- and fifth-grade pupils. Several other support centres have similar programmes. The RVTS or other centres with similar expertise are to assist and guide the centres in this work.

Red Cross youth programmes

The Red Cross is engaged in efforts to prevent violence, intolerance, racism and substance use among children and youth in Oslo. The youth resource centres actively reach out to young people outside of organised activities. *Kors på halsen* (Cross my heart) is a nationwide chat service for everyone in Norway aged 6-18. It offers children and adolescents a chance to talk to adults, anonymously and free of charge, about all kinds of topics. Children and young people may call tel. no. 800 33 321, write to the website using the chat option or by email, or participate in group chats in the Red Cross's virtual Infobus in the Habbo web community.

The Red Cross also runs a telephone helpline on forced marriage and female genital mutilation. In addition to providing information, employees offer assistance in dealing with family conflicts and act as bridge-builders between young people and public health and social welfare services in Norway and abroad.

Mental Health Ungdom

Mental Helse Ungdom (Mental health youth) seeks to address the issue of mental health in a public health perspective. Activities largely focus on provision of information, openness and prevention. It is important that children and young people who experience mental health problems have a chance to talk to someone about their situation, and that the threshold for seeking help is significantly lowered.

Alternative to Violence

ATV is a centre of expertise and treatment for violence, with special focus on violence in close relationships. The centre is working on developing an integrated body of knowledge on the consequences of violence and its impact on the family when one or more family members are violent

towards other members. This knowledge is used in designing treatment services. ATV also engages in outreach activities, transfer of knowledge and research.

Reform

Reform organises low-threshold programmes to help men and boys in a difficult life situation. Reform holds lectures and courses on boys in educational institutions, men in day care centres, how day care and school employees can promote gender equality among children, and how employers in the education sector can make active efforts to employ men.

Self-help for immigrants and refugees

Self-help for Immigrants and Refugees (SEIF) is an independent, voluntary organisation established in 1986 with offices in Oslo, Kristiansand, Stavanger, Bergen, Ålesund and Trondheim. SEIF disseminates information, refers inquiries to the proper authorities and provides assistance in a wide range of fields, including forced marriage and honour-related violence.

11.8 REPORTING AN OFFENCE TO THE POLICE AND PENALTIES

In Norway, domestic violence is a criminal act in the same way as violence that occurs in other contexts and arenas. Persons subjected to domestic violence or threats of domestic violence are entitled to assistance and protection, and to have their case dealt with properly and efficiently by the police and judicial system. The way the police, prosecutors and courts deal with such cases determines the level of trust felt by vulnerable parties and the population at large. The role of the police and the legal system is to prevent further abuse and to prosecute abuses that have already taken place. If done well, efforts by the police and the legal system to deal with family violence cases have an important preventive effect. The police's "conversation intervention" is an important preventive tool in following up on minors found to have broken the law or displayed undesirable conduct which could lead to the

development of criminal behaviour, including violence and sexual abuse (see also chapter 9).

A recent Swedish study of 173 victims of sexual abuse shows that many abuse victims see their decision to report the abuse to the police as a turning point in their lives.²³⁹ Pressing charges is one way they can make it clear, not only to the perpetrator but also to people in their social network, that the incident in question was an act of abuse. Reporting it places blame on the person who committed the act. At the same time, pressing charges is a painful process, accompanied by many thoughts revolving around credibility, shame and reactions. Moreover, many cases are dropped by the police or dismissed in court, and for some this is yet another painful experience. The negative aspects of reporting abuse are considerable, and those who do not feel that they are appropriately treated by the police may regret pressing charges. It takes some people many years to be able to report abuse to the police.

The child welfare service – reporting offences to the police

The child welfare service is subject to a statutory duty of confidentiality. Nonetheless, the child welfare service may report or provide information to the police about a child being exposed to violence or abuse when this is necessary to meet the service's responsibilities to the child; see section 6-7, third paragraph, of the Child Welfare Act. In a case where it is suspected that a child is being subjected to maltreatment or other serious acts of abuse in the home, it will in most cases be necessary to report the matter or provide information to the police in order to fulfil the functions of the child welfare service. If, after assessing the case, the child welfare service finds that in order to help the child it will be necessary to report violence and abuse to the police, then it must do so.

²³⁹ Veia, H. (2012): *Fra avmakt til makt i eget liv: Anmeldelse av seksuelle overgrep og helse* (From powerlessness to power over one's own life: Reporting sexual abuse, and health), doctoral thesis, Nordic School of Public Health.

Penal sanctions for young offenders

As far as possible, sanctions other than imprisonment shall be imposed.

Sentences and detention for children under the age of 18

To meet the special needs of young people while in custody, and to comply with Norway's commitment not to detain children and youth in prison along with older convicts and remand inmates, a special youth unit has been established in Bergen for young offenders between the ages of 15 and 18 under the Norwegian correctional services. A similar unit is to be established in eastern Norway.

Community sentence

Community sentence is a sanction that may be particularly suitable for young offenders. A community sentence may consist of community service, individual dialogue, treatment, mediation at a National Mediation Service office and other relevant measures proportionate to the criminal act committed by the young person concerned. The nature of a community sentence is tailored to the individual young offender.²⁴⁰

Penalty for young offenders

A new penal sanction was adopted by the Storting in December 2011, but as of mid-2013 had not yet entered into force. The courts may impose a penalty for young offenders as an alternative to an immediate sentence of imprisonment and more stringent community sentences for young offenders aged 15-18. The sanction consists of a youth conference and a youth plan and is to be implemented by the National Mediation Service offices. This means that children are not to be incarcerated unless this is absolutely necessary and all other measures have been considered. The Government has initiated a pilot project to test a system of youth conferences and youth plans in the Mediation Service offices in the counties of Sør-Trøndelag and Telemark. Youth penalties will only be implemented when all the mediation offices can offer follow-up teams.

National Mediation Service offices

The National Mediation Service offices are an important part of the administration of justice in Norway, acting as mediator in criminal cases when the perpetrator is under 15 years of age as well as in purely civil cases, such as neighbour and family disputes. The service is free of charge and available to the entire population. The National Mediation Service offices arrange meetings with a view to promoting dialogue, better understanding, compensation and possible reconciliation. The Government wishes to increase the number of cases dealt with by the National Mediation Service offices, particularly cases involving young offenders.²⁴¹

Special measures for offenders under the age of criminal responsibility

The age of criminal responsibility in Norway is 15, and children below that age are therefore not liable to a penalty. However, a number of measures can be implemented with the consent of the children's caregivers, such as youth contacts and more extensive use of mediation. Implicit in both of these measures is an element of reckoning, giving minors the opportunity to settle accounts and put criminal conduct behind them. The National Mediation Service offices also offer mediation services and youth conferences in cases where children under the age of criminal responsibility have committed acts for which they would otherwise be liable to a penalty. The police may also transfer cases to the child welfare service.

²⁴⁰ <http://www.kriminalomsorgen.no/samfunnsstraff.237888.no.html>

²⁴¹ <http://www.konfliktraadet.no/>

The consequences of violence and sexual abuse differ from one child to another. Children have different needs for protection and assistance, necessitating coordinated assistance and treatment services that are tailored to the needs of the individual child. Many children and youth at risk of violence or abuse receive effective, timely assistance, but significant challenges remain to be resolved. Not everyone finds that the help they receive leads to concrete, lasting positive change.

Ensuring that children and adolescents who are exposed to violence or abuse receive help and treatment regardless of where they live in Norway is a challenge. Better assistance and treatment must be provided for young abusers, and methods for treating this group of children must be developed and disseminated.



12

INSTRUMENTS FOR COLLABORATION AND COORDINATION

Interprofessional collaboration and coordination are ways of ensuring that children and youth receive the right help at the right time, and if necessary from several agencies simultaneously. For the individual child and his or her family, coordination means that various service providers confer when planning, implementing and following through on interventions in different spheres of the child's life. Collaboration entails distributing tasks, taking responsibility and acting in the child's best interests.

12.1 NEED FOR AN INTEGRATED PERSPECTIVE

A child who experiences violence between parents may require child welfare services and help from a municipal psychologist or the mental health service for children and adolescents. At the same time, the child's day care centre or school and the school health service should be aware of the situation and intervene within their areas of responsibility to help or support the child.

The experiences of children who have been exposed to violence and their need for help must be the key focus of all the services involved. The child must be given an opportunity to tell his or her story, but should not have to tell it repeatedly to many different persons for no meaningful purpose. In this type of context, coordination may mean convening everyone who needs to be involved at the same place at the same time to hear what the child has to say. The child or adolescent and his or her family must be given the opportunity to deal with one person or coordinator who can answer questions, provide information and support them in their contact with different services. This may help to prevent children and parents from being sent back and forth from one part of the system to another, and to ensure that unmanageable practical problems do not overwhelm daily life. In the absence of fixed procedures, interventions and coordination, many parents feel that they themselves must play the role of coordinator and driving force in dealing with the health and social welfare services.²⁴² Kinge (2012) has described these problems in considerable detail.²⁴³

Sharing information and clarifying roles are necessary and advisable in order to create good collaborative relationships. On the other hand, the goal of closer collaboration between different

services presents a challenge in terms of protection of personal privacy. Sensitive information must not be accessible to everyone. In connection with the consultative process on Norwegian Official Report (NOU) 2012:5 *Bedre beskyttelse av barns utvikling* (Better protection of children's development), the Norwegian Data Protection Authority pointed to the need to examine the consequences for personal privacy of establishing closer collaboration between various central government and municipal agencies, and between the public sector and various non-governmental and non-profit organisations that are in contact with children.

Many of the health and social services and educational services operate in accordance with legislation emphasising collaboration and coordination. However, not all legislation defines such collaboration in specific terms or requires services to establish procedures for collaboration.

Municipalities and the specialist health service will provide better services for patients and users through collaborative relationships that are set out in statutory partnership agreements. These agreements are an important tool for implementation of the Coordination Reform. The Health and Care Services Act sets minimum requirements for what the partnership agreements must cover, and agreements must be concluded in each area of expertise in the fields of somatic and mental health and substance abuse. A national guide has been prepared for this purpose.²⁴⁴

More instruments must be adopted to promote collaboration and coordination at the individual level and within and between services at municipal level. Coordination is an organisational, resource-related and human challenge that calls for effective leadership and management. Furthermore, coordination requires information, communication, operationalisation, support for and establishment of common goals and a common understanding of problems.

242 Norwegian Official Report, NOU 2009:22: *Det du gjør, gjør det helt: Bedre samordning av tjenester for utsatte barn og unge* (Whatever you do, do it completely: Better coordination of services for children and young people at risk).

243 Kinge, E. (2012): *Tverretattlig samarbeid omkring barn: En kilde til styrke og håp?* (Interagency collaboration on children: A source of strength and hope?), Gyldendal akademisk.

244 Guide published by the Ministry of Health and Care Services: *Samhandlingsreformen – Lovpålagte samarbeidsavtaler mellom kommuner og regionale helseforetak / helseforetak* (The Coordination Reform – Statutory partnership agreements between municipalities and regional health authorities/health authorities).

The measures used to coordinate services may be broken down into the following categories: organisational measures (e.g. co-locating services in the same premises), educational measures (e.g. offering joint training programmes for different services), legal measures (laws, rules and regulations) or financial measures (e.g. funding for continuing education).

12.2 SUCCESS FACTORS

A good knowledge of the spheres of responsibility of one's own and other service agencies facilitates interprofessional collaboration and coordination. It is necessary to understand the importance of such collaboration in specific cases to ensure that children with complex needs receive integrated, coordinated assistance. It also promotes coordination skills and more clearly defined expectations and roles, thereby creating a better understanding of the different views of participants in the collaborative relationship. The diversity of expertise and roles is precisely what makes it possible to provide children with the best possible assistance.²⁴⁵

In evaluations of interprofessional collaboration and specific collaborative processes, attention is often focused on the same success factors. The final evaluation of the municipal project *Sammen for barn og unge – bedre samordning av tjenester til utsatte barn og unge* (Together for children and youth – better service coordination for children and youth) defines the following prerequisites for effective collaboration:²⁴⁶

- Clear administrative and political management of interprofessional processes, e.g. by clearly defining expected outcomes of collaboration and establishing binding collaborative procedures.

²⁴⁵ Øverlien, C. (2012) *Vold i hjemmet – barns strategier* (Violence in the home – children's strategies), Oslo: Universitetsforlaget.

²⁴⁶ Winsvold, A. (2011): *Evaluering av prosjektet: Sammen for barn og unge – bedre samordning av tjenester til utsatte barn og unge* (Evaluation of the project: Together for children and youth – better coordination of services for vulnerable children and youth), Norwegian Social Research (NOVA) Report 18/11.

- Clear division of tasks. A clear definition of the responsibilities and functions of different professional groups and services in respect of children and families lets people know what they can expect from one another.
- Regular joint meetings and common meeting places are important to be able to solve tasks and determine roles.
- Co-location of services offers significant advantages, because it facilitates the establishment of personal relationships and makes it easier to contact other professionals.
- Employees' coordination skills. The quality of collaboration is contingent on the ability of employees in the different services to work together on specific cases.

It is a management responsibility to ensure that interagency collaboration is not left to chance and the initiative of individual employees. The senior municipal administrative and political staff are responsible for embedding central government policy guidelines within their organisation, utilising the scope provided by regulatory frameworks, and making use of effective instruments to promote collaboration and coordination.

Co-location of services breaks down boundaries

Co-location and the development of accessible, low-threshold services and interprofessional units for children and families can help to strengthen collaboration and coordination. Many municipalities have established family centres or "Family Houses", which serve as common premises for each municipality's primary health and social welfare services for children, youth and families. While services may vary from one centre to another, most municipalities have a public health clinic and an open day care centre. Several of these collaborate closely with or are located in the same premises as the child welfare service, the Educational and Psychological Counselling Service (PPT), and possibly also the family support programme Home-Start.

Family centres are a good example of how services can be made more accessible to one another and to persons who need extra follow-up. The final evaluation of the municipal project *Sammen for barn og unge – bedre samordning av tjenester til utsatte barn og unge* (Together for children and youth – better service coordination for vulnerable children and youth) concludes that co-location of services and the ability of staff in different service agencies to work as a team are among the preconditions for good collaboration. Other essential factors are regular joint meetings and common meeting places.²⁴⁷

If it is impossible to group services at a single location, collaboration may be organised by introducing special procedures and joint forums, such as permanent, interprofessional teams who meet to discuss anonymised cases or with the consent of the person concerned, with or without the presence of the parents. It is advantageous if senior staff members with decision-making authority are represented in interprofessional or interagency advisory and steering groups.

Joint project on referrals

In a joint trial project, the Educational and Psychological Counselling Service (PPT) has the right to refer cases to the Children and Adolescents' Psychiatric Polyclinic Services (BUP) and to the Child Habilitation Unit (HABU) in the Department of Paediatrics at Sørlandet Hospital. The purpose of the project is to determine whether such an arrangement helps to ensure that the target group receives early, appropriate assistance, and to improve inter-service collaboration to enhance the satisfaction of their users, who are children, youth and their families. The project further aims to ensure that users perceive the services as coherent and coordinated, and that children and youth receive the right help early on. PPT staff members must be provided with the necessary expertise on mental health and developmental disorders of children and adolescents, and must be given authority to refer

cases. It will be essential to ensure that the employees of the services concerned are familiar with each other's spheres of responsibility, and that arenas for interaction are established between the services.

The Model Municipality project

This project covers 26 municipalities in Norway in the period 2007–2014. The target group is children aged 0–6 whose parents face challenges associated with mental illness and/or substance abuse. The purpose of this experiment is to identify children's problems as early as possible, and to develop models for integrated follow-up.

The lessons learned from this experiment will be applied in future efforts to combat violence and sexual abuse. In this connection, it is particularly important to introduce good procedures for asking questions about violence and sexual abuse against children, and to develop survey tools and follow-up systems.

Early intervention – mental health, intoxicants and violence

The early intervention training programme is based on the premise that interagency collaboration is an important tool. The training programme aims to enhance the ability of municipal employees who work with pregnant women and families with small children to detect substance abuse and psychological problems in these target groups. The employees also receive training in talking about substance use, mental health problems and violence in the family. The programme has been implemented in 15 pilot municipalities. The evaluation of the programme highlighted a number of issues: abdication of responsibility, circular referrals of complex cases, lack of procedures for interagency collaboration, lack of time and resources, and unclear rules and regulations.²⁴⁸

Joint training in the field of violence and sexual abuse against children and youth is emphasised as an important factor for promoting collaboration and

²⁴⁷ Winsvold, A. (2011): *Evaluering av prosjektet: Sammen for barn og unge – bedre samordning av tjenester til utsatte barn og unge* (Evaluation of the project: Together for children and youth – better service coordination for vulnerable children and youth), Norwegian Social Research (NOVA) Report 18/11.

²⁴⁸ Snertingdal, M. I. (2012): *Et opplæringsprogram i tidlig intervensjon blir til!* (The creation of an early intervention training programme), SIRUS Report 5/2012.

coordination in these two projects. It can increase professionals' coordinating and action skills, and improve the climate for collaboration by promoting common procedures and attitudes. Joint training generates a more common understanding of phenomena, increases knowledge of other agencies and gives them a face. This makes it easier to contact other professionals or refer clients to them. Furthermore, it can give professionals across a range of agencies a common language for discussing children's needs and how to meet them.

Model for coordination of local measures to prevent crime and substance abuse (SLT)

SLT models for coordination have been established at municipal level to prevent crime and substance abuse and to strengthen municipalities' overall efforts to combat crime in general. The goal is to ensure that children and youth in each municipality receive the right help at the right time, from health and social welfare services that collaborate effectively across agencies and professional groups. SLT improves coordination and targeting of municipal and police resources that are already available.²⁴⁹

Outreach and ambulatory services

Outreach services make it possible to establish contact with children, youth and families before problems become insuperable. In many municipalities, close collaboration has been established between the child welfare service and municipal and other outreach services. Ambulatory teams and interprofessional consultative teams are other examples of measures that facilitate access to necessary expertise and assistance.

Partnership agreements

Many municipalities successfully establish systems for collaboration between municipal services, but encounter greater challenges in dealing with services at other levels of public administration. Oslo has established two agreements that describe how collaboration between the child welfare service, schools and day care centres is to function in practice. These agreements define minimum

standards of collaboration. These standards are intended to ensure that collaboration is clearly embedded in the respective services, to establish binding commitments and to highlight the responsibilities of each service. The purpose of the partnership agreement is to make it easier for day care centre employees to report any concerns to the child welfare service, and to help clarify the distribution of responsibility.²⁵⁰

Collaboration across different levels of administration may require a formal structure, such as partnership agreements and the establishment of joint forums for cooperation. To strengthen collaboration between the child welfare service and the health services, the Directorate of Children, Youth and Family Affairs and the Directorate of Health have drafted standardised partnership agreements between the health service and the central government child welfare service at national, regional and local level. The agreement template proposes local forums for collaboration and defines responsibility for follow-up and collaboration procedures.

Partnership agreement with the Norwegian Association of Local and Regional Authorities (KS)

Purposeful efforts to strengthen coordination between the child welfare service and other services are among the main topics covered by the partnership agreement between the Ministry of Children, Equality and Social Inclusion and KS. The role of KS in this work is to help transfer experience and raise awareness about effective models of collaboration.

Municipal action plans

Municipal plans of action may be used as a means of formalising collaboration between different municipal agencies on services targeting children and youth. A guide has been issued on the preparation of such plans. The Regional Centres for Violence, Trauma and Suicide Prevention will provide guidance and help municipalities to draw up

249 <http://www.krad.no/slt/modellen>

250 <http://www.utdanningsetaten.oslo.kommune.no/article248927-62569.html> (in Norwegian only).

action plans. The guide is to be launched as a web solution.

Collaborative efforts between the child welfare service and other agencies and education programmes

A number of collaborative initiatives have been established between government ministries in the field of child welfare. These efforts are described in Prop. 106 L (2012–2013), a bill on amendments to the Child Welfare Act.

The *Rammeplan for barnehagens innhold og oppgaver* (Framework plan for the content and tasks of day care centres) points out that each municipality must find appropriate solutions for collaboration between day care centres and the child welfare service. Efforts should be made to establish collaboration based on regular, formalised contact, on common goals in respect of children and on a sound knowledge of each other's tasks and work methods. Furthermore, Meld. St. 24 (2012–2013) *Framtidens barnehage*, a white paper on day care, states the following:

Ensuring optimal implementation of current rules and regulations so that they function as intended poses a challenge. Furthermore, systematic efforts must be made in all areas in future to enhance practical collaboration between day care centres and the child welfare service, including the reporting of cases. The Ministry of Education and Research and the Ministry of Children, Equality and Social Inclusion will jointly examine measures that can help strengthen collaboration between the child welfare service and day care centres. [...] The Government will help to ensure, develop and reinforce optimal collaboration with agencies of significance for day care centres.

Meld. St. nr. 16 (2010–2011) *Nasjonal helse- og omsorgsplan 2011–2015*, a white paper on a national health and care services plan, points out the importance of collaboration between public health clinics and day care centres on preventive activities, promotion of a good caring and learning environment and the follow-up of individual children who need help and support. In Meld. St. 18 (2010–2011) *Læring*

og fellesskap, a white paper on inclusive learning environments, it was proposed that provisions be introduced in the Day Care Institutions Act and the Education Act to make it clear that day care centres and schools are to participate in collaboration on the design and follow-up of measures and goals in individual plans. A proposed new provision specifying that schools must participate in collaboration on individual plans has been circulated for consultative comment.

Consideration will be given to the introduction of provisions on collaborative design and follow-through of individual plan measures and goals. This will be followed up in a general review of the Day Care Institution Act with appurtenant regulations, which will begin in 2013.

Individual plans

Under section 2-5 of the Patients' and Users' Rights Act, anyone who requires long-term, coordinated services under the Health and Care Services Act, the Specialist Health Services Act and the Mental Health Care Act is entitled to have an individual plan drawn up. These patients/users must also be offered a coordinator. This is not a statutory right, but a duty laid down in regulations for the municipality and the specialist health services.

Municipalities must draw up an individual plan for patients who require long-term, coordinated health and care services, and must offer them a coordinator; see sections 7–1 and 7–2 of the Health and Care Services Act. If the patient only requires long-term, coordinated specialist health services, the regional health authority is responsible for ensuring that an individual plan is drawn up and that the patient is offered a coordinator. The municipal coordinator and the regional health authority coordinator are responsible for ensuring the necessary follow-up of individual patients, coordination of services and cooperation with other service providers (as in the case of institutional care) as well as ensuring progress on individual plan work. In the municipality, the coordinator function is not restricted to a specific

profession, and the coordinator may work in sectors other than health and care services.

In the specialist health service, there are now coordinating units at two levels. There are units in all four health regions in addition to those at the regional health authority level. The regional units have established and operate permanent networks and meeting places for interaction between the coordinating entities in the municipalities and in the specialist health service. Dedicated websites have been developed where this information may be found.

12.3 CHALLENGES TO COOPERATION IN PRACTICE

Cooperation has its challenges. Different educational institutions and assistance services that play key roles in child-rearing and child care perform their duties in accordance with different laws and regulations, different work practices and methodologies, and different administrative and political decisions and management guidelines. The established division of tasks between services at the same administrative level as well as between the different levels may lead individual entities to view their primary function as providing service largely within the bounds of their particular organisation.

In 2009, a Government-appointed committee submitted a review of the organisation of public services for children exposed to violence or abuse and their parents.²⁵¹ The review listed seven main challenges which impede better coordination of services for children and youth at risk:

1. No one is responsible for coordinating services for users.
2. The threshold for access to mental health care is perceived as too high.
3. Systems for early intervention are lacking.

²⁵¹ Norwegian Official Report, NOU 2009:22: *Det du gjør, gjør det helt: Bedre samordning av tjenester for utsatte barn og unge* (Whatever you do, do it completely: Better coordination of services for children and young people at risk).

4. The tension between administrative levels is keen.
5. Fragmented legislation creates a lack of clarity for users and impedes collaboration.
6. Funding systems can hinder opportunities for cooperation.
7. Small municipalities face special challenges.

Based on these main challenges, the committee presented 15 concrete proposals for improving collaboration and coordination between services. Several of the committee's proposals are being followed up by various ministries, and a number of proposals have been put forward to realise the intentions of the committee's proposals.²⁵² Among them are proposals aimed at preventing confidentiality duties from hindering cooperation, ensuring that more children at risk of violence or abuse are identified and assisted, and strengthening collaboration between the child welfare service and mental health care services for children and adolescents.

Collaboration between different services such as day care centres and the child welfare service, day care centres and schools, public health clinics and the child welfare service, the family counselling service and the child welfare service is best achieved in ways other than by enacting additional legislation.²⁵³

Results of a nationwide inspection

In 2008, Norway's county governors and the Norwegian Board of Health Supervision jointly carried out a nationwide inspection to investigate how municipal health services, social services and child welfare services collaborated in following up children and adolescents at risk of violence or abuse. The inspection revealed inadequate cooperation in 90 of the 114 participating municipalities. Collaboration, it was found, was left too much to chance and to the initiative of individual services. Established

²⁵² Prop. L 106 (2012–2013) *Endringer i barnevernloven, bill on amendments to the Child Welfare Act.*

²⁵³ Meld. St. 24 (2012–2013) *Framtidens barnehage, white paper on day care.* See also the brochure *Bedre Tverrfaglig Innsats (BTI) overfor barn, unge og familier det er knyttet bekymringer til* (Better interprofessional efforts to help children, youth and families that give cause for concern). See: http://www.korusbergen.no/sitefiles/13/dokumenter/BTI_brosjyre_enk.pdf

cooperative procedures were not observed sufficiently and employees lacked knowledge of each other's services and of the potential for interagency cooperation. Reference is made in this connection to the duty of confidentiality, consent and the anonymised discussion of cases. Knowledge of other services is seen as important for making effective referrals and participating in cooperative activities. In the view of the Board of Health Supervision, it is primarily a management responsibility to ensure that interagency collaboration is not a haphazard occurrence or something left to individual initiative.²⁵⁴ In its summary, the Board of Health Supervision assesses the matter of facilitating, coordinating and following up interagency collaboration as extremely serious.

Cooperation takes time

One of the greatest challenges for collaboration and coordination is the time aspect. Efforts must therefore be made to provide optimal organisational conditions for collaboration and coordination in the best interests of the individual child and his or her family. Knowing which services should be involved in a case, being aware of the advantages of interagency collaboration, and having established a network of contacts in various services make it possible to save time. Attitudes and communication are also key elements of collaboration. It is therefore important to strive to achieve improvement in these areas. It is essential that individual employees are favourably inclined towards collaboration, that they share positive experiences of working with other agencies, and that they are eager to learn and accessible.

Violence and sexual abuse may affect children in many spheres of life. Consequently, they may need support and help from several different services over a long period of time, such as assistance from their day care centre or school, from the child welfare service and the police. The goal is to ensure that such assistance is integrated, coordinated and equitable, and that it is tailored to the needs of the individual child. Every service within the care, health, day care and school sectors must have a clear view of the overall needs of children and youth, and must respond to these needs across professional and organisational boundaries. The five Regional Centres for Violence, Trauma and Suicide Prevention (RVTS) play an important role in initiating and developing collaboration between all the relevant services in their regions.

254 Norwegian Board of Health Supervision (2009): *Utsatte barn og unge – behov for bedre samarbeid: Oppsummering av landsomfattende tilsyn i 2008 med kommunale helse-, sosial- og barnverntjenester til utsatte barn* (Vulnerable children and adolescents – a need for improved cooperation: Summary of nationwide 2008 audit of municipal health, social and child welfare services for vulnerable children), Board of Health Supervision and Ministry of Children, Equality and Social Inclusion.



13

EXPANDING KNOWLEDGE AND BUILDING EXPERTISE

A great deal is known about a range of topics relevant to this strategy document, but there are gaps. Research needs are reviewed in this chapter, as is, to some degree, the need for skills training in service agencies. Sometimes these are two sides of the same coin.

13.1 CENTRES OF RESEARCH AND EXPERTISE

Sexual abuse and various forms of violence against children and young people must be viewed in a larger context. Many of the youngsters in question are also exposed to neglect or other stresses, such as caregiver substance abuse or their own substance abuse. In recent years, the research community has become increasingly aware of such linkages. That is an important part of why three of Norway's regional mental health centres for children and youth have been merged with child welfare research development centres to create *Regional Centres for Child and Youth Mental Health and Child Welfare* (Norwegian acronym: RKBU).

The Norwegian Centre for Violence and Traumatic Stress Studies

The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) was created in 2004 by merging several smaller research bodies. The centre's activities include research and development, education and guidance and advisory services.²⁵⁵ NKVTS is funded by several ministries and managed in accordance with annual mission letters from the Health Directorate.

Regional Centres for Violence, Trauma and Suicide Prevention

Five *Regional Centres for Violence, Trauma and Suicide Prevention* (RVTS) have been created to strengthen regional expertise in the subject areas indicated by the name. The purpose of these centres is to enhance expertise and improve collaboration between sectors, agencies and administrative levels with a view to promoting more integrated services.²⁵⁶

Other relevant research groups

Norwegian Social Research (NOVA) has completed a substantial number of research projects on violence and sexual abuse against children.²⁵⁷

The Norwegian Institute of Public Health (FHI), the *Centre for Crisis Psychology* in Bergen and the *Alternative to Violence* (ATV) foundation have conducted research or skills development on violence and the sexual abuse of children and youth.

The Norwegian Knowledge Centre for the Health Services has recently developed knowledge-based procedures enabling health personnel to recognise signs and symptoms of maltreatment and sexual abuse of children.²⁵⁸

The infants and toddlers network at the *Regional Centre for Child and Adolescent Mental Health-Region East and South* performs research and disseminates knowledge about burdens facing young children. The centre focuses more on various forms of child neglect than on violence.

To improve services for children with serious behavioural problems, a development project was situated at the University of Oslo and in 2003 it became the *Norwegian Centre for Child Behavioural Development* (known in Norway as *Atferdssenteret*).²⁵⁹ The centre helps make sure that children and teenagers with serious behavioural problems, as well as their families and schools, receive assistance that is research-based, relevant, personalised and commensurate in its effect with the present level of knowledge. The centre conducts research, implementation, training and development of new methods applicable to serious behavioural problems. The effects of its most commonly used methods have been evaluated with good results.

13.2 RESEARCH NEEDS

Programme measures and methods used to help children exposed to violence and sexual abuse must have documented effect. In many cases, no documentation exists. It is important to acquire solid,

²⁵⁵ www.nkvts.no/Pages/Index.aspx

²⁵⁶ www.rvts.no/

²⁵⁷ <http://www.nova.no/id/15.0>

²⁵⁸ <http://www.kunnskapssenteret.no/Nyheter/Fagprosedyrer-for-C3%A5+avdekke+omsorgssvikt+og+seksuelle+overgrep+mot+barn.18150.cms> og "Sjumilssteget" <http://www.sjumilssteget.no/index.php/steg-4-vern-mot-overgrep/387-fagprosedyrer-for-a-avdekke-vold-mot-barn>

²⁵⁹ <http://www.atferdssenteret.no/>

research-based evaluations of field practice. On the other hand, we must not underestimate what practitioners themselves have experienced; it is important to systematise the lessons they have learned. Skills training should be connected to our overall foundation of knowledge, forming a basis for the future management and development of services.

As part of the follow-up activities to the white paper on preventing and combating violence in close relationships (Meld. St. 15 (2012–2013)), the Government will establish a research programme on violence in close relationships.

As previously discussed, what we now know about violent youngsters and abuse among peers has not been thoroughly systematised; nor have many countermeasures been tried out. Systematic knowledge is needed on preventive measures, forms of treatment and the results of interventions to help children and young people who have committed sexually abusive acts.

It is important to expose abuses and provide treatment to adolescents who commit abuse, because otherwise the severity of the offences may escalate. Abusers are identified because their abuses are discovered.²⁶⁰ We currently have no nationwide set of treatment services tailored to young people who have committed sexual abuses. The Government will therefore examine options for such services.

Specialists in the field are among those who have called for these services.²⁶¹ NKVTS has been commissioned to prepare a status report on the state of our knowledge about violence and abuse between young intimate partners as well as between siblings,

including those in large families and religious communities. This will tell us more about the risks facing children and youth.

Psychological and emotional abuse and violence against children require a greater degree of focus. NKVTS believes it is necessary to study domestic violence with a life-long and generational perspective. Preventive measures and treatments for people subjected to violence are also highlighted as topics ripe for research, along with the results achieved from existing methods.

Prevalence studies – violence and sexual abuse of children and youth

The only nationwide prevalence study covering both violence and abuse against youngsters in Norway is from 2007.²⁶² The study does not extend to psychological violence, threats or control – often key elements of abuse. Nor does the study cover offences that we know, from service agency referrals, some minority teenagers are likely to encounter, such as strong control, forced marriage, female genital mutilation and honour-related violence. Data collection, moreover, takes place in the final year of upper secondary school despite the fact that youths exposed to violence and abuse may be less likely to complete upper secondary school than their age group as a whole.

There is a need for additional prevalence studies, preferably to be repeated at intervals. Challenges relating to today's parental consent requirement for survey respondents who are minors must be resolved. If parents are violent or sexually abusive, they are unlikely to give permission for their children to be asked about such offences. In other countries, the research framework is different. We should continue to work on these questions in Norway.

260 Hermstad, K. (2006). *Forbrytelse og selvforståelse: Et bidrag til forståelsen av en gruppe menn dømt til fengsel for seksuelle overgrep, i lys av terapi, etikk og strafferett* (Crime and self-understanding: A contribution towards understanding a group of men sentenced to prison for sexual abuse, in light of therapy, ethics and criminal justice), dissertation, Norwegian University of Science and Technology, Faculty of Humanities, Institute of Archaeology and Religious Studies; Kjellgren, C. (2009): "Adolescent sexual offending: Prevalence, risk factors and outcome", doctoral dissertation, Lund University, Faculty of Medicine, Sweden.

261 Bendiksbj, O.H. (2008): *Å forstå unge overgripere: Tilknytningsstrategier og utviklingshistorie* (Understanding young abusers: Attachment strategies and development history), *Tidsskrift for Norsk Psykologforening*, (Vol. 45), No. 6, 735-738.

262 Mossige, S. and Stefansen, K. (2007): *Vold og overgrep mot barn og unge: En selvrappøringsstudie blant avgangselever i videregående skole* (Violence and abuse against children and youth: A self-report study among graduating upper secondary school pupils), Norwegian Social Research (NOVA), Report No. 20/2007.

Research needs and skills enhancement in the family counselling service

There is a need for research into the effects of different forms of assistance provided by Norway's family counselling service. The objective will be to establish professional standards for detection and treatment in cases involving violence in close relationships and child sexual abuse. Individual family counselling offices have tested models in various pilot projects, and the lessons learned in their development should fuel efforts to build on knowledge and skills.

The family counselling service's work to prevent honour-related violence

The Norwegian Directorate for Children, Youth and Family Affairs, in cooperation with RVTS-Region East, has carried out a programme that emphasises sensitivities to culture and trauma when dealing with forced marriage and honour-based violence. A national specialist group has been established. In 2012, the family counselling service's work countering honour-related violence was the subject of review, culminating in a recommendation to systematise and safeguard the quality of accumulated experience and knowledge.²⁶³

Data on violence and sexual abuse in particular circles

A topic about which there are no research findings is violence, and in particular sexual abuse, in closed patriarchal and religious communities. Some knowledge gaps are described in chapters 3 and 4. More focus is also needed on the abuse of children and young people with disabilities, and of sexual minorities. Additionally, we need to learn more about children and youth who commit sexual transgressions, and about women who sexually abuse minors.

263 Salole, L. (2012): *Familievernets arbeid mot tvangsekteskap og æresrelatert vold: Status og anbefalinger for fagutvikling* (The family counselling service's work to counter forced marriage and honour-related violence: Status and recommendations for professional development), commissioned by the Norwegian Directorate for Children, Youth and Family Affairs.

13.3 IMPROVING SERVICE SKILLS

For employees in child welfare, health care, day care centres and schools, it is important to develop a sharp eye for detecting children with difficulties. Employees must also recognise that it is not uncommon for teenagers to commit violent acts or sexual offences against other minors. These young people, too, need help and support. Employees of the relevant agencies must dare to initiate conversations about such issues.

Need for skills in the child welfare service

Supervisory procedures and employee surveys at municipal child welfare offices have revealed a need for greater expertise with regard to child violence, sexual abuse and case assessment.²⁶⁴ The evaluation of the child welfare administrative reform also identified a need to improve skills related to methods of meeting the needs of children exposed to violence and abuse.²⁶⁵

Health clinics and the school health service

Other service agencies, too, must boost their expertise in addressing such problems. Public health nurses say they have to turn away distressed children, and because of time constraints they are late delivering reports to the child welfare service and other agencies. It is particularly worrying that so many nurses in a recent survey reported that they do not have time for the conversations touching on sexual abuse that they are supposed to have with third-grade pupils.²⁶⁶ In a survey conducted by Save the Children Norway, public health nurses indicated a desire for greater cultural awareness and more skill

264 Riksrevisjonens undersøkelse om det kommunale barnevernet og bruken av statlige virkemidler (Auditor General's survey of municipal child welfare services and use of state resources), Document 3:15 (2011–2012); Norwegian Board of Health Supervision (2012): *Oppsummering av landsomfattende tilsyn med kommunalt barnevern 2011 – undersøkelse og evaluering* (Summary of national supervision of municipal child welfare services 2011 – examination and evaluation), Report 2/2012.

265 Myrvold et al. (2012): *Den vanskelige samhandlingen: Evaluering av forvaltningsreformen i barnevernet* (Difficult interaction: Evaluation of administrative reform in the child welfare service), Norwegian Institute for Urban and Regional Research, Report, 2011:25

266 www.sykepleien.no accessed 20 Feb. 2013. Out of 1,584 forms sent out, 566 replies were received.

in conversations about violence perpetrated against children.²⁶⁷

Dentists

Dental personnel have a unique opportunity to detect signs of abuse and neglect in children. The majority of abuse-related injuries occur to the head, throat and mouth – body parts with which the dentist has close contact. If dental hygienists or dentists suspect neglect or abuse, it is important that they speak up and report their concerns to the child welfare service.²⁶⁸ Raising awareness in the dental health profession is an important step.

Day care staff and teachers – how to detect abuse

Employees in day care centres, schools and after-school programmes must learn how to detect whether children are victims of violence or sexual abuse. Procedures should be established for employees to act on concerns that may arise, and to fulfil their duty to inform the child welfare service. Information about violence and sexual abuse must become an integral part of educational study programmes.

School counsellors are part of the school system's support structure for young people exposed to violence and abuse. The Ministry of Education and Research has commissioned the Norwegian Directorate for Education and Training to develop and strengthen continuing education programmes for school counsellors. The effort will be undertaken in close conjunction with programme providers.

More knowledge needed on alternative gender expression by children and youth

Children who behave and dress in violation of gender norms risk ostracism and harassment.²⁶⁹ In many parts of the health care, caregiving and school sectors, employees know little about children and young people who express their gender or sexuality in alternative ways. A positive preventive step may be for an expert in gender identity issues to visit the health facilities, schools and communities of the young persons in question. To date, this has occurred primarily at the initiative of physicians or transgender associations. A national, interdisciplinary resource team can provide these children and young people with a safer everyday environment at school and in their local community, given that the main challenge is that the community around them feels disturbed by their behaviour.²⁷⁰

13.4 INCREASING EXPERTISE THROUGH EDUCATION PROGRAMMES

In its white paper *Education for Welfare: Interaction as Key* (Meld. St. 13 (2011–2012)), the Government highlights the need to strengthen instruction about violence and sexual abuse in relevant study programmes. The white paper contains recommendations on how to improve such programmes so they meet the practical needs of the health care and social services professions. It is important to include more instruction on violence and sexual abuse in basic-level professional study programmes. Continuing education modules at the master's level are also under consideration.

A publicly appointed committee has reviewed study programmes and found deficiencies in several subject areas important to the field of children's

267 Bergrav, Silje (2013): *Tåler noen barn mer juling? En kartlegging av hjelpeapparatets håndtering av vold mot barn i minoritetsfamilier* (Can some children tolerate more beating? An overview of the social service system's handling of violence against children in minority families), Save the Children Norway report.

268 In consequence of section 33 of the Health Personnel Act. Since 2011, dental personnel have been required to report the number of concern notices from the dental health service to the child welfare service.

269 *Hva trenger barn og unge med alternativt kjønnsuttrykk – og deres familier* (The needs of children and young people with alternative gender expression – and their families), internal report prepared in 2012 by three family counselling offices and the Norwegian Directorate for Children, Youth and Family Affairs in 2012.

270 Benestad, E. E. P. and Almås, E. (2006): *Sexologi i praksis* (Sexology in practice), second edition, Oslo: Universitetsforlaget.

welfare.²⁷¹ Some of the curricula paid little attention to caregiver neglect, while others lacked focus on topics like child violence and sexual abuse.

Skills taught in basic educational programmes

To ensure effective coordination of measures to improve social services-oriented study programmes, a council of sector representatives has been established to discuss matters of principle and advise government ministries and other actors. The top priority ahead is to devise general measures relevant to a number of study programmes and disciplines.

Health and social studies education

One aim is to introduce common content into all basic health and social studies educational programmes. The purpose is to ensure that graduates have sufficient familiarity with the full spectrum of health and welfare services, including their legal and regulatory frameworks and major social challenges like violence and sexual abuse. Students should be trained to work in a user-oriented service environment and to learn processes that facilitate personal development, independence and proficiency among those they will later meet on the job.

Preschool, primary and lower secondary teacher education

Employees of day care centres, schools and after-school facilities must understand how to detect that a child is at risk of violence or sexual abuse.

Preschool staff should possess the skills necessary to notice children at risk and help them get the attention they require. The regulations pertaining to preschool teacher education, *Forskrift om rammeplan for barnehagelærerutdanning*, specify that students should be able to identify the special needs of individual children and quickly take action on the basis of sound professional judgement. It also requires that teacher education programmes emphasise the importance of understanding as well as cooperating and interacting with the home

environments of children and other agencies (sections 1 and 2).

A human resource development strategy for the preschool sector is to be formulated for the period 2014–2020. Children with special needs will be one of its four priorities. The strategy will seek to increase staff competence in areas related to social inclusion, multi-agency collaboration, diversity and early intervention. Measures under review involve both general and special-needs education.

In study programmes for teachers above the preschool level, one requirement in the course of study *Pedagogikk og elevkunnskap* (Teaching and pupil knowledge) is that students should have an understanding of children in grief and crisis, and of child abuse and other serious difficulties children may encounter.

Police education

The bachelor's programme at the Norwegian Police University College (NPUC) is divided into major areas of study. Violence in close relationships is one of many topics covered under the broad heading of investigation and operational disciplines. NPUC is developing new literature describing the police approach to violence in close relationships from a legal perspective. Instruction is provided in the rights and duties of the parties involved. Violence in close relationships is one of very few subjects linked to specific training exercises and work requirements in the final year of study. During their practice year, a number of students are placed in crisis shelters or other institutions where domestic violence is in focus.

Expertise through continuing and further education

Some continuing education programmes today deal with violence and sexual abuse, but a more systematic approach is needed. A special course of study in violence and sexual abuse will therefore be established at the continuing education level and offered to professionals in the field.

271 In Norwegian Official Report, NOU 2009: 8, *Kompetanseutvikling i barnevernet: Kvalifisering til arbeid i barnevernet gjennom praksisnær og forskningsbasert utdanning* (Skills enhancement in the child welfare service: Qualifying to work in child welfare through practice-related and research-based education).

Violence in close relationships

Østfold University College is an example of an institution offering a one-year, part-time continuing education programme on violence in close relationships. Buskerud University College offers continuing education in “Domestic violence, human rights and professional ethics,” designed to enhance student understanding of trauma as well as the complexity and scale of its potential consequences. Students are taught that trauma may affect a child’s ability to function and develop mentally, physically and emotionally, with repercussions for later relationships and quality of life. The programme will also contribute to a better understanding of honour-related violence, female genital mutilation and forced marriage. One important aspect of the programme will be to explore how cultural values may affect perceptions of issues related to violence in close relationships; another will be to increase students’ awareness of their own attitudes towards vulnerable families or individuals. Interprofessional cooperation and the roles and legal responsibilities of different agencies will be a recurrent theme.

Psychosocial education

The master’s-level programme in psychosocial work at the University of Oslo is a continuing education programme that meets many of the needs of practitioners. During three years of part-time study, it provides an in-depth understanding of suicide prevention, substance abuse and addiction problems, and violence and traumatic stress. Programme enrollees with practical experience strengthen their ability to do practical and scientific work in these three areas.

School counsellors

School counsellors in cooperation with school nurses and school physicians form part of the school support system for children and young people exposed to violence and abuse. Commissioned by the Ministry of Education and Research, the Directorate for Education and Training will develop and strengthen continuing and further education opportunities for school counsellors. In fulfilling this mission the directorate will collaborate with the providers of relevant education programmes.

Continuing education in law enforcement

New study programmes are under development. Violence and abuse will be covered in the basic course on advanced general investigation, and will constitute one of several key subjects in the study of violence.

Expertise on childhood issues, law, investigation and interrogation techniques are needed when carrying out interviews with children and youth. A continuing education programme is also offered on the investigation of sexual crimes.

The Norwegian Police University College provides extensive structured training for people who carry out judicial interviews. This continuing education programme is based on research findings and proven methods of questioning children and youth. Building on this basic-level programme, NPUC will later offer a more advanced course in questioning preschool children and persons with developmental or other disabilities.

Upgrading skills in the courts

Judges must possess expertise on issues related to social diversity in order to safeguard legal protections. In 2012–2013, the National Courts Administration initiated a skills programme on vulnerable children that includes violence and substance abuse issues.²⁷² The target groups are judges, lawyers and court experts. One issue to be studied is just what knowledge judges need to have in order to administer legal protections. Key topics include how best to uncover violence and sexual abuse, and whether the best interests of the child are now given sufficient weight in violence and abuse cases.

What the experts know

Experts often play an important role in court decisions related to Norway’s Children Act and child welfare matters. Psychologists and other specialists who take on assignments for the child welfare service, the county social welfare boards and the

²⁷² Work supported by the Ministry of Children, Equality and Social Inclusion; see Measure 23 in the Government’s 2012 action plan against violence in close relationships.

courts must have thorough knowledge about various forms of violence against children. In child welfare cases, reports prepared by these experts are quality-controlled by a Commission on Child Welfare Experts. That is the case whether a report is ordered by the child welfare service, the county board, the court or the private parties involved.

Skills enhancement on county social welfare boards

County social welfare boards make decisions on enforcement matters in accordance with the Child Welfare Act and the Municipal Health Services Act. Children and families involved in county board cases are in a highly vulnerable situation. County social welfare boards must have solid expertise to handle the many complex and challenging cases they get.

13.5 CHILDREN'S HOUSES AND OUT-OF-COURT JUDICIAL INTERVIEWS

In society's handling of issues concerning violence and sexual abuse, the police have a key role to play. Sexual abuse and violence in close relationships are priority issues for police administrators at both the national and local levels. It is vitally important that police staff have the knowledge required to deal with these issues in a good way. Special challenges arise when interviewing children and adolescents in official proceedings. The police encounter youngsters as witnesses, victims and suspects, both in acute situations and in the course of investigations.

Judicial interviews at Children's House

Some Norwegian child advocacy centres, known as Children's Houses, have special expertise in extended forensic interviews (*sekventielle avhør*) for the questioning of very young children. In the report *Avhør av særlig sårbare personer i straffesaker*, on methods of interviewing vulnerable persons in criminal cases, a proposal is made to discontinue the forensic observation system with regard to such children, as it has barely been used since 2004.²⁷³ Good alternatives must therefore be instituted.

²⁷³ http://www.regjeringen.no/pages/38085154/Rapport_dommeravhor.pdf

Skills development and training in extended forensic interviewing will help to ensure that the needs of the youngest victims are addressed appropriately.

From 2010 the National Criminal Investigation Service (NCIS), in collaboration with Children's House Bergen, tried out an alternative method of interviewing preschool children. Testing of the method has continued in a joint project involving the NCIS, the Norwegian Police University College and the Children's Houses. So far the experiences have been positive, and the method appears to give preschool children more opportunity to tell whether they have been exposed to abuse. Special instruction in this methodology is scheduled to begin at the police college in the autumn of 2013.

An evaluation of the Children's Houses shows that the goals established for them have, overall, been achieved. Children interviewed at a Children's House are better cared for than those who undergo questioning at a police station or district court. The approach has also resulted in a greater degree of collaboration between law enforcement and the courts on the one hand and the treatment agencies on the other. Other probable effects include a skills boost in the human services network and greater awareness among the general population. As regards a lack of consistency in case procedures, the researchers believe more work is required. Children's House centres need role clarification as well as guidelines for the tasks they are supposed to accomplish in the different phases of work. In the evaluation, employee training is proposed for Children's House staff as well as the lawyers and police officers involved in conducting judicial interviews at Children's Houses.²⁷⁴

The number of judicial interviews of children and adolescents under 16 has increased sharply in recent years. Partly as a consequence, the waiting time to conduct judicial interviews in many places is far too

²⁷⁴ Stefansen et al. (2012): *Barnehusevalueringen 2012 – del 2: En undersøkelse blant barn og pårørende, jurister og politifolk, samt ledere og ansatte* (Children's House evaluation 2012 – Part II: A survey among children and families, legal practitioners and police, managers and staff), Norwegian Social Research (NOVA) Report 9/12 <http://www.nova.no/id/25907.0>

long, a holdup that is primarily a matter of police capacity shortages. The most important factor in conducting judicial interviews within a given timetable seems to be the staffing levels of skilled interview personnel. Among measures initiated to remedy the situation is the Norwegian Police University College's increased capacity for teaching judicial interviewing skills, from 15 students in 2010 to 48 in 2012. The programme takes 10 months to complete and will in time boost police expertise in this kind of questioning. In addition, the Oslo police district has begun a number of local initiatives and strengthened its violence and sexual offences unit by 10 positions. Ten additional positions will be added from July 2013.

In the Oslo police district, where the waiting time is longest, an analysis is planned of all the cases for which judicial interviews have been scheduled or completed. The purpose is to identify the reasons for delays and deadline violations. Developments in this area are being closely watched, and the National Police Directorate will be reporting regularly on the situation. To improve the visibility of work performed at the Children's Houses, including a statistical overview, a common annual report for all of them is to be prepared from 2013.

13.6 DIGITAL COMPETENCE

With the increasing presence of interactive electronic media, we must acquire a more complex and differentiated understanding of children as media receivers and users. Children are players, co-players, producers and distributors of media content. This diversity of roles challenges our way of developing methods to protect and inform children. Each individual's opportunity to use media safely depends on information and knowledge.

Protecting children is no longer just about regulating their access to potentially harmful types of media content. Just as necessary are attitudinal and awareness campaigns to reduce the chance of children and young people themselves becoming the producers and distributors of potentially harmful

content. Efforts to raise awareness must be tailored to the media habits of different age groups.

If parents restrict children's access to the Internet, fewer kids will be exposed to risks and negative experiences. On the other hand, children with limited access to the Internet develop less competence and fewer online skills. That itself may represent a risk of abuse. It is important in any case for parents to keep track of what their kids are doing online as well as whom they chat with and whom they meet.²⁷⁵

Children's responsibility

In Norway a well-established network is in place that strives to make the Internet safer for users. Minors have an obligation of their own to be responsible web users. Children and young people must learn that it is not true that anything goes on the Internet or in mobile phone communications. Bullying, harassment and the spreading of images without permission are unacceptable, and young people need instruction about the issues involved.

Parents' responsibility

The results of *Barn og medier 2012*, a survey of children's digital media use, suggest strongly that parents have a poor idea of the extent of their children's Internet use. Children report that they spend a lot of time alone on the web, and every fourth child says he or she has been online without permission. Parents are more likely than kids to say that they are often present while their children surf the web. The parents also reported that they checked the use of filtering and blocking software and log files more frequently than children reported that their parents did. Almost all the parents in this study believed they knew, for the most part, how their kids used the Internet, while half of the children said their parents knew little about their online lives. A third of parents reported that they talk little or not at all to their kids about safe Internet use, and almost eight out of 10 parents thought it was very important for schools to teach children how to navigate the Internet safely. Half the parents said they themselves

²⁷⁵ In 2012, Save the Children Norway prepared *Sårbar og søkende* (Vulnerable and searching), a guide to talking to young people about their online social lives.

know too little about the subject, and could use more information about safe usage of the Internet, games and mobile telephones.²⁷⁶

Schools' responsibility

Digital skills are essential for building powers of resistance. Disparities in children's ability to deal with online risk situations correspond to some extent with economic divides. Equalising access to, and knowledge of, the Internet is therefore an important school function. This is a challenge that must be viewed in the context of variables in living conditions. For children under the care of the child welfare service, it is especially important to be met with understanding and knowledge by school staff, so as not to be excluded from what children consider an important social arena.

The ability to make the Internet a safe place for all users must be further developed. Critical thinking and the development of good judgement empower children and adolescents, increasing their ability to reject queries and solicitations. Schools have an important role to play in this context. EU Kids Online believes the creation of positive online content for children should be a top priority. Social networks must either ensure that the age limits now in place actually work or remove them altogether and recast their services to suit the youngest age groups.²⁷⁷

School efforts to prevent online bullying and harassment are also important. Some pupils may need follow-up even after the bullying has stopped. In some cases, the follow-up may involve health care services. School health services are therefore critical. It is important that staff members can recognise the symptoms of bullying and understand when it is appropriate to refer pupils for additional services.

For pupils, schoolwork increasingly involves navigating the Internet. Norway's "Knowledge Promotion" (*Kunnskapsløftet*) educational reform from 2006 emphasised specifically that digital tools

be included in the basic skills students learn at school, in all subjects. In the revised curriculum for social studies, applicable from the 2013-14 school year, Internet savvy and etiquette are highlighted as competence goals. Section 9a of the Education Act requires schools to promote a psychosocial environment in which individuals feel safe and socially included, as well as to work actively and systematically to prevent bullying. Instructional programmes for teachers have been developed.²⁷⁸ Informational campaigns have also been launched, including online materials and live presentations for pupils and parents. Several websites have been established to inform children and young people about their rights in a digital world, and about what they can do to protect themselves against the negative aspects of digital technology.

13.7 PROJECTS, PROGRAMMES AND METHODS

Safer childhood

The therapeutic method *Tryggere barndom* (Safer childhood) focuses on children's experiences of conflict and violence, and requires their direct participation. Safer Childhood is being implemented by various agencies as a pilot project. The objective is to establish transferable standards for the model so it can form the basis for services nationwide.

HandleKraft

In 2013, the programme *HandleKraft* (Power to act) is being implemented in all state child welfare institutions, foster care services and care centres. It is a module-based competency programme on the psychological, physical and sexual abuse of children and young people. The programme will qualify as and encourage high-quality care service options for children and young people. It will also strengthen approaches that have a preventative effect while facilitating an empathic understanding of the difficulties in coping, behaviour and self-control faced by abusive children and youth. One of the modules

²⁷⁶ http://www.medietilsynet.no/PageFiles/8704/100319_De1_1.pdf

²⁷⁷ EU Kids Online recommendations: <http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/D7.pdf>

²⁷⁸ www.Dubestemmer.no

in the training programme focuses on abuse committed by young people/peers.²⁷⁹

The programme is designed for the state child welfare service but contains professional knowledge and practical skills that may also be relevant to other agencies. Consideration should be given to whether the programme can be adapted to the municipal child welfare service as well as to schools and public health clinics. Other relevant applications may include full-time service facilities for children and adolescents such as asylum reception centres, institutions for children with mental or physical disabilities and care homes for children with other special needs. *HandleKraft* may also be considered for adaptation and use by professional study programmes that prepare students to work in child welfare, day care, health clinics and schools.

PRIDE advanced training

PRIDE is a programme used in the recruitment and training of foster parents. In 2010, PRIDE's advanced-level course titled "How to understand and help child victims of sexual abuse" was offered to foster parents through Bufetat, the state agency for children's and family affairs. The course is tailored for foster parents of children with abuse experience as well as for foster parents without such children.

Sexual minorities and Pink Competency

Pink Competency is a teaching programme developed by the Norwegian LGBT Association (LLH). The aim is to increase knowledge about being a lesbian, gay, bisexual or transgender person (LGBT) in school. The target groups are teachers, administrators, school health service providers and pupils. Pink Competency is now being offered to other service agencies as well. The programme is being tested at five child welfare institutions and care centres. The lessons learned in the pilot project have been valuable. Whether to implement the project nationally in child welfare institutions, care centres, foster care services and reception centres is something to be considered.

279 See www.handle-kraft.no. The programme has been developed by RVTS-Region South for the Norwegian Directorate for Children, Youth and Family Affairs.

In 2011, a national centre for sexual orientation and gender identity was established in Norway. This LGBT Knowledge Centre is a pioneering effort, and Norway is a global leader in the field. The only similar state-run centre is in the Netherlands.²⁸⁰ In Oslo, meanwhile, a public health clinic for lesbian, gay, bisexual and transgender youth has also been established.

Sex week

Sex Week (*Uke sex*) is an easily adaptable supplement to a school or school health service's own teaching materials on sexuality. In addition to the instructional material, a dedicated website for pupils has been developed along with a teacher's guide to the website and the means to participate in a special campaign week.²⁸¹

"Bring up your concerns" project

This project (*Ta opp uro*) is aimed at staff in schools, day care centres and public health clinics. The intention is to strengthen their skill at raising concerns with parents at the earliest possible stage, as well as to encourage better interaction between professionals. Training is to be provided in a dialogue- and network-based method developed at the National Institute for Health and Welfare (THL) in Finland. Norway's Agder Research has evaluated use of the programme in a city district of Kristiansand.²⁸² The results clearly suggest that participants feel more secure in bringing up their concerns, especially in conversation with parents and guardians but also with colleagues in other agencies. Oslo's Søndre Nordstrand district is among the jurisdictions that have employed the project.

Bullying programme

The Regional Centre for Child and Youth Mental Health and Child Welfare-Region West (RKBU-Vest)

280 <http://www.bufetat.no/bufdir/lhbt-senteret/> See also the Government's action plan *Bedre livskvalitet for lesbiske, homofile, bifile og transpersoner 2009-2012*, on improving quality of life among lesbians, gays bisexuals and transgender persons, and the City of Oslo's public health clinic services for LGBT young people aged 13-30 (Grünerløkka district).

281 http://sexogpolitikk.no/uke_sex/

282 *Fra uro til trygghet: Evaluering av opplæringen i «Ta opp uro»-prosjektet i Kristiansand* (From concern to security: Evaluation of training provided in the Ta opp uro project in Kristiansand), Agder Research, Project Report No. 7/2012.

will seek to implement and quality-assure the Olweus programme, as well as to research school bullying in general and the effects of the programme in particular.

Centres of expertise, projects and methods dedicated to countering violence and sexual abuse have been discussed in this chapter. There is a great deal of activity in the field, but a further strengthening of efforts could bear fruit. The skills needed are identified throughout the document. Knowledge gaps are apparent with regard to abuse committed against young people in certain minority groups, whether to do with disability, gender expression, religion or immigrant background. Wherever such identifiers overlap, extra attention is required. Gay young people with a Muslim background, for example, are particularly vulnerable, according to the organisation Queer World.

It is very important that everyone whose work brings them into contact with children and adolescents learn to interpret signs of violence and abuse. Few at-risk youngsters choose to tell what is going on without being asked. As a result, the subject matter must be integrated into professional study programmes. Service agencies, meanwhile, have a responsibility to offer continuing education to their employees.

USEFUL WEBSITES

www.ung.no

www.nkvts.no

www.rvts.no

www.bufdir.no

www.udir.no

www.imdi.no

www.krisepsyk.no

www.ungsinn.uit.no

www.mentalhelseungdom.no

www.barnevernet.no

www.statensbarnehus.no

www.116111.no

www.jegvilvite.no

www.atv-stiftelsen.no

www.reform.no

www.tryggbruk.no

www.korspåhalsen.no

www.slettmeget.no

www.nettvett.no

www.bruehue.com

www.medietilsynet.no

www.dubestemmer.no

www.telenor.no

www.barnevakten.no

www.smiso.no

www.lmsso.no

www.fmsso.no

www.noabuse.no

www.incest80057000.no

www.kirkens-ressursenter.no/

www.selvford.no

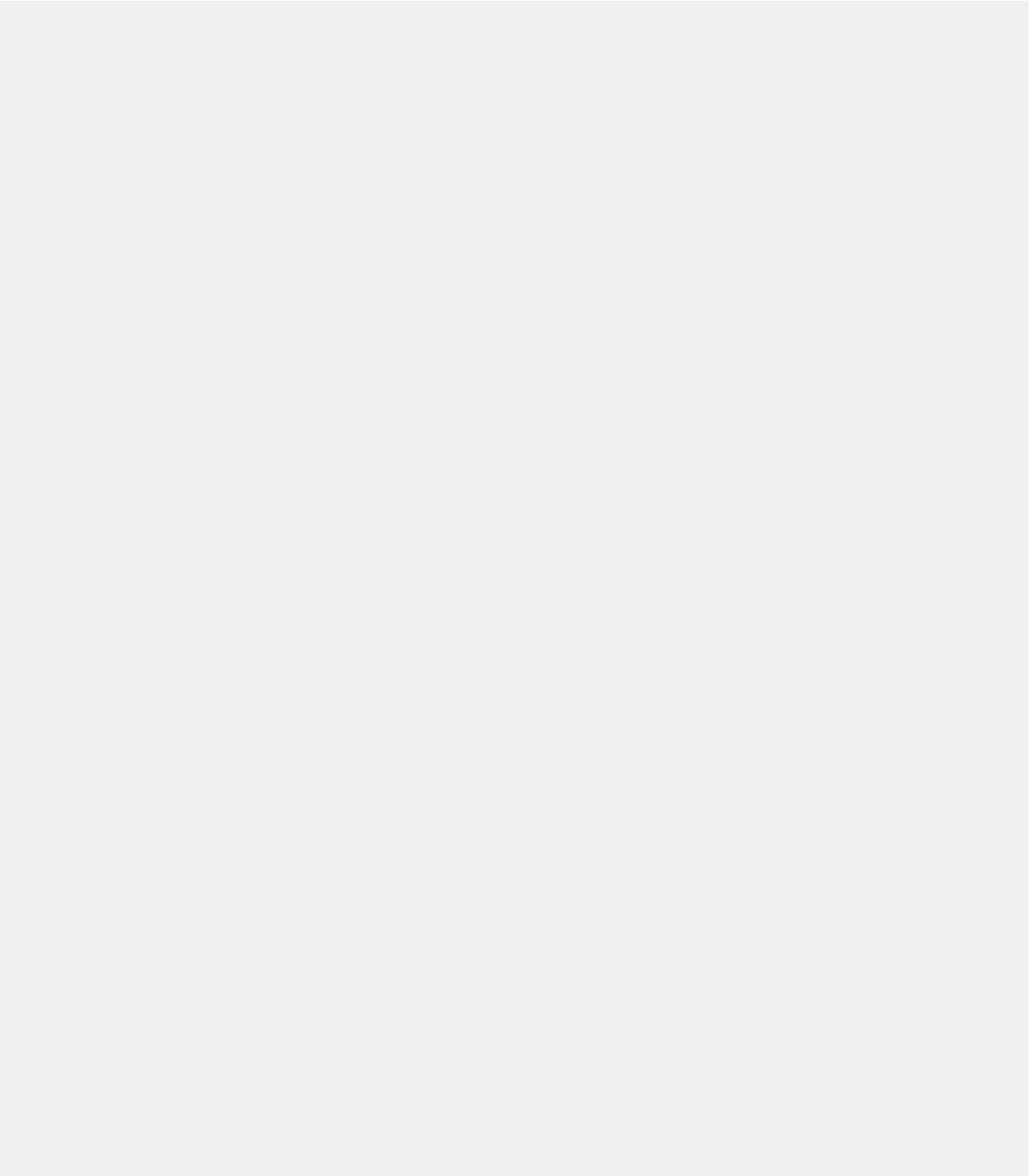
www.rodekors.no/tvangsekteskap

www.tvangsekteskap.no

www.nohatespeechmovement.org

www.wikiprevent.no

www.fhi.no



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