



**Bachelor of Science**

**Department of Psychology**

Child Protection Services 'Experience of Barnahus Services and Service Delivery in  
Iceland

**May, 2024**

**Students:** Bryndís Arna Bridde & Hekla Björk Hreggviðsdóttir

**ID number:** 200500-2610 & 070698-3589

### **Foreword**

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavík University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

### Abstract

This study examined the experience of Child Protection Service (CPS) staff regarding the quality of the services provided by Barnahus to child abuse survivors and their families in Iceland. Participants were 54 CPS workers in Iceland, working in the capital area ( $n = 26$ ) and outside of the capital ( $n = 28$ ). Demographic information such as gender and age were omitted to maintain confidentiality, given the limited sample size of some CPS providers outside the capital area. An online survey comprising 14 questions was distributed by email to every CPS worker in Iceland who had worked on a CAS case to gather quantitative data. Descriptive statistics and independent sample t-tests were used to test the hypothesis and research question. Results showed that participants who answered the question regarding the quality of the Barnahus services and service delivery were overall very positive ( $n = 49$ ,  $M = 9.39$ ,  $SD = 1.30$ ). However, participants who lived in the capital area were significantly more positive than those living in rural areas regarding effectiveness ( $p = 0.009$ ), accessibility ( $p = 0.002$ ), and referral process ( $p = 0.042$ ). This study is the first of its kind in Iceland, emphasizing the need for further research on this sensitive and important topic.

*Keywords:* Barnahus, abuse survivor, Child Protection Service (CPS), multidisciplinary team (MDT), abuse

### Útdráttur

Í þessari rannsókn var upplifun starfsfólks Barnaverndarstofu á þjónustu Barnahúss skoðuð. Sú starfsemi sem fer fram í Barnahúsi, er einungis fyrir börn sem eru þolendur ofbeldis og fjölskyldur þeirra á Íslandi. Þátttakendur voru 54 starfsmenn Barnaverndarþjónustu á Íslandi, starfandi bæði á höfuðborgarsvæðinu ( $n = 26$ ) og úti á landi ( $n = 28$ ). Ekki var spurt um kyn og aldur vegna lítils úrtaks og persónugreinanlegra gagna. Gögnum var safnað á þann hátt að spurningalisti sem samanstóð af 14 spurningum var sendur út á alla starfsmenn Barnaverndar sem unnið höfðu með Barnahúsi. Tíðnitöflur og óháð T-próf var notað til að prófa tilgátuna og rannsóknarspurninguna sem settar voru fram. Niðurstöður úr tíðnitöflum sýndu að þátttakendur sem svöruðu spurningunni sem sneri að upplifun á þjónustu sem fer fram í barnahúsi voru almennt jákvæðir ( $n = 49$ ,  $M = 9.39$ ,  $SD = 1.30$ ). Þátttakendur sem starfa á höfuðborgarsvæðinu voru marktækt jákvæðari varðandi skilvirkni og þjónustu starfsfólks í Barnahúsi gagnvart Barnaverndarstarfsfólki ( $p = 0.009$ ), aðgengi starfsmanna ( $p = 0.002$ ) og tilvísunarferlinu ( $p = 0.042$ ). Þessi rannsókn er sú fyrsta sinnar tegundar á Íslandi, sem undirstrikar þörfina á frekari rannsóknnum á þessu viðkvæma og mikilvæga málefni.

*Lykilhugtök:* Barnahús, brotápoli, Barnaverndarþjónusta, þverfaglegt teymi, ofbeldi

## **Child Protection Services ‘Experience of Barnahus Services and Service Delivery in Iceland**

Childhood is supposed to be an idyllic time of innocence, play, love, and security. However, this is not everyone's reality since many children experience abuse, and child abuse has been a pervasive social issue across time and space (Fernandes et al., 2024). Child abuse encompasses various emotional and/or physical ill-treatment, negligence, sexual abuse, and commercial or any other form of exploitation (World Health Organization, 2022). When a child experiences abuse, it is important to ensure the child's well-being during the investigation process by preventing repeated interviews in different locations with different people. Moving the child back and forth between agencies for multiple interviews can cause retraumatization (Haldorsson, 2019). Furthermore, it is essential to ensure that child abuse survivors (CAS) and their families receive appropriate services. Thus, collaboration across multiple agencies is critical to the proper investigation and treatment of child abuse cases (Tavkar & Hansen, 2011).

Child abuse can have a negative impact on a child's development, relationships, maturity, and lifespan (Saywitz et al., 2015). The consequences of abuse can be long-lasting and harm children's quality of life (World Health Organization, 2022). Children who have experienced abuse are at a significantly higher risk of developing post-traumatic stress disorder, anxiety, depression, and other chronic psychological difficulties (Ólafsdóttir, 2011). Therefore, CAS must receive psychological assessment and treatment to help them cope with the abuse (Ólafsdóttir et al., 2011). For the CAS to disclose the abuse, and for the case investigation to proceed effectively, the child needs to experience trust, security, and respect during the investigation process (Johansson, 2012).

### **Child Advocacy Center**

As child abuse can exist in many different forms, it is crucial to recognize the different needs of survivors of various types of violence (Tavkar & Hansen, 2011). The Child Advocacy Centre (CAC) model was created in response to a rise in complaints of CSA cases and the growing demand for a multidisciplinary approach in the investigation and treatment of child abuse (Herbert & Bromfield, 2016). Iceland was the first European country to open a CAC center in the late 1990s, called Barnahus (i.e., Children's House in Icelandic) (Haldorsson, 2019). When agencies investigating child abuse fail to coordinate, crucial information can get lost, leading to wrong decisions and mixed messages for families (Lalayants & Epstein, 2005). Therefore, in reaction to the failure of the child protection method and conventional law enforcement regarding child abuse cases, the CAC model was created in the United States in 1985 (English & Pecora, 1994). The main purpose of the CAC was to create a multidisciplinary model by assembling a team composed of child protective services, criminal justice, law enforcement, mental health, and medical professionals, all working and collaborating towards the same goal under one roof (National Children's Alliance, n.d.).

### **Barnahus**

According to the Icelandic Child Protection Law, every person's indisputable obligation is to report any suspicion of abuse and or neglect to CPS (Barnaverndarlög No. 80, 2002). Based on that report, CPS should request Barnahus' services, bearing the child's best interests and well-being in mind (Stefansen et al., 2017). To support Iceland's CPS in its investigation of child abuse, Iceland adopted the CAC model from the United States, which was recognized as an example of best practices (Rasmusson, 2011).

Barnahus is a government-run institution located in Reykjavik, Iceland, with a satellite facility in Akureyri, located in the north of the country. With that being said when

CAS living away from Reykjavik or Akureyri, needs further service from Barnahus, they may have to travel long distances to receive the service (Ólafsdóttir et al., 2011). Barnahus provides child-friendly services and support to CAS' between 3.5 and 18 years old, who have experienced abuse. The Barnahus service and service delivery aims to create a safe and supportive environment for children during the investigation and treatment of child abuse (Johansson, 2012). CPS plays a critical role in this collaboration as CPS workers are the case managers and follow child abuse cases from suspicion to completion of psychological treatment (Haldorsson, 2019). In every municipality across Iceland, there are CPS services that ensure that children and their families receive appropriate assistance. When child abuse is reported, CPS determines whether or not the child needs further service in Barnahus and whether police involvement is necessary (Pereda, 2021). This is the main justification for why CPS and Barnahus' cooperation must be coordinated. Individuals can report child abuse cases to CPS or at a police station, and a judge or CPS can refer cases to Barnahus (Tavkar & Hansen, 2011).

Since Barnahus was established, its model has gained recognition and has been adopted in various forms in several European countries (Barnahus Network, 2024). The European Barnahus standards are a set of guidelines and principles aimed at standardizing and improving the approach to child-friendly and multidisciplinary services for CAS and witnesses of violence in legal proceedings (Haldorsson, 2019). The Barnahus' approach is two-fold: prioritizing the well-being and rights of CAS, while also preserving the investigative interests of the accused for a fair trial (Pereda, 2021). Barnahus offers nationwide service, so survivors are not required to travel to the capital to receive treatment. However, forensic interviews are carried out at Barnahus in Reykjavik or Akureyri (Ólafsdóttir et al., 2011). When a child is suspected of being abused, and the case is referred

to Barnahus, the following procedures take place: (Dr. Paola Cardenas, personal communication, December 15, 2023):

1. Forensic interviews are conducted by specialized staff who have received training in evidence-based forensic interviewing protocols. There are two types of forensic interviews: exploratory and investigative. Exploratory interviews are conducted at the request of CPS when a police investigation is unnecessary. On the other hand, investigative interviews are conducted in cases where there is a police investigation. During the interview, a presiding judge is accompanied by a social worker, the police, prosecution, defense attorneys, and the child's advocate in a separate room. The interview is videotaped for several purposes, including child protection and criminal investigation, and can serve as court testimony during the main proceedings in case of indictment.
2. A medical evaluation is provided for forensic investigation and psychological treatment purposes to ensure the child's physical health and recovery.
3. Trauma-focused psychological therapy is provided to treat the consequences of the trauma experienced by the child and support non-offending family members and caregivers. Psychological treatment can take place in the child's hometown.
4. The needs of the CAS and family members are assessed by CPS, followed by ongoing measures to ensure their well-being.
5. Lastly, the Icelandic Barnahus provides phone consultations to individuals and professionals working with children, concerning the next steps to be made if suspicion of abuse occurs (Dr. Paola Cardenas, personal communication, May 2, 2024).

By following this process, Barnahus and CPS not only protect the CAS's well-being, safety, and rights but also share high-quality standards that have inspired other countries to follow this approach (Ólafsdóttir et al., 2011).

### ***Psychological treatment and forensic interviews***

Studies have shown that the world is confronting a severe increase in sexual violence as a global public health problem (Fernandes et al., 2024). As societal expectations regarding children's agency, competence, and participation undergo evolution, the traditional focus solely on memory and suggestibility outcomes in interviews may no longer suffice. With growing child involvement in various legal contexts, the significance and urgency of socio-emotional factors, such as interpersonal rapport, become more pronounced. Therefore, it is crucial to customize approaches to each case, ensuring that interviews are as effective as possible (Saywitz et al., 2015).

Trauma-focused cognitive-behavioral Therapy (TF - CBT) is an effective way of treating CAS who have been sexually abused, including those who have experienced multiple traumatic events (Cohen, 2004). TF-CBT combines trauma-sensitive approaches with established CBT principles. Key components of TF - CBT include psycho-education, affective modulation skills, stress management, creating a trauma narrative, cognitive processing, safety skills, education about healthy sexuality, and a parental treatment component (Cohen, 2004).

Investigations into these cases can be extremely delicate, and the CAS' testimony is essential because physical evidence of abuse might not always be visible. To counteract retraumatizing the child, a forensic interview is done by a professional following an evidence-based protocol (Fernandes et al., 2024). The forensic interview is a conversation with a child that is neutral, developmentally, and culturally appropriate and is designed to obtain comprehensive information about a probable event(s) that a child may have



encountered or observed (La Rooy et al., 2015). The forensic interviewing protocols used in the Icelandic Barnahus are evidence-based protocols developed from research on interview techniques, child development, and other related topics. To secure reliability, accuracy, and the protection of the CAS' rights during interviewing, it is essential to use an evidence-based interview protocol. It not only promotes effectiveness in both legal and investigative processes but also ensures the legal admissibility of all evidence (La Rooy et al., 2015).

No research has been conducted on the experience of CPS staff regarding the efficacy of the services and service delivery provided by Barnahus in Iceland. Their insights are essential for improving the quality of the service offered by Barnahus as they play the role of case managers in child abuse cases in Iceland, and according to Child Protection Law are responsible for investigating any suspicion of abuse (Fayolle & Wright, 2014). The current bachelor's thesis describes a survey study conducted in Iceland to explore the experience of Child Protection Services (CPS) workers with services and service delivery provided at Barnahus, a multidisciplinary agency for CAS and their families.

The current study proposed one overall research question and one hypothesis. The research question was: How do CPS workers (i.e., case managers) experience the services at Barnahus (i.e., the referral process, forensic interviews, psychological treatment, and telephone consultation) and the service delivery (i.e., such as professionalism, efficiency, accessibility, and cooperation)? The hypothesis put forward was: CPS workers located in the capital area will have a more positive perception of Barnahus services and service delivery when compared to those working outside the capital area.

## **Method**

### **Research Design and data analysis**

The independent variable in the study was the location of social workers, working in the capital of Iceland, Reykjavik, and outside of the capital area. The dependent variables

were various questions on their experience of the quality of service provided by Barnahus.

The design used for this current study was a cross-sectional online quantitative survey.

The Statistical Package for the Social Sciences (SPSS) computer program, version 28, was used to evaluate the survey data and perform the statistical analysis. Descriptive statistics and independent sample t-tests were performed to test the hypotheses. The alpha level of significance was set at .05.

### **Participants**

In this study, participants were CPS workers in Iceland. The participants work both inside and outside of the capital region. Although the participant's gender and age were not specified, due to the small sample size, it is safe to assume that most were female, as most social workers working for CPS in Iceland are. Dropout was limited, with 58 individuals initiating the survey and 54 CPS employees completing it. However, it is still unclear if the four participants who were marked as missing value went back and finished the survey. There were slightly more participants living outside of the capital, 52% ( $n = 28$ ), than in the capital area, 48% ( $n = 26$ ). The online survey was sent to participants through email. At the commencement of the survey, participants were presented with an informed consent text, which explained the purpose of the survey and explicitly stated that participation involved confidentiality and the option to withdraw at any point during the survey. Furthermore, participants were informed that their participation was important as it could help improve the service and service delivery at Barnahus and that the results would be published in a BS thesis. Participants indicated their agreement by ticking the "I accept" box to enter the survey. The survey took an average of five minutes to complete.

### **Measures**

Experience with the quality of service and service delivery provided by Barnahus was measured using a survey questionnaire. The questionnaire consisted of 14 items (i.e.,

questions and statements) regarding experience with Barnahus' services and service delivery. For the first four questionnaire items, participants were asked to rate on a 5-point Likert scale, ranging from 1 = *strongly disagree* to 5 = *strongly agree*, their experience regarding the following: Professionalism, efficiency, referrals, and accessibility in Barnahus.

For the next six questionnaire items, participants were asked to rate the service provided by Barnahus (i.e., the referral process, forensic interviews, psychological treatment, and telephone consultation) on a 5-point Likert scale, ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Furthermore, participants were asked to rate their overall experience of Barnahus's service and service delivery on an 11-point Likert scale, ranging from 0 = bad to 10 = outstanding. The final section of the survey included three questions permitting open-ended responses regarding aspects of improvements and CPS's personal opinions about the service provided.

### ***Background- and Test Variables***

The background variables evaluated were: social workers, working in the capital area, and social workers working outside of the capital area.

The test variables in the current study were: professionalism, efficiency, referrals, accessibility, experience, interviews, psychological treatment, cooperation, telephone consultation, and overall service.

Professionalism was evaluated by asking: "The work practices of Barnahus employees are professional". The question was rated on a 5-point Likert scale (1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, 5 = *strongly agree*).

Efficiency was evaluated by asking: "The work practices of Barnahus employees are efficient". The question was rated on a 5-point Likert scale (1 = *Strongly disagree* to 5 = *Strongly agree*).

Referrals were evaluated by asking: “Barnahus evaluates referrals from CPS with the best interest of children in mind”. The question was rated on a 5-point Likert scale (1 = *Strongly disagree* to 5 = *Strongly agree*).

Accessibility was evaluated by asking: “Specialists at Barnahus are accessible when needed”. The question was rated on a 5-point Likert scale (1 = *Strongly disagree* to 5 = *Strongly agree*).

The referral process was evaluated by asking: “How would you rate the referral process?”. The question was rated on a 5-point scale (1 = *Very poor*, 2 = *poor*, 3 = *fair*, 4 = *good*, 5 = *very good*).

The experience was evaluated by asking: “The experience of Barnahus staff towards their CAS in Barnahus”. The question was rated on a 5-point Likert scale (1 = *Very poor* to 5 = *Very good*).

Interviews were evaluated by asking: “How would you rate the investigative interview, forensic interview, and exploratory interview?”. The question was rated on a 5-point Likert scale (1 = *Very poor* to 5 = *Very good*).

Psychological treatment was evaluated by asking: “How would you rate the psychological treatment in Barnahus?”. The question was rated on a 5-point Likert scale (1 = *Very poor* to 5 = *Very good*).

Cooperation was evaluated by asking: “How would you rate the cooperation between CPS and Barnahus?”. The question was rated on a 5-point Likert scale (1 = *Very poor* to 5 = *Very good*).

Telephone consultation was evaluated by asking: “How would you rate the telephone consultation?”. The question was rated on a 5-point Likert scale (1 = *Very poor* to 5 = *Very good*).

Overall service was evaluated by asking: “How would you rate the overall service provided by Barnahus?”. The question was rated on an 11-point Likert scale (0-10).

Lastly, the following open-ended questions (i.e., questions 13, 14, and 15) were asked: “What do you think is the most beneficial aspect of Barnahus' current work for children and their families?”, “Are there any areas in which Barnahus could improve its services?” and “Would you like to add anything else?”

### **Procedure**

The survey questionnaire used in this study was developed by a specialist working at Barnahus in Iceland. An application was submitted to the National Bioethics Committee in Iceland. However, given the limited sample size, approval was not necessary because personal information such as gender and age were omitted to protect personal information, given the limited sample size. QuestionPro, a survey creation tool, was used to construct the survey questionnaire. The questionnaire underwent a pilot test before release to eliminate mistakes or misinterpretations. After the pilot test, the sample in this survey was recruited by sending the survey's link via email to directors of all the 25 CPS agencies located around Iceland. They were kindly asked to forward the survey to every social worker who had previously referred cases to Barnahus. The data collection period began on November 30, 2023, and ended at the end of January 2024. Within this time range, participants were required to submit their answers. Following the expiration of the participation deadline, a specialist in Barnahus collected the data.

## **Results**

### **Descriptive statistics**

Table 1 presents the residence location of the 54 participants of the current study. Only demographic information regarding participants' place of residence was collected.

Slightly more than half of the participants resided outside the capital area ( $n = 28$ , 52%) and the remainder in the capital area ( $n = 26$ , 48%) (see Table 1).

**Table 1**

*Residence locations of the Participants*

	<i>N</i>	<i>%</i>
Capital area	26	48
Outside capital area	28	51
Total	54	100

Table 2 presents the CPS workers' experience of the Barnahus services and service delivery. These results show that participants' experiences of Barnahus services are generally positive. In general, 88-92% of CPS social workers had a positive perception of Barnahus' service and service delivery and viewed them as professional, efficient, and focused on the child's best interest. However, 20% of the participants were either neutral, disagreed, or strongly disagreed when asked to rate their agreement with the statement "Specialists in Barnahus are accessible when needed".

**Table 2**

*CPS workers' experience of the Barnahus procedures*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	<i>N</i>	<i>M</i>	<i>SD</i>	<i>min</i>	<i>max</i>
The work practices of Barnahus employees are professional	5.8	1.9	0.0	46.2	46.2	52	4.25	1.01	1	5
The work practices of Barnahus employees are efficient	2.0	0.0	7.8	60.8	29.4	51	4.16	0.73	1	5
Barnahus evaluates referrals from CPS with the best interest of children in mind	4.0	4.0	4.0	56.0	32.0	50	4.08	0.94	1	5
Specialists in Barnahus are accessible when needed	2.0	8.0	10.0	46.0	34.0	50	4.02	0.98	1	5

Note. CPS = Child Protection Service

The CPS employees' opinions of Barnahus' services and service delivery are displayed in Table 3. The results show that participants were generally positive towards the referral process or 81% ( $n = 29$ ), compared to 19% ( $n = 9$ ) who rated the referral process very poorly or poorly. Results showed that 100% of the participants agreed that the demeanor of Barnahus staff was above average and very good.

Regarding the investigative interview, 15% ( $n = 7$ ) of participants rated the interviews as “bad” or “fair,” while 85% ( $n = 40$ ) rated “good” or “very good.” When participants were asked about the psychological therapy in Barnahus, 57% ( $n = 33$ ) rated “good” or “very good”.

Most participants were positive about the collaboration between CAS and Barnahus and 79% ( $n = 38$ ) said that the collaboration was “good” or “very good,” compared to 21% ( $n = 10$ ) who rated the cooperation as neither “bad” nor “fair.” Lastly, 75% ( $n = 36$ ) of the participants rated the telephone consultation as “good” or “very good,” while 25% ( $n = 12$ ) rated it “fair” or “bad.”

**Table 3**

*CPS workers' experience of the service provided by Barnahus*

	Very bad	Bad	Fair	Good	Very good	<i>N</i>	<i>M</i>	<i>SD</i>	<i>min</i>	<i>max</i>
The referral process in Barnahus	0.0	2.1	16.7	39.6	41.7	48	4.21	0.80	2	5
The demeanor of Barnahus staff towards CAS in Barnahus	0.0	0.0	0.0	29.8	70.2	47	4.70	0.46	4	5
Investigative interview, forensic interview, and exploratory interview	0.0	4.3	10.6	23.4	61.7	47	4.43	0.85	2	5
Psychological treatment	0.0	0.0	10.8	27.0	62.2	37	4.51	0.69	3	5
Cooperation between CPS and Barnahus	0.0	2.1	18.8	31.3	47.9	48	4.25	0.84	2	5
Telephone consultation	0.0	2.1	22.9	27.1	47.9	48	4.21	0.85	2	5

Note. CAS = Child Abuse Survivor, CPS = Child Protection Service

At the end of the survey, participants were asked to answer three open-ended questions that allowed them to answer directly and express their personal opinions regarding the services and service delivery at Barnahus (see Table 5).

As seen in Table 5, answers showed that the participants were generally positive towards all types of interviews offered in Barnahus, particularly regarding the support provided to the children and their parents. The effective and professional practices at Barnahus were praised, with commendations for its skilled professionals and child-friendly environment. However, there was a common thread throughout the answers where those who worked outside of the capital area pointed out the lack of information flow, long waiting lists, and the need for other improvements. Furthermore, the need for developments in physical abuse cases was mentioned, as well as matters regarding peer aggression.

Lastly, participants were asked if there was anything else they would like to add that was not asked in the survey. Their answers revealed that those living outside of the capital area complained about the travel expenses for Barnahus staff that each community must cover, highlighting the need for ongoing communication between CPS and Barnahus regarding the CAS progress and benefits of psychological treatment. Still, participants seemed mostly satisfied with the service and service delivery offered by Barnahus and emphasized the importance of its work (see Table 5).



**Table 4***Answers to the open-ended questions*

Theme	Comments regarding areas of improvement	Comments regarding what works best
Forensic interviews	<i>“The interviews are too long and hard for children” “Interviewers lack experience”, “Need for exploratory interviews for physical abuse”</i>	<i>“The interviews and the education for CAS”</i>
Distance	<i>“Too difficult to travel long distances” “Us living outside the capital area, are forgotten”</i>	
Therapy	<i>“More emphasis on cases involving physical violence against children that do not undergo a police investigation”, “More attention directed towards the children who have endured domestic violence”</i>	<i>“Therapy is very helpful”</i>
Environment/work practices	<i>“If professionals, e.g. lawyers arrive late, it must be ensured that the child doesn’t have to wait excessively”</i>	<i>“The environment is child-friendly”</i>
Travel expenses	<i>“Each community outside of the capital has to cover the travel expenses for Barnahus staff”</i>	
Cooperation	<i>“The information about the progress of treatment to CPS could be better, e.g. if a child does not attend an interview in Barnahus”, “Enhance positive communication during consultations with CPS”, “Clarity in communication channels with CPS could be improved”, “Increased consultation regarding the child’s treatment progress”</i>	
Barnahus staff	<i>“The final report is arriving late”</i>	<i>“Grateful for the Barnahus services”, “Barnahus is doing a great job”, “Very professional and good work ethic”, “Coordinated service”</i>
Parents/guardians	<i>“Providing parents with education on the impacts and repercussions of trauma on CAS’ well-being and behavior”,</i>	<i>“Counseling for parents”, “Conversation with parents”, “The support for parents is good”, “When the professionals talk to parents after exploratory interviews”.</i>
Capital area versus outside the capital area.	<i>“The level of service provided by Barnahus towards those who live outside the capital area is inadequate, and accessibility is lacking. It may be worth considering establishing Barnahus outside the capital as needed, with assessments conducted accordingly”.</i>	

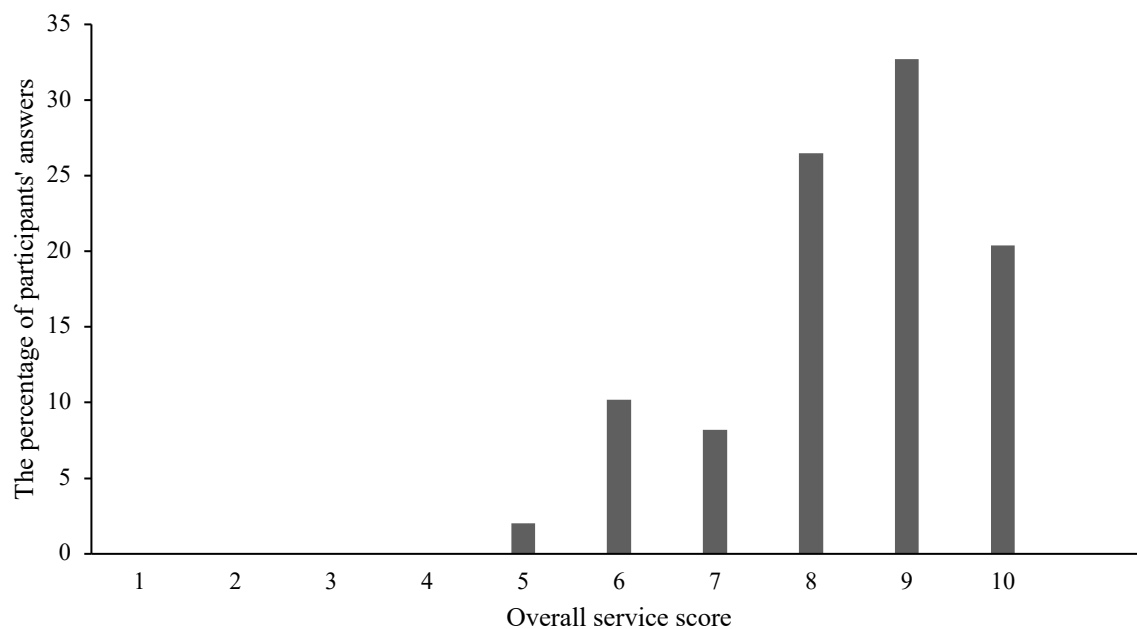
Note. CAS = Child Abuse Survivor, CPS = Child Protection Service

To examine the research question that CPS workers' experience with Barnahus service and service delivery would be positive, participants were asked to rate the overall service provided by Barnahus. As Figure 1 depicts, participants were overall positive

regarding the service and service delivery provided by Barnahus ( $N=49$ ,  $M=9.39$ ,  $SD=1.30$ ). The survey results indicated that most respondents rated the overall demeanor of Barnahus' services and service delivery positively, with 77% ( $n=39$ ) rating it from 8 to 10 on the scale, answering the research question positively. This means that overall, the results from the descriptive statistics show that the CPS workers' experience of Barnahus services and service delivery is positive.

### Figure 1

*Overall service provided by Barnahus*



### Inferential statistics

To test the study hypothesis that CPS workers in the capital area would experience Barnahus' services more positively than those working outside of the capital, independent sample t-tests were used to assess whether there were statistically significant differences between CPS staff working in the capital area versus those working outside of the capital area (i.e., rural areas). Indeed, the results showed that those working in the capital area were significantly more positive than those working in rural areas regarding the work practices at Barnahus being efficient ( $p=0.009$ ), the accessibility of specialists ( $p=0.002$ ), and the

referral process ( $p = 0.042$ ). Moreover, there was a marginally significant difference between the groups regarding the referrals, with those living in the capital area rating the referral process more positively ( $p = 0.57$ ).

**Table 5**

*Independent sample T-test between locations*

	Capital area			Outside capital area			<i>t</i>	<i>df</i>	<i>p</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>			
The work practices of Barnahus employees are professional	22	4.45	0.91	26	4.12	0.91	-1.29	46	.102
The work practices of Barnahus employees are efficient	21	4.38	0.59	26	3.88	0.77	-2.44	45	.009**
Barnahus evaluates referrals from CPS with the best interest of children in mind	20	4.30	1.08	26	3.85	0.83	-1.61	44	.057
Barnahus Specialists are accessible when needed	20	4.50	0.69	26	3.65	1.06	-3.11	44	.002**
The referral process in Barnahus	19	4.42	0.69	26	4.00	0.85	-1.77	43	.042**
The demeanor of Barnahus staff towards their clients in Barnahus	18	4.72	0.46	26	4.65	0.49	-0.47	42	.321
Investigative interview, forensic interview, and exploratory interview	19	4.58	0.84	25	4.24	0.88	-1.29	42	.102
Psychological treatment	14	4.64	0.63	21	4.38	0.74	-1.08	33	.143
Cooperation between CPS and Barnahus	19	4.37	0.83	26	4.08	0.84	-1.15	43	.128
Telephone consultation	20	4.30	0.80	25	4.04	0.93	-0.99	43	.165
Overall service provided by Barnahus	20	8.65	1.14	26	8.12	1.45	-1.36	44	.091

Note. \*\* $p < 0.001$ , CPS = Child Protection Service

## Discussion

As child abuse can exist in many different forms, it is crucial to recognize the different needs of survivors of various types of violence (Tavkar & Hansen, 2011). In case of a lack of coordination between CPS and Barnahus, crucial information about the CAS case can get overlooked, leading to incorrect decision-making and conflicting information provided to their families (Lalayants & Epstein, 2005).

The purpose of the present study was to investigate the perception of CPS staff regarding the services and service delivery offered by Barnahus to children who have suffered abuse and to compare the demeanor of staff working in the capital area with those working outside of it. As there is a lack of research on this topic in Iceland, this study represents one of the first of its kind.

It was hypothesized that CPS workers located in the capital area have a more positive perception of Barnahus' service and service delivery compared to those working outside of the capital area. The research question was: CPS workers have a positive experience with Barnahus service and service delivery. In every municipality in Iceland, there are CPS services that ensure that children and their families receive appropriate assistance and refer cases of child abuse to Barnahus. When child abuse is reported, CPS determines whether or not the child needs further service in Barnahus. This is the main justification for why CPS and Barnahus's cooperation must be coordinated (Barna og fjölskyldustofa, n.d.).

In the current study, the CPS staff showed a very positive attitude towards Barnahus' services and service delivery, confirming the research question. According to these results, the services delivered by Barnahus are deemed crucial by CPS staff, not only for ensuring the well-being of children and their families throughout the process but also for facilitating the effective handling of cases. This confirms that a multidisciplinary team seems to be one of the most effective ways to handle the matter of child abuse (Lalayants & Epstein, 2005).

CPS staff was generally positive regarding Barnahus' services and service delivery, however, there was a common thread regarding those working outside of the capital area being less content with some of Barnahus' services and service delivery compared to those working in the capital area. They mentioned more factors needing improvement for the CAS cases located outside of the capital. This confirms the study hypothesis, that CPS workers

located in the capital area will have a more positive perception of Barnahus service and service delivery.

However, both comparison groups emphasized the pressing need for improvements regarding telephone consultations and the difficulties of obtaining service over the phone. The importance of accessibility to phone consultation might be explained by high travel expenses for Barnahus staff outside of the capital area. Additionally, it is possible that there could be variations in the Barnahus staff service delivery in unfamiliar communities outside of the capital area due to unfamiliar work environments. Furthermore, when forensic interviews are required for CAS living outside of the capital area, they may have to travel long distances either Reykjavik or Akureyri. Consequently, it is not unlikely that Barnahus' service provided rurally, is of lower quality than that provided in the capital.

As mentioned before, the current study holds unique strengths, as it is the first of its kind in Iceland and could serve as a pilot study for other European countries that have adopted the Barnahus model in various forms (Barnahus Network, 2024). The participants were both working in and outside of the capital area, enabling a group comparison to identify significant differences between these two groups. Despite the limited sample size, a sufficient number of participants were willing to take part, resulting in a good distribution of responses. Moreover, participants showed interest in participating by responding honestly and suggesting improvements to the service and service delivery provided by Barnahus.

However, despite its strengths, the study also has some limitations. Even though this current study explores CPS workers' demeanor with Barnahus' services and service delivery, the perspective of parents and the children themselves is missing, as well as CPS staff's well-being. The current study had a small sample size, due to its exclusive focus on CPS staff in Iceland. In light of participants primarily responding to a 5-point Likert scale, the study encounters a limitation in clarifying detailed insights into the specific aspects of the service

less favored by CPS workers. However, while participants had the opportunity to address these aspects in the open-ended questions, it is noticeable that not all chose to do so.

The lack of research on the topic is an indication of the serious need for further studies regarding the service and service delivery provided by Barnahus and CPS. In Iceland, the number of reported cases is constantly increasing, therefore the workload is expanding for employees and their well-being can be at risk (Sigurðardóttir, 2021). The successful outcome of the case, treatment, and well-being of the CAS are influenced by the contributions of employees in CPS and Barnahus. Moreover, there is an urgent need to investigate potential differences among multidisciplinary team (MDT) members in terms of knowledge, attitudes, perceptions, and values related to their self-care. This is essential given the risk of vicarious trauma when serving families experiencing child sexual abuse (Cronch et al., 2006).

Further research should look at CAS and caregivers' experiences. There is a growing demand for research on the mental health impacts to caregivers. It should be taken into consideration that no comparative research has been done in Iceland on the service and service delivery provided in Barnahus and the cooperation with CPS. This study is the first of its kind which shows the pressing need for further research on the topic.

In conclusion, Barnahus staff provide a vital service by coordinating the multidisciplinary process of investigating child abuse cases and providing tailored support to CAS and caregivers. Another notable strength of the service provided for CAS in Iceland is that the service is free of charge. Psychological treatments are quite expensive in Iceland, making it difficult for everyone to afford the professional therapy needed following abuse (Ólafsdóttir et al., 2011). It is important to evaluate approaches to treating traumatized CAS to minimize serious consequences. If trauma is left untreated, chronic difficulties may develop into adulthood. With that being said, if the service is not provided free of charge,

CAS may develop bigger and more serious complications if they do not receive treatments shortly after the traumatic experience (Cohen & Mannarino, 2015).

There is an urgent need to know how the service is perceived by the population they are targeting, which is crucial for the improvement of the services and service delivery.

According to the results, some factors can be improved, as those outside of the capital attest.

While operational improvements are undoubtedly required, our results confirm the efficacy of the Barnahus model as a framework for designing future research questions, pioneering innovative methods, and strengthening the resilience of CAS and their families.

### References

- Barna og fjölskyldustofa. (n.d.). *Barnahús*. Retrieved 3 May 2024, from <https://www.bofs.is/urraedi/barnahus/>
- Barnahus Network. (2024). *Child-friendly centres for abuse victims*. <https://www.barnahus.eu/en/>
- Barnaverndarlög No. 80 (2002). <https://www.althingi.is/lagas/nuna/2002080.html>
- Cohen, J. A. (2004). Trauma-Focused Cognitive-Behavioral Therapy for Sexually Abused Children. *Psychiatric Times*, 21(10), 52–52.
- Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused cognitive behavior therapy for traumatized children and families. *Child and Adolescent Psychiatric Clinics of North America*, 24(3), 557–570. <https://doi.org/10.1016/j.chc.2015.02.005>
- Cronch, L. E., Viljoen, J. L., & Hansen, D. J. (2006). Forensic interviewing in child sexual abuse cases: Current techniques and future directions. *Aggression and Violent Behavior*, 11(3), 195–207. <https://doi.org/10.1016/j.avb.2005.07.009>
- English, D. J., & Pecora, P. J. (1994). Risk assessment as a practice method in child protective services. *Child Welfare*, 73(5), 451–473.
- Fayolle, A., & Wright, M. (2014). *How to get published in the best entrepreneurship journals: A guide to steer your academic career*. Edward Elgar Publishing.
- Fernandes, D., Gomes, J. P., Albuquerque, P. B., & Matos, M. (2024). Forensic interview techniques in child sexual abuse cases: A scoping review. *Trauma, Violence, & Abuse*, 25(2), 1382–1396. <https://doi.org/10.1177/15248380231177317>
- Haldorsson, O. L., & Child Circle. (2019). *Barnahus quality standards*. Council of the Baltic Sea States Secretariat and Child Circle.



- Herbert, J. L., & Bromfield, L. (2016). Evidence for the efficacy of the child advocacy center model: A systematic review. *Trauma, Violence, & Abuse, 17*(3), 341–357.  
<https://doi.org/10.1177/1524838015585319>
- Johansson, S. (2012). Diffusion and governance of ‘barnahus’ in the nordic countries: Report from an on-going project. *Journal of Scandinavian Studies in Criminology and Crime Prevention, 13*(sup1), 69–84. <https://doi.org/10.1080/14043858.2012.739323>
- La Rooy, D., Brubacher, S. P., Aromäki-Stratos, A., Cyr, M., Hershkowitz, I., Korkman, J., Myklebust, T., Naka, M., Peixoto, C. E., Roberts, K. P., Stewart, H., & Lamb, M. E. (2015). The NICHD protocol: A review of an internationally-used evidence-based tool for training child forensic interviewers. *Journal of Criminological Research, Policy and Practice, 1*(2), 76–89. <https://doi.org/10.1108/JCRPP-01-2015-0001>
- Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare, 84*(4), 433–458.
- National Children’s Alliance. (n.d.). *History of NCA*. National Children’s Alliance.  
<https://www.nationalchildrensalliance.org/history-of-nca/>
- Ólafsdóttir, S. Í., Ásgeirsdóttir, B. B., Björgvinsson, D. Þ., Gunnlaugsson, G., & Ólafsdóttir, H. (2011). *Hinn launhelgi glæpur: Kynferðisbrot gegn börnum*. Háskólaútgáfan.
- Pereda, N. (2021). *Training and education in the Barnahus model: State of the art*. National Children’s Advocacy Center.  
[https://www.ub.edu/steps\\_barnahusproject/documents/StateoftheArt-STEPS-ENG.pdf](https://www.ub.edu/steps_barnahusproject/documents/StateoftheArt-STEPS-ENG.pdf)
- Rasmusson, B. (2011). Children’s advocacy centers (barnahus) in sweden. *Child Indicators Research, 4*(2), 301–321. <https://doi.org/10.1007/s12187-010-9094-y>

Saywitz, K. J., Larson, R. P., Hobbs, S. D., & Wells, C. R. (2015). Developing rapport with children in forensic interviews: Systematic review of experimental research.

*Behavioral Sciences & the Law*, 33(4), 372–389. <https://doi.org/10.1002/bsl.2186>

Sigurðardóttir, E. D. (2021). *Ársskýrsla Barnaverndarstofu 2020* (1670–3642).

Barnaverndarstofa.

[https://www.bofs.is/media/almenningur/Barnaverndarstofa\\_arsskyrsla2020\\_Lokautga-fa-ny.pdf](https://www.bofs.is/media/almenningur/Barnaverndarstofa_arsskyrsla2020_Lokautga-fa-ny.pdf)

Stefansen, K., Bakketeig, E., Johansson, S., & Kaldal, A. (2017). *Collaborating against child abuse: Exploring the nordic barnahus model*. Palgrave Macmillan.

<https://doi.org/10.1007/978-3-319-58388-4>

Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services.

*Aggression and Violent Behavior*, 16(3), 188–199.

<https://doi.org/10.1016/j.avb.2011.02.005>

World Health Organization. (2022). *Child maltreatment*. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

## Appendix

### List of Abbreviation

CPS	Child Protection Service
CAC	Child Advocacy Center
FI	Forensic Interview
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
MDT	Multidisciplinary Team
CAS	Child Abuse Survivors