Child-friendly Practices:
Is it Possible? And How?

The book for multidisciplinary professionals, donor community, and decision-makers working to protect children from maltreatment.

Vilnius, 2016
This book is for interdisciplinary professionals and decision-makers working to protect children from abuse and outlines existing evidence-based, successful, and innovative models for providing support for child-survivors of abuse in some indicative countries around the Globe. As a test designed for professionals with an understanding of the basic dynamics of child abuse, this book offers a broad introduction on the topic of child abuse, description of evidence-based models for prevention and intervention of child abuse in the Criminal Justice and Clinical component to support children who have been exposed to violence and their families. Lessons learned from the implementation of evidence-based models, and future of innovation in the area of protection children from abuse and outlines existing evidence-based, successful, and innovative models for providing support for child-survivors of abuse in some indicative countries around the Globe.

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This book is for interdisciplinary professionals and decision-makers working to protect children from abuse and outlines existing evidence-based, successful, and innovative models for providing support for child-survivors of abuse in some indicative countries around the Globe. As a test designed for professionals with an understanding of the basic dynamics of child abuse, this book offers a broad introduction on the topic of child abuse, description of evidence-based models for prevention and intervention of child abuse in the Criminal Justice and Clinical component to support children who have been exposed to violence and their families. Lessons learned from the implementation of evidence-based models, and future of innovation in the area of protection children from abuse and outlines existing evidence-based, successful, and innovative models for providing support for child-survivors of abuse in some indicative countries around the Globe.
SECTION I: U.S. Models for Child Abuse
Intervention and Prevention

Heroes & Heroines for Children

In writing this text we were guided by the heroic efforts of a few champions for children. These individuals, from different disciplines, sectors and countries, have dedicated their lives to improving systems responses, both prevention and intervention, for children. We’ve offered specific examples where robust models have been adjusted, reshaped and implemented in our own region. We’ve also offered suggestions for replication that other communities might find helpful.

We recognize and offer gratitude from the bottom of our souls to Barbara Bonner, Kimberly Svevo-Cianci, Evaldas Karmasa, Bragi Gudbrandson, Lou Ann Holland, Chris Newlin, Victor Vieth, Thomas Lyon, Desmond Runyan, Robert Geffner, Gail Ryan, Beau Biden, Suzanna Tiapula, Rich Kaplan, Maria Keller-Hamela, Costas Yannopoulos, and in-fact our co-author, the very modest and dedicated heroine Ausra Kuriene. Some of these heroes have already left us. Beau Biden and Rich Kaplan are no longer with us but their legacy lives on as we use their lives’ work to mend the gaps in systems where children would otherwise fall through. Many of these individuals are the unique heroes who have supported the institutional changes that have emerged as evidence based best practice or who have leveraged scarce resources to support the replication of these practices via local, regional, national and international networks. The funding streams linked to VOCA (the Victims of Crime Act) funding in the United States, for example, and quietly administered by unrecognized heroes supported the replication of child advocacy centers, the child advocacy center network, the National Children’s Alliance and the National Child Protection Training Center. The world has to know heroes fighting for children. They are:

We also offer our heartfelt gratitude for the Lithuanian Human Rights Institute for the financial support to this publication and the underlying support in frames of EEA Grants for the development of Child Protection in Lithuania and much of Eastern Europe. We have attempted, in this text, to broadly describe different child protection models in Child in the United States, Iceland, and Eastern Europe and newly emerging regional efforts to address violence more broadly through collaborations with community based leaders, women’s organizations and educators to produce peacebuilding adults. We hope very much that our respectful reader will benefit from this programmatic review and, perhaps, share with us new strategies and help us identify new heroes as we strive to create a safer, healthier communities for children and for our future communities.

Child abuse: Child-Friendly Procedures and Protocols

The UN 70th General Assembly held in September, 2015 has adjusted Sustainable Development Goals (SDG) to be reached by 2030. For the first time, the protection of children from all forms of violence become a global priority by the UN via inclusion of sub-goal 16.2 in the SDG 16.

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Sub-goal 16.2 … End abuse, exploitation, trafficking and all forms of violence and torture against children.

Sub-goal 16.3 also references the protection of victims of violence including children – «promote the rule of law at the national and international levels, and ensure equal access to justice for all.» These statutory provisions support the broader goals articulated in SDG 16. SDG 16.a provides, «Strengthen relevant national institutions, including through international cooperation, for building capacities at all levels, in particular in developing countries, for preventing violence
and combating terrorism and crime. Equally important are the SDG provisions related to health care, SDG 3.7 and 3.8 support the right of child-victims for comprehensive treatment and rehabilitation.

SDG 3.7 By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

And this access as well as the access to qualified Mental Health treatment should be secured with universal health coverage.

SDG 3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.¹

This statutory framework reflects a new global agenda, recognizing the unique vulnerabilities of children and the need for specific protections. The mechanisms outlined by the UN General Assembly in these sustainable development goals reflect the desired outcomes; this manual provides specific strategies for achieving these outcomes and, ultimately, strategies for protecting children and ending child abuse.

The World Health Organization (WHO) defines Child Abuse as the following: "Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation."²

Prevent Child Abuse America reports that every 4th girl and every 6th boy is being exposed to sexual violence in the age before the age of 18.³ In 2014 over 315,000 children entered doors of Children’s Advocacy Centers across the USA (360 Million of population),⁴ at the same time 110 children were exposed to sexual violence in Lithuania (2.9 Million of population),⁵ and 412 become victims of child sexual abuse in Belarus (9.5 Million of population).⁶ The most recent UNICEF Report “Hidden in Plain Sight” (2014) states that “sexual violence is not limited to girls, it is equally intrusive and traumatic for boys. The most boys remain silent their experience in Child Sexual Abuse”. Then, we can see that problem is widely disseminated, concerns millions of people, in other hand the problem is still hidden, and in some countries it is underestimated, as well as its disclosure is low. Disclosures by both girls and boys occur in only a fraction of sexual abuse cases. Sexual abuse is only a fraction of the violence and maltreatment experienced by children. In the United States, sexual abuse constitutes approximately 8% of all child maltreatment, physical abuse constitutes approximately 30% of child maltreatment and neglect is the most common form of child maltreatment, at more than 60% of reported cases. Such statistic data is relevant for other States of the world as well.

A comprehensive overview of the consequences of child abuse over the lifetime of an individual, the Adverse Childhood Experiences Study (ACE Study), has revolutionized the field of child maltreatment. The Adverse Childhood Experiences (ACE) Study, a collaboration of the Centers for Disease Control and Prevention and Kaiser Permanente’s Health Appraisal Clinic in San Diego, assessed associations between childhood maltreatment and the health and well-being of adults later in life. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 500 scientific articles have been published and more than 2000 conference and workshop presentations have been generated based on this transformative study. Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. Almost two-thirds of the study’s participants reported at least one ACE, and more than one of five participants reported three or more adverse childhood experiences. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems. The ACE Study uses the ACE Score, which is a total count of the number of ACEs reported by respondents. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

1. Alcoholism and alcohol abuse 1) Risk for intimate partner violence
2. Chronic obstructive pulmonary disease (COPD) 2) Multiple sexual partners
3. Depression 3) Sexually transmitted diseases (STDs)
4. Fetal death 4) Smoking
5. Health-related quality of life 5) Suicide attempts
6. Illicit drug use 6) Unintended pregnancies
7. Ischemic heart disease (IHD) 7) Early initiation of smoking
8. Liver disease 8) Early initiation of sexual activity
9. Adolescent pregnancy

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well
as poor quality of life. Understanding the links between adverse childhood experiences and subsequent health and social problems is critical for the design of effective intervention and prevention efforts. Rethinking intervention and prevention based on this new understanding of the long-term effects of child maltreatment and exposure to violence will enable us to improve prevention and recovery for children experiencing and exposed to violence.7

Effective and Child-Friendly Intervention in Cases of Child Maltreatment

After disclosure of possible child maltreatment, children are identified as at risk and child protection and/or criminal justice are engaged to respond. In the case of either systems response, the at-risk child and often other children in that environment become witnesses regarding the maltreatment experienced for child protection and criminal justice investigations, sometimes trial. Children are often interviewed by many different professionals as child protection and criminal justice cases move through their respective systems. Multiple interviews of a child-victim further harm the child, and reduce his or her capacity as reliable witness for the investigation and the Court.

Bragi Gudbrandson (Iceland), the Chairman of Lancarotte Committee, states: «All the different agencies: the Child Protection Service, the Medical Profession, the Police etc. need to have the child’s account. Repetitive interviews by many professionals in different locations can have a very harmful effect for the child victim. Retraumatisation or secondary traumatization leads to re-victimisation of a child. It refers to painful/stressful re-experiencing of trauma as a consequence of sexual violence.5 One of the goals of leaders in the field of child abuse is to create intervention responses that do not further traumatize children. Creating systems that minimize the number of times children must be re-interviewed is a basic, first step in creating child-friendly and effective systems responses to child maltreatment. We need to offer a child victims, safe, child-friendly conditions where they can share their experiences, a single time whenever possible. It is the responsibility of the professionals (medical, criminal justice, child protection etc.) to share this information.

Dr. Henry Kempe
A Visionary Reshapes our Understanding of Child Abuse
The Kempe Center and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN)

In 1860, Auguste Ambroise Tardieu, a forensic medical professor at the University of Paris Faculty of Medicine, published «A Medico-legal Study of Cruelty and Brutal treatment Inflicted on Children»),8 which is recognized as the first medical description of child abuse. In his paper Tardieu described many of the medical findings still associated with the physical and sexual abuse of children. The next extant record addressing medical recognition of child abuse emerges from Columbia in 1929.9 Dr. Jorge Bejarano Martínez addressed a meeting of the International Red Cross and included child abuse as an underlying cause of juvenile delinquency and behavior problems. This 49-year gap in time between the writings of Tardieu and Bejarano was followed by another almost 17 year hiatus until Dr. John Caffey described long bone fractures and subdural hematomas and suggested trauma by caregivers in 1946 in Radiology.10 Subsequent reports by Silverman in the American Journal of Roentgenology, Radiom Therapy, and Nuclear Medicine12 and by Woolly and Evans in the Journal of the American Medical Association (JAMA),13 both in 1953, addressed what we now call child abuse. The relatively soft and obscure recognition of child abuse among medical professionals changed rather dramatically following the 1962 publication by C. Henry Kempe and his colleagues in 1962.14 The collection of cases from across the United States that were the data for this presentation had been assembled by William Droegemueller under Dr. Kempe’s supervision as a medical student research project. The publication followed a presentation of the problem he had organized at an American Medical Association convention in 1961; a presentation which was received with complete silence by the audience (personal communication R. Krugman). The JAMA publication had an immediate impact. Within 5 years all 50 US states passed laws specifically addressing child abuse. In 1971 Kempe wrote that he had been seeing these cases for more than 10 years before the JAMA paper but had trouble marshaling attention to the phenomena. In 1958, he had organized a multi-disciplinary child protection team at Denver General Hospital, one of the first such teams in the world.

In 1972, Henry Kempe applied for support for a child abuse center to a newly organized charitable foundation founded by the estate of Robert Wood Johnson. The grant was awarded and Kempe’s National Center for the Prevention and Treatment of Child Abuse, was established. The early years were remarkable in developing interventions and treatment for families. He was joined at this center

7 http://www.cdc.gov/violenceprevention/acestudy/findings.html as to October 6, 2015
8 Gudbrandson, B. The European Forum on the Rights of the Child, Brussels, June 3-4, 2015
11 Caffey J. Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. Radiology. 1946;194:163-173

9 Woolly, Evans. Significance of skeletal lesions in infants resembling those of traumatic origin. JAMA 1953: 158:539
11 Caffey J. Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. Radiology. 1946;194:163-173
by his wife Ruth Kempe, MD, a child psychiatrist; Brandt Steel, MD, another leading child psychiatrist; Ray Helfer, MD, a general pediatrician; and then a group of colleagues that included Don Bross, JD, PhD, and Gail Ryan, MA. This center focused upon developing multi-disciplinary training of teams and trained early leaders throughout the US. The reach extended to Europe and the remainder of the world as Dr. Kempe drew together colleagues from across Europe to found the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) in 1977.

Dr. Kempe’s Center continues today; it was renamed the Kempe Center following his death to honor his legacy. The Center now houses a child protection team that provides medical consultation on cases in the hospital and in a specialty clinic as well as by video-conference to child welfare agencies in 7 states. The Center houses a mental health clinic that sees children for trauma-focused therapy and helps parents with approaches such as parent-child psychotherapy and parent-child interaction therapy. Psychologists at the center train over 1000 mental health professionals each year in trauma-focused therapy. The Center is the home of the basic training academy for new social workers in the state of Colorado and is pioneering new approaches to social worker education. The Center also houses a state-wide home visiting program for parents referred because of concerns about maltreatment. This home visiting program is the SafeCare® model that lasts approximately 20 weeks and includes training in child development and behavior, in home safety and injury prevention, and in the appropriate use of medical care. A strong team of child welfare experts provides evaluation of child protective service programs and initiatives for state and county agencies across the United States. Kempe’s child abuse research group is testing new approaches to community-based child abuse prevention and is supporting an international data analysis and research group through ISPCAN. Other initiatives include building a model foster care medical home for Denver, Colorado, developing a mentoring program for teens in foster care that has dramatically improved outcomes, and initiating a center for systematic reviews in child abuse and neglect in conjunction with Cardiff University.

Dr. Kempe founded his center in an old house close to the medical center. The Kempe Center has moved and grown 3 more times and is now located on part of the Children’s Hospital Colorado campus in 28,000 square feet of space. The Kempe Center provides teaching and therapy space as well as offices for the clinicians who see patients in Children’s Hospital Colorado. The current faculty and staff total about 100 people. The commitment to care of maltreated children and to research and development to improve prevention, recognition, and treatment continues unabated.

Founded in 1977 by Henry Kempe the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has become the global leader on the prevention of child abuse and neglect, the organization that governments and international organizations consult with on issues related to child abuse and neglect. No other agency has the international membership; the international network of national partners; and the international journal, conferences, training, website, and listserv dedicated exclusively to the prevention of child abuse and neglect worldwide. No other organization has worked globally and exclusively to prevent violence against children for over 35 years. On our point of view, the most successful action of ISPCAN was undertaken in 2003-2008, under the leadership of Dr. Barbara L. Bonner as President, when great milestones were achieved with a highly professional team managed by ISPCAN Executive Director Dr. Kimberly Svevo-Cianci. Hosted by the Henry Kempe Center in 2008, ISPCAN continues as an extremely important international forum for professionals, decision makers, and donor community communication, as well as a leader in offering professional development, science and best practice in several disciplines concerning child abuse and neglect around the world.

Dr. Barbara Bonner
A Leader in Training and the Design and Dissemination of Empirically Validated Approaches for Maltreated Children
The Child Abuse Center at Oklahoma University

We have decided to draw your attention not only to models but also to those individuals who, with their leadership and passion, have empowered thousands of front-line professionals. Oklahoma University’s Child Abuse Center was established by Clinical Child Psychologist Dr. Barbara L. Bonner. As the CMRI/Jean Gumerson Endowed Chair, Dr. Bonner also serves as the Director of the Center
on Child Abuse and Neglect (CCAN), as the Associate Director of the Child Study Center (CSC) in the Department of Pediatrics at the University of Oklahoma Health Sciences Center and as the Director of the National Center on Sexual Behavior of Youth. Her clinical and research interests include dissemination of empirically validated treatment approaches for maltreated children, treatment outcome and program effectiveness, prevention of child fatalities, and treatment of children and adolescents with problematic or illegal sexual behavior. She developed the Interdisciplinary Training Program in Child Abuse and Neglect in 1987 and has trained over 470 graduate students from psychology, pediatrics, law, psychiatry, dentistry, social work, education and public health over the past 25 years. Her programs for children and adolescents with problematic sexual behavior are replicated around the United States and internationally. Internationally known, having spoken in over 40 countries on intervening and preventing child maltreatment, she has received numerous state and federal grants to conduct research and received multiple awards recognizing her work, including the most recent 2014 Award for Distinguished Contributions of Applications of Psychology to Education and Training by the American Psychological Association (APA). Dr. Bonner is Past-President of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), and Past-President of the American Professional Society on the Abuse of Children (APSAC). She has presented her research throughout the US and internationally. Dr. Barbara Bonner has influenced and inspired thousands of leaders and front-line professionals throughout the world. PONIMANIE Executive Director Andrey Makhanko describes the influence of Dr. Bonner on his own work in Eastern Europe to build child maltreatment responses, «I was involved in the international movement to prevent and respond to child abuse by Dr. Barbara Bonner in 2003. And I truly proud to treat Barbara as my Mother-in-God in professional sphere, and follow her. For sure, I am not alone in this feeling on this Globe!» The Executive Director of the National Child Advocacy Center, Chris Newlin (USA) credits Dr. Bonner as a founding mother for forensic interviewing, «Dr. Barbara Bonner trained Dr. Mark Chaffin in forensic interviewing, and Dr. Mark Chaffin trained me. Now, over 1300 Children’s Advocacy Centers around the USA and 30 countries of the Globe follow our National Children’s Advocacy Center Model. This began with Dr. Barbara Bonner training Mark Chaffin...»

Robert E. «Bud» Cramer and Chris Newlin
Children’s Advocacy Center Model

In 1985, Former Congressman Robert E. «Bud» Cramer (AL), who was then a District Attorney in Madison County, Alabama, saw the need to create a better system to help abused children. The social service and the criminal justice systems, at the time, were not working together in an effective manner that children could trust, adding to the children’s emotional distress, and creating a segmented, repetitious, and often frightening experience for the child victims. The Children’s Advocacy Center (CAC) model of a Multidisciplinary Team (MDT) approach, developed through the vision of Former Congressman Cramer and a group of key individuals, pulled together law enforcement, criminal justice, child protective services, and medical and mental health workers onto one, often co-located, coordinated team. After developing its innovative CAC/MDT approach on the local level, the National Children’s Advocacy Center (NCAC) earned a national reputation and began to train others to deal effectively with this critical problem. Through its influence in training, communities across the country and across the world began to model their child abuse programs after the CAC/MDT approach created at the NCAC. Training for child abuse response professionals began in February 1985 with the Southeast Symposium on Child Sexual Abuse, with 367 attendees from states in the southeastern U.S. Under the leadership of Executive Director Chris Newlin, this conference has evolved into the International Symposium on Child Abuse, with over 1,250 attendees from 48 States, the District of Columbia, and 14 foreign countries in March 2015. In addition to the Symposium, the NCAC has provided training programs for child abuse response professionals all over the U.S. and the world, through the NCAC Training Center since 1999. In addition to Symposium, the NCAC Training Center trains thousands of people each year, from the United States and around the world on how to recognize and support maltreated children. More than 100,000 child abuse professionals from all 50 states and 33 countries have been trained by the NCAC. Through the work of its Prevention Department, Intervention Department, MDT, Training Department and the Southern Regional Children’s Advocacy Center program, the NCAC serves as a beacon of hope for more than 290,000 child abuse victims every year15.

Children’s Advocacy Center Model is widely disseminated across the United States of America – there are over 1300 CAC and CAC-programs are set up in every corner of the country, as well as in 33 other countries of the Globe. There are further developments and variations of CAC Model such as Barnahus (Iceland and Sweden), Børnehuse (Denmark), Barnas Hus (Norway), as well as more concentrated and close to the United Child Protection Model (Belarus) the Model of Nobodies Children Foundation (Poland), and the Model of the Smile of the Child (Greece). Under leadership of Chris Newlin National Children’s Advocacy Center (USA) maintains nationwide and international network of CAC/Barnahus and carefully develops the CAC Model further taking into account

15 http://www.nationalcac.org/table/about/history/ as to October 6, 2015.
all innovations and an approach based on concentration of all services into the same technological chain of support a child under the same roof. 16

Victor Vieth
Unto the Third Generation: A Plan to End Child Abuse in Three Generations
Gundersen’s National Child Protection Training Centers

Victor Vieth, J.D. first as a prosecutor, then as a national leader in the effort to integrate evidence based practices into our multidisciplinary responses to child maltreatment, founded the National Child Protection Training Center, a program of Gundersen Health System. Vieth’s international outreach is predicated on his capacity to inspire hope in the front-line professionals struggling with staggering case loads of cases involving abused and maltreated children. Vieth has dedicated his life to honing systems responses to child abuse. Recognizing the need to do more than respond with competence to what is sometimes referred to as an child abuse at “epidemic levels” in the United States, Vieth designed a peer-reviewed plan to significantly reduce, if not end child abuse within three generations. 17 Although the Center has a small staff and a budget far less than other national organizations, the development of a concrete plan has focused the center on meeting critical needs at a level which has made the center one of the most recognizable child protection organizations in the United States.

Recognizing that there is a large body of research documenting that most doctors, nurses, psychologists, criminal justice, and social work professionals are poorly educated to recognize or respond to cases of child abuse, 18 the National Child Protection Training Center focuses on training. To address this need, the Center worked with Winona State University in developing an undergraduate minor on child protection called “Child Advocacy Studies” or CAST. The minor is inter-disciplinary and draws from diverse disciplines including criminal justice, social work, psychology, and nursing. The curriculum consists of three core courses and several electives for a total of 21 credits. NCPTC also developed graduate programs for law schools, medical schools and seminaries. By 2016 more than 40 universities, colleges or graduate programs from 21 different states and 3 foreign countries (Japan, Germany, and Belarus) have implemented a CAST program.

The Center also provides training for professionals in the field, training approximately 20,000 professionals each year with an emphasis on experiential training in which students conduct mock forensic interviews, mock child abuse investigations or mock trials. The courses are taught in child protection training facilities which include mock houses, courtrooms, medical exam rooms and other features that replicate a real life experience. The Center is currently affiliated with four universities that have constructed facilities ideal for providing regional training for front-line professionals. The National Child Protection Center also oversees 20 state and international forensic interview training programs that make us the largest provider of forensic interview training in the United States. 19 The center also oversees forensic interview training programs in Japan and Colombia. NCPTC provides extensive consultation, assisting child protection professionals on as many as 1,000 cases of child maltreatment each year. NCPTC has also conducted work for national youth serving organizations to improve their child protection policies. The center has also worked extensively with diverse faith communities to improve the ability of clergy and other faith leaders to address child maltreatment. The Center is also proactive in writing and publishing scholarly works that advance the field.

Since its inception in 2003, the National Child Protection Training Center has established itself as one of the premiere organizations addressing child maltreatment in the world. The almost seamless design and delivery of evidence based training practices to tens of thousands of professionals each year reflects Victor Vieth’s own passion, perseverance and commitment to ending child abuse.

Beau Biden
Merging Civil Child Protection and Criminal Justice Responses as a Prerequisite to Improving Systems Responses for Children
The Family Division

Beau Biden was deeply committed to protecting the most vulnerable among us, especially children. After his election as the U.S. state of Delaware’s Attorney General in November of 2006, he began to reshape the way the Delaware Department of Justice addressed the

19 See generally, Kathleen Coulborn Faller, Forty Years of Forensic Interviewing of Children Suspected of Sexual Abuse, 1974-2014: Historical Benchmarks, 4 SOCIAL SCIENCE 34 (2015).
needs of children and families in the criminal and child protection systems in Delaware, by seeking to coordinate responses to minimize confusion for law enforcement, victims and their families. Beau Biden’s vision was the Family Division.

Beau Biden saw what was apparent: with two divisions independently handling cases that often involved the same issues and the same family, there was too much overlap. The newly created Family Division would connect the dots between the civil and criminal justice system, where cases were residing simultaneously but were not formally connected. Child Support, Domestic Violence (including child abuse and elder abuse), Child Protection and Juvenile Delinquency would be housed in one division and would coordinate responses. The Division was created with the mission to provide the best service to Delaware’s most vulnerable victims. The staff — from attorneys to support – would be trained professionals committed to child and family issues. All staff cross-trained to handle the cases involving child support, domestic violence, child abuse, child protection and juvenile delinquency. Importantly, work with law enforcement would not be siled, but rather law enforcement would work together with child advocates and prosecutors, with the needs and consequences to the family and victims paramount. The Family Division has been successful in thousands of cases, and has become a model for cooperation and collaboration in family and child protection cases. This foundation has enabled the investigation and prosecution of high profile, authority figures. The collaboration envision by Biden has also supported the development of proactive efforts to respond to some of the worst cases of child abuse and torture; front-line judges, prosecutors, child protection attorneys, doctors, law enforcement, advocates and social workers from Delaware are designing and delivering protocols for coordinated systems responses to these complex and disturbing cases of child maltreatment.

**Dr. Robert Geffner**

**Building Collaborations between Research, Academe and Front-Line Professionals to Address All Forms of Violence and Trauma**

**Institute on Violence, Abuse and Trauma**

**Family Violence, & Sexual Assault Institute**

Dr. Robert Geffner, is a clinical psychologist who, in 1984, founded the Family Violence and Sexual Assault Institute as a national resource and training center that focused on family violence issues. The Institute on Violence, Abuse and Trauma emerged from FVSAI in 2005 to more broadly address all aspects of violence, abuse and trauma through a focus on collaborations with partnering organizations, IVAT bridges gaps and works with allies internationally to improve systems of care on a local, national and global level. IVAT and FVSAI deliver, via two international conferences each year, training to thousands of front-line professionals, academicians and community based partners, as well as supporting a number of initiatives emphasizing trauma informed outreach in our efforts to end violence, including the National Partnership to End Interpersonal Violence with a Global Peace Action Team for parallel international efforts. IVAT and FVSAI offer opportunities for child abuse professionals to participate in larger discussions of violence and trauma with a focus on prevention. As the editor of five professional journals (including the *Journal of Child Sexual Abuse, Journal of Family Violence, Journal of Child & Adolescent Trauma, and the Journal of Child Custody*), Dr. Geffner has the capacity to support the networks of research and front-line practitioners needed to establish an evidence based for trauma informed outreach to victims of violence.

**Suzanna Tiapula**

**Recognizing the Vulnerabilities of Marginalized Populations and Building Regional Responses to Violence**

**Ho’omaluhia (Creating Peace)**

Suzanna Tiapula, as the Director of FVSAI’s Hawaii Pacific branch, *Ho’omaluhia*, serves as a Center of Excellence in working with allies in the Pacific region to address violence by building peace. *Ho’omaluhia* is unique as a Center of Excellence in its access to the marginalized populations which too often have the least access to systems of health care, justice, education and social welfare. *Ho’omaluhia* represents the emerging efforts to integrate survivor led, trauma informed and evidence based outreach across disciplines and sectors to address the needs of those most vulnerable in each community, most often children. With ties to community based organizations, traditional leaders, economic and business interests, the arts community and other civic partners, the front-line professionals working with *Ho’omaluhia* are implementing Victor Vieth’s plan to end child abuse. In one Pacific community, the Governor announced in 2005 the beginning of the generational count, essentially proclaiming that within 120 years, this community would have effectively ended child abuse. The shift towards regional efforts began in the Pacific in 2005 when Guam Attorney General (now U.S. Attorney for the 5th Circuit) Alicia Limtiaco and allied professionals recognized the need for regional responses to human trafficking, child maltreatment and other forms of violence to compensate for the limited resources of many Pacific jurisdictions and to support those professionals trying to investigate and prosecute cases involving authority figures. Regional efforts...
also provide a forum to critique systems and to reinforce ethical practices by front-line professionals. A current effort in the Pacific involves the integration of survivors, survivor-led organizations and advocates into leadership roles in regional networks. As Ponimanie has demonstrated with the United Child Protection Model in Eastern Europe, regional leadership enables communities of professionals to create protocols and build systems responses that are effective in specific locales.

Another factor spurring the design of regional responses was the recognition of diverse and vulnerable communities within jurisdictions. These vulnerabilities, in some cases, were linked to specific places and industries. For example, a school system in one jurisdiction had an ethos that permitted teachers to engage in sexual relations with children with high levels of corporal punishment as the norm. In a similar fashion, a textile factory in that jurisdiction was a textbook case of labor trafficking. Intimate partner violence is often utilized to control victims of sex trafficking of both adults and children. In some cases, these vulnerabilities are associated with a victim’s socio-economic status, ethnicity, faith, immigration status, or a factor that would tend to make a victim vulnerable. Physical and cognitive disabilities and mental health diagnoses are often factors that make it difficult for a victim to report abuse. In traditional societies, certain classes of individuals may be perceived as deserving of less protection. Abusers are too often skilled in identifying those victim populations without access to systems (systems of justice, education, child protection, health).

In analysing systems inequities, we also find that justice professionals may focus on these more vulnerable populations as well, assuming culpability rather than examining a child victim’s exposure to violence and/or victimization. As only one example, current trends in U.S. responses to sex trafficking reflect a willingness to investigate, arrest and charge minors with offenses related to their own exploitation. The recent proliferation of sex trafficking courts, however well-intentioned, are based on a willingness to charge victims if these victims do not participate in court ordered treatment programs. The purchasers of sex via prostitution are overlooked in the analysis of this crime and seldom referenced in investigations, prosecutions, research or training outreach. Purchasers/perpetrators are, frankly, the more powerful in the trafficking trio yet are largely invisible in the efforts to end sex trafficking. The sexual abuse of boys via the biking federation case in Belarus is a local example of our capacity to «miss» whole populations of victims.

Too often, child abuse professionals are trained to identify certain types of violence and these assumptions influence the protocols and models adopted. Professionals too often are using protocols designed for a specific vector of violence. For example, many forensic interview protocols are based on materials developed for sexual abuse and presume the sexual abuse will be recognized by the child as a startling or unusual event. This is particularly true for interview protocols where the interviewer has little or no knowledge of the suspected crime. For children in environments where sexual abuse is normed or where severe neglect or physical abuse are normalized, it is difficult for the child victim to describe acts or processes that are to the child, simply a part of life. So, for example, a child who is in a home where withholding of food, water and access to toilet are part of the abuse process may not be able to describe adequately this experience with the interviewing protocols currently in use in many jurisdictions.

A broader exposure in training is critical if we are to build in our front-line professionals the capacity to recognize potential victimization and to provide trauma informed care. In remote and more rural locations, there is a practical aspect to this as well. The child abuse investigator in a small town is most likely also the domestic violence investigator and possibly also the drug investigator. When we create «specialists» either in terms of victim population (child abuse, elder abuse, battered spouse/partner) or in terms of vector of violence (homicide, neglect, sexual assault/sexual abuse), we forget that in most rural communities the same professional is responding to many forms of violence. In the United States, we have 22 different types of responses for child abuse cases based on specific criteria. As we create human trafficking task forces, child abuse multidisciplinary teams, domestic violence coalitions, etc. we are simply creating multiple initiatives that involve the same set of professionals.

To address the proliferation of disparate responses, Tiapula has worked with partners to craft more inclusive training events recognizing the need to collaborate across systems in building solutions. Ponimanie’s work in Eastern Europe reflects this willingness to always question those aspects of each protocol or model that might not encompass a victim, victim population or the violence experienced by the victim. Building broader skill sets has been a goal of Ponimanie trainings as they include training to address technology facilitated crimes, analysis of power and control, severe physical abuse and neglect, human trafficking and commercial sexual exploitation as well as the more traditional focus on sexual abuse.

The final shift in current efforts to end child abuse include an embrace of education and economic partners with prevention initiatives predicated on a human rights and social justice framework. Socio-economic vulnerabilities can be addressed only when children have access to systems of education and the capacity to participate in economic endeavors as adults. In many communities, these produces
unusual alliances with environmental partners working to respond thoughtfully to climate change, arts partners offering alternate lenses from which to process experience and business partners to generate the jobs needed to secure basic needs for individuals and their families. Prevention to reduce and to end violence (Victor Vieth’s *Unto the Third Generation*) requires parallel efforts to build peace in our homes and in our communities. Following Dr. Kimberly Svevo-Cianci’s lead in building into our systems responses the protections inherent in our human rights frameworks, specifically the Convention of the Rights of the Child, Tiapula, Makhanko and other regional leaders are working to implement the International Child Development Program, Ceeds of Peace and other evidence based prevention education programming. ICDP addresses the need to build healthier parenting skill sets. *Ceeds of Peace* was designed by educators and peace activists Dr. Maya Soetoro-Ng and Dr. Kerry Uresovich as a training to facilitate peace building skills and to produce peace building adults. Pacific and European partners are supporting our prevention partners while always remember the work to heal those who have experienced violence.

SECTION II: European Models of Child Abuse Intervention and Prevention

**Children’s House in Iceland – «Barnahus»**

The original US Model of the Children’s Advocacy Center has been redesigned and enhanced to a new level in Iceland, where the Model was adapted to the national and European context and influenced wide many parallel efforts across Europe. *Barnahus* (which literally means Children’s house) is a child-friendly, interdisciplinary and multiagency centre whereby different professionals work under one roof in investigating suspected child sexual abuse cases and providing appropriate support for child victims in line with the Children Advocacy Centre model. The activities are based on a partnership between the State Police, the State Prosecution, the University Hospital and the local child protection services as well as the Government Agency for Child Protection which is responsible for its operation.

The basic concept of Barnahus is to avoid subjecting the child to repeated interviews by many agencies in different locations, including the courtroom, if an indictment is made. Research has shown that when this happens, it can be very traumatic for the child. This «re-victimization» can even have more harmful effects on the child than the abuse itself. Furthermore research has shown that repeated interviews carried out by people that are not specifically trained in forensic interviewing are likely to distort the child accounts of events by suggestive questioning with detrimental effect on the criminal investigation. Another aim of the Children’s house is to provide a child friendly environment for investigative interviews which reduces the level of anxiety of the child which in turn is crucial for successfully eliciting the child’s disclosure.

The Barnahus model, somewhat different from the USA model of CAC, includes court statements given in Barnahus under the auspice of a court judge with the aim of save the child from repeating his/her statement and avoid confrontation with the suspected person in the courtroom. This requires that the human rights principle of the «due process» must be met, including the principle of «equality of arms». Therefore, the defence must be able to observe the interview and pose questions to the child via the interviewer as appropriate. This is video-recorded and is accepted as valid evidence in court proceedings, if the case is prosecuted, which has been established as just procedure by the case-law of the European Court of Human Rights.

The Children’s House is located in a residential area and it’s interior is designed to maximize the child’s comfort e.g. by toys, pictures
and selection of colours. The child is interviewed in a special room by a trained investigative interviewer according to evidence based protocol. The interview is observed in a different room by a judge, who is formally in charge of the procedure, a social worker from the child protection authorities, the police, the prosecution, the defence attorney and the child’s advocate. As referred to above the interview is videotaped for multiple purposes, including child protection and criminal investigation and as court testimony at the main proceedings if an indictment is made. This arrangement makes it possible in most cases to do with only one interview with the child as the child need not appear in court. After the interview the child may have the medical examination in the medical room of the house. The findings are documented by paediatricians through the use of a colposcope, a state-of-the-art equipment that records the examination on a video. The House also provides treatment services for child victims of sexual abuse and their families. The child is assessed for therapeutic purposes and an individual treatment plan is designed and executed either at the facilities or, if the child lives outside of the capital area, as near to the home environment as possible.

Barnahus Iceland has inspired the establishment of around fifty such centres during the recent years among the Nordic Countries. It received the Multidisciplinary Award by IPSCAN (the International Society for the Prevention of Child Abuse and Neglect in 2006. The model is recommended as good practice in many of Council of Europe standards including the Guidelines of Child-friendly justice and the Recommendation of Child-friendly services and has been promoted by the Lanzarote Committee, the monitoring body of the Lanzarote Convention.

### Karl-Göran Svedin and Åsa Landberg

**Swedish Classification of Barnahus Model**

Classification of Barnahus Model was undertaken in the first time in Sweden by worldwide-known Prof. Dr. Karl-Göran Svedin and highly experienced and recognized psychologist and psychiatrist Åsa Landberg in 2012. The aims of the assessment and further adjusted classification were the following:

- Develop a Swedish manual for quality evaluation of Swedish Barnahus
- Anchor the quality criteria among Swedish Barnahus
- Quality Assessing Swedish Barnahus
- Presenting the results – the Report. Which meets the requirements? What will it take to get there?

The assessment of 23 Barnahus Programs was done according to 12 criterions, became a basis for A, B, C Classification:

- Organization
- Objectives and target groups
- Barnahus as environment for children
- Collaborative planning
- Pick up and drop of children
- Forensic interview with children
- Medical examination
- Crisis support and treatment
- Follow-up
- Barnahus as competence centre
- Skills provision
- (The best interests of the child in focus)

### Illustration 1 «Classification of Barnahus in Sweden» by Svedin, Landberg, 2012

As to the Report of Svedin and Landberg, the following findings were reported and recommendations were made:

- Barnahus has come to stay
- Many need to develop their Barnahus to achieve type-A level
- Expanding the target group
- Barnahus for all children!
- Establish Lex Barnahus
- Social Services: Improve procedures regarding protection and information
- Police: Ahead of zero tolerance for not investigating in time!
- Health: Take responsibility for children’s mental and physical health

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20 [http://www.bvs.is/media/forsida/Barnahus,-an-overview.pdf](http://www.bvs.is/media/forsida/Barnahus,-an-overview.pdf) as to October 6, 2015, updated in October 28, 2015
That was the first attempt to classify Barnahus Model, and after that was developed further by the Barnahus Iceland offering the extended description to classify and assess CAC/Barnahus Models:

**Illustration 2 «Classification of Barnahus in Iceland» by Gudbrandson, 2015**

### Integrated Systems Responses for Victims of Child Abuse

**Children’s Support Centre (Lithuania)**

Since 1995, the public institution Children Support Centre strives to address the mental health needs of Lithuanian children by providing effective integrated assistance to children and families. The Centre is involved in both prevention and intervention efforts; providing assistance to children with behavioral and emotional difficulties and for those undergoing psychological crises. Also operating the programme ‘Big Brothers Big Sisters’ and implements the programme ‘Second Step’ in Lithuania, the Centre delivers outreach and training to support positive parenting practices in the population. The Centre also serves as a methodical centre for specialists’ and volunteers’ preventive work with children, young people and families, and provides psychological services to the residents and organizations of the country.

One of the main goals of Children Support Centre is to provide effective integrated support for children, victims of abuse, and their families. Below you can see the table, showing, how the integrated support for the victims of child abuse and their families is organized at the Children Support Centre (CSC). All services and support for child victims and their families is provided free of charge.

<table>
<thead>
<tr>
<th>Medical Exams and Evaluation</th>
<th>Joint Invest. Interviews: court statements/ CPS interviews</th>
<th>Victim Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Counselling/ Support</td>
<td>Consultation and advice to local CPS</td>
<td>Education, training and research</td>
</tr>
</tbody>
</table>

**Table 1 «Integrated Help for Maltreated Children and their Families for Lithuania»**

The process of providing help:

- Children who suffered emotional, physical, or sexual abuse usually are referred to the CSC by the child rights protection specialists, police officers, social workers, specialists from schools, and other specialists or families themselves seek help.

- The first step in providing support is a psychological evaluation of the child’s state and psychosocial evaluation of the family situation. The evaluation is usually carried out by a psychologist/s or the team consisting of a psychologist/s and a social worker. If the child’s psychic state is greatly disturbed, the evaluation by a psychiatrist is also performed. The conclusions of the evaluation are made by the team which did the evaluation. Based on the evaluation’s conclusions the plan for helping a child (referred to as the «help process») and her/his family is developed. The non-abusive parents are always actively involved in the help process. The abusive family members are involved into the support process depending on the abuse history, the level of the motivation to change, and the security of the child. If the child lives in the foster care institution, the professionals responsible for the child are involved in the process. The support process at the CSC is coordinated by one of the Centre’s specialist. If more than one institution is involved in the help process, a multi-disciplinary meeting is initiated with the necessary participation of the Child Right Protection Department.
The multi-disciplinary meeting is organized to finalize the evaluations made by different institutions, to raise the goals of intervention, and share functions in the help process. A very important aspect is to set the final date (or interim date) of the intervention and the next multi-disciplinary meeting to evaluate the effectiveness of the intervention.

- Outreach for the child and her/his relatives is provided following the evaluations and a developed support plan. If needed, psychological, social, psychiatric, and legal support is also provided. The child is usually provided with the psychological support needed to overcome the psychological trauma. In some cases the psychological support is also provided for the parents with the goal to strengthen them so that they would be able to protect and support their child better. Legal support is usually provided for the parents with the goal to protect better child’s rights in the legal process. Social support is usually offered for non-abusive parents. The help process can be short-term or long-term.

- When needed, child interviews are conducted in a room in CSC or in Vilnius, depending on the case. The Child Support Centre is described in detail below.

- The evaluation of the support process is necessary to see if the child and family’s situation has improved and whether the goals of intervention have been reached. The evaluation is made by the professional(s) who provided the support. If more than one institution was included in the process of intervention, a multi-disciplinary evaluation meeting is organized. The evaluation is based on the current child’s state and family’s situation evaluation, changes of the situation from the start of the intervention, and the current security and needs of the child. Decisions are then made to determine if additional assistance is needed for the child and the family. If so, a renewed plan is developed with the next date for the evaluation. If further support is not needed, the decision is made if and how the monitoring of the family’s situation will be conducted.

**Forensic Children Interviews at Children Support Centre**

In 2008 the Child friendly interview room was opened in Children Support Centre and it complemented the services for the victims and witnesses of abuse, provided in the centre. Equipped according to international standards, the Centre consists of two separate rooms: a room for the forensic interview of a child, and a separate meeting room, where specialists might observe the interview. The interview room has been furnished in accordance with the needs of children with comfortable, colorful furniture and non-distracting environment; the video camera has also been installed in such a way that it does not catch the eye. If a need arises, several toys are prepared to help to relax for a child. The course of the interview may be observed in the neighbor room (meeting/observation room). The pre-investigation judge, prosecutor, investigator, attorneys, the accused (depending on the case) may observe the interview without disturbing its course. When a need arises, the participants of the procedure can ask questions using a system of microphones: the participants present their questions to the pre-trial judge and the judge presents them to the psychologist. The technical equipment necessary to conduct and record interviews consists of: a video camera, earphones and microphones, a monitor which displays the picture of the interview room, sound and image amplifiers, DVD recorder. An interview is recorded and the record is presented for the legal institutions. In the waiting room, a big aquarium welcomes coming children.

The interviews are organized and implemented in Children Support Centre’s interview room only based on referrals from legal institutions and only with participation of legal institutions, primarily a pre-trial judge and prosecutor. The goal and strategy is discussed by interviewing psychologist and the assigned prosecutor. The interviews are implemented according to the NICH protocol, prof. Th. D. Lyon’s “10 steps interview” model and recommendations of child friendly justice. The Children Support Centre’s interviewers are clinical and law psychologists, who have theoretical and practical skills for forensic child interviews. Children Support Centre’s interviewers implement interviews not only in their Centre’s Interview room, but also are invited to the other Interview rooms around Lithuania. Also, the Centre’s specialists advocate for the best child’s interest in criminal procedures and prepare recommendations for specialists working with children and dealing with child abuse cases. Examples of strategic guidelines prepared: «Technical Standards for the Interview rooms» and «Protection of Children – Victims/Witnesses of Crime – Guidelines». Examples of other methodological publications: «Children in Legal Process: the Overview of Situation and Recommendations for the Specialists,» «How to Interview Children: A Methodological Guidebook for Specialists Participating in Forensic Interviews of Child Victims and Witnesses of Abuse.»

In 2012, the Children Support Centre implemented a research on Criminal Court files, concerning the child sexual abuse cases. The goal of the research was to evaluate the practice of forensic children interviews, to study how the children rights and interests are guaranteed in the criminal procedures, identify good practices and biggest challenges in Lithuania. The results of the research outlined significant challenges in the system and identified strategies for improving systems responses to child abuse.
The public institution «Child house» – was a non-governmental, not-for-profit institution providing the psychological-social, educational and information services in the field of child abuse to provide better assistance for sexually abused children and their family members. The main goal of the «Child house» was to implement the child abuse prevention, rehabilitation and social adaptation in response to:
- Sexual abuse and sexual commercial exploitation of children,
- Physical abuse of children, and
- Emotional abuse and neglect of children.

The goal was to provide complex services for sexually, physically and emotionally abused children and their family members, and to develop a model of cooperation among different institutions, organizations and professionals working with abused children. The scientific-investigation work on child abuse topic and establishment of an information center analyzing, evaluating and providing information about child abuse situation in Lithuania was also important.

History of Child House

The Child House was established in 2000 as a program of the Child Development Center’s «IT-Children House.» The public institution Child House was founded on the 29th of January in 2002 by three persons. One of the organization’s goals was to establish and adapt advanced models and methods for working with abused children. The idea and the name of Child house came from the Islandic Barnahus – children’s house, a child friendly, interdisciplinary and multiagency response to child abuse and services for child victims. Child House was sponsored by World Childhood foundation, providing prevention at first and intervention of sexually abused children subsequently. All the services for abused children and their family members were free with a child interview room established in 2005. The first interview was organized by Vilnius Prosecutor’s office on 30th of May, 2005. The child interview room, established in the Child House, was the second one in Lithuania. The first interview room was established in the Child Development Centre (the hospital) in 2004 with the funding of World Bank. However access to these interview rooms (should be - to that interview room) required payment and only one interview was ever conducted in that room. Child House was established offering free services of the child interview room, psychological help, social and legal assistance mainly for child victims of sexual abuse, all sponsored by World Childhood Foundation. The organization closed in the beginning of 2010 due to the loss of WCF as sponsors and the government of Lithuania was not able to take over these services.
institution by a case manager. If a child needed stationary medical services, he/she was referred to a crisis center of children in Child Development Center. According to the needs, psychological assistance was provided for child’s non-offending parent (or other representatives) and siblings as well. Individual psychotherapy, group therapy for mothers, whose children have been abused, and family therapy were provided in Child House. If a child was from other town than the capital and came to Child House only for the investigative interview, a case manager tried to find the further psychological help near the child’s living place.

Practices for children exposed to violence in other Lithuanian entities

The value of a child interview room had been established by Child House. Two more interview rooms where established in the non-governmental organizations – in Children Support Center in Vilnius (described above) and in a child’s welfare center «Pastoge» in Kaunas. The only NGO providing interviews of abused children until now is the Child Support Center. «Pastoge» provides temporary shelter for children (from Kaunas region) who cannot live with their families as a result of parental problems. Several children, who lived in «Pastoge» and had to testify in a court, were interviewed in an interview room by a local psychologists based on a referral by the police and under the supervision of a pre-trial judge. The interview room in «Pastoge» was replaced by an interview room at the police station in Kaunas. Five (5) child interview rooms were established at police institutions in 2008 in Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys. But police psychologists, who conducted child interviews, worked only in Vilnius and Kaunas. Psychologists from other institutions (e.g. hospital, pedagogical-psychological service, etc.) were invited to provide children interviews at police interview room in Klaipėda and Šiauliai. Police officers also began to conduct child interviews in these interview rooms themselves. An interview room in Panevėžys was established but not actually used. Although the police initially planned to establish 5 more interview rooms in other cities, but abandoned this effort when interview rooms were established in the courts. There are now six (6) child interview rooms in police at the moment in Lithuania. After the changes of article No. 186 of the Code of Criminal Procedure in 2009, a child is interviewed in an interview room only under the lead of pre-trial judge who is authorized to conduct an interview of a child in an interview room in court; police officers are not currently conducting these interviews. While implementing the provisions of Code of Criminal Procedure 25 interview rooms were established in courts at the beginning of 2009. Despite establishing these rooms, no provisions were made for the professionals needed for implementation of forensic interviews.

A team of five forensic psychologists started to work in courts in 2015, a full six years after the interview rooms themselves were established. The responsibility of court psychologist is to conduct child interviews in every court in the region. There are 41 interview rooms in courts (as of January 2016).

Children are interviewed in interview rooms mainly for violent crimes, primarily sexual abuse. A child friendly interview room does improve the process and reduce the trauma of court involvement for the child victim or witness. However, to have only the equipped room itself is not enough to provide the complex range of services required for a child victim of violence to participate without re-traumatization and to recover from abuse and maltreatment. The interview room is the only aspect of the Barnahus model established by Lithuania’s legal system. Medical examination, social and therapeutic help for children are routinely provided in other institutions for child victims of violence. The lack of any accompanying services or systems involvement reflects an absence of a coherent, coordinated response to child maltreatment in Lithuania. The sources of funding of interview rooms themselves are separate from the psychologists who would conduct the interviews. There is no united and ratified protocol for interview and treatment of abused children in Lithuania. There are now, though, concrete actions by the government to establish a center for sexually abused children. A center, based on the Barnahus model (Iceland), to be open in 2016.

Lessons Learned in Lithuania: Best Practices for Eastern Europe

In the last decade (2005 – 2015), non-governmental organizations (NGOs) were the main actors in the field of child forensic interviewing – modeling the required professional skills, friendly attitude towards children and their families, and multi-disciplinary collaboration to meet the needs of child victims and witnesses and their families. For the systemic reforms to become institutionalized in Eastern Europe, governments need to assume responsibility for building a united system of victims support and to mandate and support for children and families in a co-located space (a Child House or Barnahus model).

The main challenges to be addressed in Lithuania:

- All the specialists, dealing with child abuse cases, should cooperate and work together for the best interests of the child and to leverage scarce resources;

- All interventions for abused children must be child-focused, deliberate and avoiding possible re-traumatization/re-victimization of a child (interdisciplinary response);
- Intervention in child abuses cases should be planned and coordinated, to ensure complex support for the abuse victims and their families;

- Investigative interview of a child is crucial in the cases of abuse and should be conducted by a trained professional, forensic interviewer, professional according to an evidence-based interview protocol. One forensic interview with good preparation of specialists would be an appropriate solution;

- A single, legally established forensic interview procedure should be obligatory for each specialist. The procedure should include interview structure, interview guidelines, roles and cooperation of specialists; and,

- The organization should have a system for monitoring case progress and tracking case outcome, as well as regular development of professional competence.

SECTION III: The United Child Protection Model's Global Potential

Andrey Makhanko.

Ponimanie. Implementation of the Children's Advocacy Center and Barnahus in Belarus

Andrey Makhanko, the Founder and Chairman of the International NGO Ponimanie, is working to bring the best internationally recognized practices to Belarus and has pulled from the various Nordic and American models the structure that would facilitate support for children and change in Belarus. Ponimanie has served as the initiator and the main engine of Barnahus/Child Advocacy Center (CAC) development in Belarus. The history of Barnahus or CAC Model development in Belarus began in 2003 when Ponimanie leadership participated in International Society for Prevention of Child Abuse and Neglect (ISPCAN) events and were introduced to ISPCAN President Prof. Dr. Barbara L. Bonner and to Vaiko Namas Model in Lithuania (2004). In 2005, Makhanko met with the World Childhood Foundation occurred during the 10th ISPCAN European Conference on Prevention of Child Abuse and Neglect held in Berlin, Germany, and in 2008 UBS Optimus Foundation, and these two meetings gave the impulse for development of modern child protection system in Belarus. The first child-friendly interviewing room according to the Barnahus/CAC Model was opened in Belarus in 2009 in Ponimanie’s office immediately after the Strategy of Prevention and Intervention of Child Abuse was adjusted in one month after CoE CM Rec(2009)10 issuance. In a strategic effort to capitalize on the regional focus on children, Ponimanie championed both the annual international conference “Safe Belarus for Children”, regular training for professionals, and creation the child-friendly infrastructures and policies for child-victims of crime - the opening of the interview rooms, connection of Criminal Justice and Clinical wings of child protection system, reporting to the UN CRC, and adequate responses to its Concluding Observations in national legislation and practice.
After a careful analysis of the available collaborations needed to support the foundation of Barnahus/CAC in Belarus, Ponimanie, together with scientists from the Academy of Postgraduate Studies, Belarus State University, Minsk State Linguistic University, and Belarus State Medical University, decided to implement Barnahus/CAC programs in existing institutions – Social Pedagogical Centers, Center of Special Teaching (specialized program for disabled children), Children’s Hospital, the Courthouse, «light institutional care» for orphaned children - SOS-village, and State Committee of Forensic Expertize. All variations of the Barnahus/CAC program provide at least 2 main services for children – protection and child-friendly investigation, and – mental health treatment programs as required.

During the first 6 years after the Model was launched, disclosure of sexual crime against children in Belarus increased by 73%.

<table>
<thead>
<tr>
<th>#</th>
<th>Location</th>
<th>Trained staff</th>
<th>Protocol</th>
<th>Rank*</th>
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<tbody>
<tr>
<td></td>
<td>Minsk, Sovetski SPC</td>
<td>4</td>
<td>10-Steps T.D. Lyon, Ponimanie version in Russian</td>
<td>B</td>
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*Glossary:
• Rank A, B, C – according to Barnahus Classification, 2012
• Rank U/C – unclassified
• Rank TC – Training Center
• Rank RTC – Resource and Training Center
• Rank NRTC – National Resource and Training Center

Table 3 «Analysis of Barnahus/CAC Programs in Belarus as to October 6, 2015»

CAC/Barnahus Program in Social Pedagogical Center with Child Social Shelter

The main objective of CAC/Barnahus Program implemented at the Social Pedagogical Center (SPC) is to establish contact with children placed temporarily under State Protection to Child Social Shelter up to 6 months. Shelter is one of the programs of the SPC. An average of 13-55 children are housed at SPC with neglect as the most common reason for placement. A truncated version of the 10-step interview is held with children according to the joint mandate of the Center and SPC immediately after placement in the shelter.

The Center besides Shelter includes outreach for all children who live on the territory, which is under Center’s responsibility – the district, or city. Thus, Centers located in rural areas and the capital

city Minsk work on district level, and Centers located in Oblast cities like Brest, Homiel, Hrodna, Mahiliou, and Vicebsk, as well as cities with over 70,000 of population like for example Zhodzina and Lida, are working with the children’s population of the city. The program is aimed to prevent social orphanage. One of the most dangerous risks of social orphanage lies in area of child abuse. Child neglect is the most common basis for removal of children from dysfunctional biological family/home environments. The Center has, as a consequence, focused on prevention of neglect and other forms of child abuse as a core goal. While neglect is the main reason of placement children in the shelter, often other types of child abuse present in the children’s history. Interviews in cases of shelter placement are critical. Three of every four children interviewed in the shelter typical disclose other forms of child abuse (75%). Children disclosing other criminal forms of abuse remain in the shelter to avoid retaliation from an abusive parent/caregiver and to avoid pressure from others in the home environment to recant. Children in the shelters are initially safe. And according to Classification of Barnahus,23 all Social Pedagogical Centers with CAC/Barnahus programs satisfy to the rank «C» – at least Safety/Protection, and Forensic Interview/Child-friendly Investigation are secured. Availability of the following services: Medical Exam or Treatment of children diagnosed with several mental health and general health disorders (PTSD, etc.), gives a chance to raise the rank to «B», and both of them – to the rank «A». As medical licenses are required for provision of medical exam and Social Pedagogical Centers do not have medical licenses, it is currently not possible for any of the SPC-based CAC/Barnahus Program in Belarus to rise to the rank of «A».

CAC/Barnahus Program in Special Education Center

As to Ponimanie’s SCARI-2 (Study of Child Abuse in Residential Institutions, 2009), abuse of institutionalized children with special needs, often – cognitive and mental disability, is 25 times higher than in general children’s population24. As to the Art. 29 of the Penal Code of Belarus, such children are considered less reliable as witnesses, and their testimony given in regular conditions are often neglected by the Investigation, and the Court. To secure the right of children with special needs, Ponimanie has launched CAC/Barnahus Program in Brest Oblast Center for Special Education, the 10-Steps Protocol of forensic interview was adapted to needs of children with mental disabilities, as well as Special Teachers were trained to conduct such an interview. Education of justice partners, helping them understand the ways that children with cognitive and other disabilities communicate, needs to occur to facilitate protection of these children.

CAC/Barnahus Program in SOS-Village

SOS-Village in Mahiliou was chosen to launch CAC/Barnahus Program due to forming on its base the SOS-Crisis Center dedicated to give adequate response to challenges of child abuse and domestic violence both in the SOS-Villages (exceptional cases), and the community around SOS-Villages in Belarus. Ponimanie/SOS CAC/Barnahus Program is serving the communities in Mahiliou region. This collaboration is an excellent example of cooperation between large international child care NGO having own extended infrastructure, and deeply-specialized NGO in prevention and response to child abuse visible on global level. This program serves over a hundred children and their families a year, and it plays a critical role in the community of Mahiliou-city and oblast in the prevention and response to child abuse and neglect.

CAC/Barnahus Program in the State Committee of Forensic Expertise

The State Committee of Forensic Expertise of the Republic of Belarus was established in July 2013 aiming to create conditions to ensure the independence and effectiveness of forensic expertise in Belarus. This State Committee was created on the basis of the State’s service of medical examinations, expert departments of police, and the emergency/fire, as well as the Army and the Ministry of Justice of the Republic of Belarus. State Committee of Forensic Expertize reports directly to the President of the Republic of Belarus. Among others, the State Committee includes Head Department of Forensic Psychiatry, which includes the Department of Forensic Psychophysiology. The CAC/Barnahus Program is part of this Department aiming to unite in the same technological chain Forensic Interview and Expertise, as well as – interrogation of perpetrators including polygraph use. The best interviewers in Belarus work at this Program, serving as a resource center for the country in the interviewing and evaluation of children’s testimony, contributing in development of child-friendly approaches abroad, in neighbor post-soviet countries.

On the way to child-friendly procedures in the Court

Aiming to secure rights for children exposed to violence, Ponimanie opened a child-friendly interviewing room in the Courthouse. This

child-friendly room is used for court interview of a child-victim or witness of a crime, although the room is also used for conducting other trials where special measures involving the state protection of witnesses are required. There is only one child-friendly interviewing room located in the Courthouse. The single room is sufficient given the capacity of the CAC/Barnahus Program to provide on-line translation of any child interview conducted by the CAC/Barnahus Program to the Court.

Equipment and Furniture used at Belarusian CAC/Barnahus Programs

Often child advocacy centers and similar programs for children and families around the Globe are not implemented because of the enormous costs for tax-payers and international donors. In 2009 Ponimanie crashed this myth with new digital and Internet-based approach and presented its’ strategy at Childhood Thematic Seminar in Stockholm in September 23, 2013 to be openly and widely disseminated around the Globe, including the motherland of Barnahus Model in Iceland, where this equipment was installed at the end of 2013. The total cost of the forensic interview recording equipment for the CAC/Barnahus Program is less than USD 2,500.

Use of Internet-based technologies and moderate-cost digital cameras support the installation of mobile interviewing rooms and can be moved by box or suitcase wherever needed – closer to a child – in school or kindergarten, or another child-friendly place.
a jurisdiction are most vulnerable to abuse (for example, children with cognitive or other disabilities or marginalized ethnic groups within a population) and a tracking mechanism for other forms of violence and exploitation often linked with child abuse (for example, sex and labor trafficking). This evaluation offers opportunities to craft intervention and prevention outreach designed to reduce the incidence of abuse and identify victims of violence and abuse that might otherwise be missed or exploited (e.g. the “Bicyclists/D. Case with over 10,000 boy-victims).

Based on CAC++ (Children’s Advocacy Center plus several important components) or Barnahus+ approach, the United Child Protection Model is suitable for countries with low and middle income per capita because it has high cost efficiency due to reduced indirect costs while offering excellent professional expertise. As part of this approach, Ponimanie, in partnership with Governmental institutions, operates a 24 hour/7 day a week toll-free National Child Helpline Belarus 8-801-100-1611, linked to a network of 18 Children’s Advocacy Centers, Treatment/Child Protection Unit in Children’s Hospital, National Center for Missing and Exploited Children – Belarus. A number of other elements of a Modern Child Protection system are being evaluated for eventual implementation.

Illustration 5 «How the United Child Protection Model works?»

The Model works mostly for the following areas: Child Abuse, Neglect, and Exploitation with the following target groups: general children’s population, parental community, professionals, decision-makers, with the focus on children at risk – remote/rural areas, low income, migrants, alcohol/drugs, poor parental skills, disability, HIV, children with other special needs, e.g. learning difficulties, etc., alumni and residents of institutions – orphanages, penitentiary, long-term hospitalization. Some groups might be included additionally such as for example street children and/or other vulnerable populations.

To have a sustainable system based on United Model we have to launch the heart of the system – a state of the art, United Model Child Protection Center. Recognizing that this model is unique. No other center in the world offers the comprehensive services being designed as part of this model. As part of the infrastructure for this center, we will are working to identify the resources needed to establish a Regional Resource Center for Eastern Europe (an Eastern European Child Protection Training Center) to address the needs of children and families, to conduct research and evaluation needed to grow our body of knowledge, to build more precision into the use of technology, provide training and education for frontline professionals and local/regional/national leaders including on the job training and education at all levels (graduate and undergraduate academic institutions) and policy making. This capacity is based on our willingness to address with whole-heartedly the two «whales» of child protection - direct service delivery and training/education across all sectors.

Illustration 6 «Scheme of the United Child Protection Model»

Based on the principle of maximal concentration of fragmented services for children into the same technological chain of support under the same roof, the United Child Protection Model is effective, cost-efficient, and seeming attractive not only for poor developing countries but also for such rich and high-economically developed countries as the USA, Iceland, Australia, and Norway.
Lessons learned during implementation of the United Child Protection Model in Belarus

During the first five years of the implementation effort, as Ponimanie implemented pieces of the model based on available resources, the following most important lessons were learnt:

• The effectiveness in management and overall effectiveness of the United Model for clients has increased exponentially in comparison to the referral system but the Model needs more qualified mid-level and upper-level managers;

• As the responsibility for the model’s effectiveness and success belongs to a single agency, and this motivates staff 100% both in terms of fundraising and securing the long-term sustainability of the agency;

• Progressive ideas have met local resistance. Part of the resistance to the United Model derives from organizations and agencies invested in the status-quo, primarily those linked to the referral system;

• The United Model allows child advocates to raise public awareness and dialogue in the society because of much bigger number of «information cause» - more flows – more cases – more causes – more awareness – more funds raised – more children and families served – less cases in the future;

• The feedback needed to improve and grow the United Model is substantial and a result of the larger number of target groups;

• The United Model is universal but its export and effectiveness will be shaped by the extent to which it is redesigned to meet the sociocultural specifics of the country-importer, specifically the Governmental structure and the existence of a strong NGO ready to take on the responsibility on the implementation of the United Model (several Pacific jurisdictions are examining this model for local and regional implementation based on training delivered by Ponimanie Executive Director Makhanko in the region).

Outlined above are strategies designed to make the Model more flexible. A strength of this model is its’ capacity to be adjusted to the current and prospective needs of target groups including securing and protection of universal human rights, and specific rights of target groups such as rights of victims of violent crime, children’s rights, and women’s rights in any country.

Conclusion

The UNICEF Hidden in Plain Sight Report (2014) states that response to child abuse is «moral imperative» and «it needs strategic investment.» The economic burden of child abuse cases only in the USA, with the largest economy and over 20% of global GDP, estimates as much as USD 124-565 Billion in 2008. With that as the base, we extrapolate a global economic burden of child abuse at USD 0,6 – 2,5 Trillion a year.

The Child Advocacy Center/Barnahus Model, as well as the broader and more concentrated variation, the United Child Protection Model, are effective, efficient and fiscally responsible solutions for intervention and prevention initiatives. Already being explored by Pacific partners, the United Child Protection Model is rooted in evidence based health and justice practices and build on a foundation that is accessible to many partners internationally. The strategic investment required for this implementation is infinitesimal in comparison to enormous figures of productivity losses and overall economic burden of child abuse. We suggest an initial investment of USD 10-30 per child, as less as the country is bigger, with rare exclusion for extremely small States with child population under 0,5 Million where initial investment of USD 15 Million should be secured aiming to keep national/local ownership of State and/or Civil Society on wide system of protection children from violence. Investment should go directly to the main stakeholder, primarily – key national non-governmental organization, securing effectiveness, transparency, and accountability of the action, and tripartite intersectoral partnership of the State, Civil Society, and Private Sector to end child abuse. Managerial resources of global intermediaries such as UN Agencies and «monster» worldwide non-profits might be involved only and when national civil society is absent or extremely weak, which is relevant just for 1-2% of the least-developed countries of the world. Initial investment supposes costs of construction and equipment of a national or regional United Child Protection Center, as well as establishment and development an endowment to ensure long-term sustainability and a commitment to the long-term initiatives required for prevention and systemic change. Initial investment allows conducting both state-of-the-art direct service delivery for target groups (both prevention and intervention), training for multidisciplinary groups of professionals, and policy-making, protocol development.

The national and regional United Child Protection Center mission also contains permanent support for direct service delivery agencies on local/ grassroots/ community level via training and education, and financial support of local pilot programmes, sharing income and more awareness – more funds raised – more children and families served – less cases in the future;

from the endowment with local communities. The **United Child Protection Center** working with partner organizations representing other victim populations (for example, domestic violence) will also coordinate management of the National Fund for compensation to victims of violent crime, if such is established in the jurisdiction where the Center acts. Concentration of all services in a co-located structure facilitates effective, coordinated systems responses as well as cost-efficiency of efforts to end child abuse on both national and community, with services available at the grassroots level, for every community and every child. Additional investment is not to be done further in the case of right management and control securing transparency of funding, via public participation at the Board of Directors and Advisory Board of the Center. Given jurisdictional and other variations in sub-regions of Africa, Central and South America, Asia, and Pacific, the United Model Center might be launched on Regional or sub-regional basis.

Initial investment undertaken leads to total global investment of USD 70-80 Billion at one time, instead of permanent spending of at least 250 Billion a year, each year. Launched United Model supposes minimization of current costs on Intervention, as well as decrease overall economic burdens up to 2-3 times (0.1-1 Trillion vs. 0.6-2.5 Trillion a year) in the next 10 years.

We would like to conclude our text by sharing the words in describing this epic battle to end child abuse. Victor Vieth offered an analogy for those of us on the front-lines of the effort to change the world for children, comparing all of us to the 1st Minnesota Regiment of 262 men in the battle at Gettysburg, when it lost over 80% of brave soldiers but secured great victory for the Union troops of Gen. Hancock.28 We fight not only child abuse, we fight the indifference and rigidity of the most of people, we fight their doubts in global danger of child abuse, we fight the low priorities of child protection for the governments of the most countries of the Globe who occasionally talk about child abuse but do nothing to end child abuse in their communities. We fight the reality that certain children are simply not protected, sometimes because of physical or mental disabilities, sometimes because of poverty and socio-economic status and sometimes because of something as basic as their faith, their race or the circumstances of being born in a community struggling with gang and organized crimes, drug distribution networks and sometimes war. We fight the bias of our own systems which look at certain populations only for culpability and overlook violence and abuse experienced suffered by the men, women and children of that community. We fight the powerful forces of inertia. But as Victor Vieth helped us to see, we know that if we stand and fight now, we, like the great action of heroes from Minnesota, may fall in this work. We may not see the fruits of our labors. We will, though, succeed and end child abuse in our communities, reducing violence globally and building peace for our children’s children. Investments made now will create the world that our children and their children deserve, a world in which children are nurtured and violence is, like polio, something we reference as a historical anomaly, something that the heroes of today, the heroes described in this text and the heroes reading this text, dedicated their lives to ending.

We dedicate this book to all children who have experienced abuse and violence in their lives, to the children who have survived and to those who have perished, to all professionals protecting them, to all innovators offering new progressive solutions to make the protection better, to all strategists and dreamers drawing and highlighting our road forward, to all people supporting us on this way, especially those who serve in the poor and remote areas, in every corner of the Earth, in particular – in Belarus, Iceland, Lithuania, the Pacific Region, Sweden, and the USA. We believe that we will end child abuse, we will build effective systems to protect children everywhere in the world avoiding the neglect, the patriarchal and colonial stances so often directed towards low and middle-income countries from richer and more prosperous ones. We will, working together, with our great passion and deep knowledge, generous sharing of resource, with equal treatment for all children and professionals helping them. We will end child abuse in each and every remote corner of the Earth. We listen, Dr. Vieth, to your words of hope. We listen and now know that we can and we will end child abuse on this Earth.

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popular-scientific edition

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