
Child Outcomes Review

CHILDREN'S EXPERIENCES
OF BARNAHUS AND RELATED
SERVICES

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CHILD OUTCOMES REVIEW: CHILDREN'S EXPERIENCES OF BARNAHUS AND RELATED SERVICES.

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EXECUTIVE SUMMARY

This report was undertaken to provide an evidence-based framework to inform the evaluation and improvement of child protection and justice services, focusing on multi-agency models like the Barnahus. The framework is derived from a comprehensive qualitative synthesis of 51 international studies focusing on the lived experiences of children and young people who have engaged with these systems. The scope of this includes interactions with justice systems (i.e., police investigations including police interviews & interactions with court), child protection systems (i.e., child protection investigations & voluntary family support services), the medical response to abuse (including forensic medical examinations & other medical examinations), the mental health/therapeutic response to abuse, along with their holistic experience of the multi-agency response to abuse.

The objective of the report is to identify outcome measures that supplement traditional procedural metrics (e.g., case closure rates) by incorporating the service quality components that children identify as most significant for their wellbeing. A central finding from the synthesised evidence is that for children and young people, the experience of interacting with services is as meaningful as the formal legal or procedural outcome.

The quality of the professional relationship—specifically the child's perception of being treated with kindness, dignity, and respect—emerged as a significant determinant of their experience. The review indicates that these relational factors are core components in mitigating trauma and building the trust necessary for effective service responses. Consequently, even services that meet all procedural requirements may still be experienced as confusing or re-traumatising if these experiential domains are neglected.

The analysis of 51 studies identifies five primary domains that, from a child's perspective, define a quality service. These domains offer the parameters for a measurable framework for service evaluation and quality review.

- **The Professional Relationship (Trust, Respect & Validation)** This domain was identified as a primary determinant of the child's experience. It is defined as professionals who are perceived as kind, patient, and consistent. It is built on the foundational experience of the child feeling actively listened to, taken seriously, and being validated.
- **Empowerment and Participation (Voice, Choice & Information)** This domain relates to the child's role as an active participant in the response to abuse. It requires clear, timely, and age-appropriate information that explains processes and roles. It also involves providing children with a meaningful (not tokenistic) voice in the response and genuine involvement in the decisions that affect their lives.
- **Safety and Security (Physical, Environmental & Emotional)** This domain is multi-dimensional. Beyond immediate physical protection, it includes a welcoming, non-intimidating, and child-friendly physical environment. It also encompasses the relational and emotional safety provided by explicit guarantees of privacy and confidentiality, including, where appropriate, privacy from their own families.
- **Holistic Wellbeing and Recovery (Trauma-Informed Support)** This domain highlights the need for a holistic and trauma-informed response. Children require timely access to therapeutic support for themselves and their families as determined by individual need, rather than by arbitrary time limits or age restrictions for children. The focus is on a strengths-based approach to recovery and managing feelings of self-blame.
- **Systemic Efficacy (Coordination and Responsiveness)** This domain measures how the system as a whole is perceived by the child. A key indicator of quality is effective coordination between agencies (police, social work, medical, legal) to prevent the negative experience of a

child having to repeatedly tell their story to different professionals, which was identified as re-traumatising.

The review compared children currently in the system with adults reflecting retrospectively, many of whom were young adults reporting on their experiences as children. It found that children reflecting on their recent experiences tend to focus on immediate and practical needs (e.g., what is happening next?). In contrast, adult survivors reflecting retrospectively place a greater emphasis on the lasting relational impact (e.g., was I treated with respect?). The analysis suggests that by meeting the child's immediate needs for information and agency, services are concurrently addressing the long-term relational outcomes that adult survivors identify as critical.

While limited studies were available to inform an analysis of how children wanted to participate in research and provide service feedback, the review identified that the principles of ethical, trauma-informed feedback collection mirror the principles of quality service delivery. An effective feedback process—one that ensures child agency and consent and closes the loop by reporting on how input was used—can itself be a therapeutic intervention that validates the child's experience.

In summary, the report identifies the important underlying outputs/outcomes that Barnahus should measure to reflect the outcomes important to children.

In addition to traditional metrics the report suggests the following key outcomes from the perspective of children:

For Criminal Justice (Forensic Interviewing & Court):

- *Preparation*: Has the child received clear, age-appropriate preparation for the forensic interview and any court processes?
- *Relational Quality*: Did the child perceive the interviewer as kind, patient, and respectful and feel believed and validated?
- *Systemic Efficacy*: Did the child feel the system was coordinated, or did they have to repeatedly tell their story? Were they kept proactively updated on the case status?

For Child Protection Assessments:

- *Clarity*: Did the child understand the reason for child protection involvement and the social worker's role?
- *Agency*: Did the child feel meaningfully involved in their own safety planning and key decisions?
- *Relationship*: Did the child perceive their social worker as trustworthy, kind, and on their side?

For Medical Examinations:

- *Agency and Consent*: Was the child provided meaningful informed consent and clearly told they had the right to stop examinations at any point?
- *Dignity and Safety*: Did the child feel their personal boundaries were respected? Was the professional reassuring and the process emotionally and physically safe?
- *Transparency*: Did the professional explain every step of the process beforehand to reduce fear?

For Therapeutic and Mental Health Support:

- *Relational Quality*: Did the child report a strong, trusting, and respectful therapeutic relationship with a consistent professional?
- *Accessibility*: Was support timely and free from arbitrary time or age-limit restrictions that age out young people?
- *Child-Centred Goals*: Was progress measured against child-identified goals (e.g., releasing self-blame, fostering self-compassion)?

For the Broader Structure and Environment:

- *Environment*: Was the physical space perceived by the child as child-friendly, non-intimidating, and not medicalised?
- *Responsiveness*: Was the system personalised and culturally and religiously sensitive, avoiding patronising approaches?

CENTRING THE CHILD'S EXPERIENCE: A SYNTHESIS OF EVIDENCE FOR MEASURING OUTCOMES IN BARNAHUS

INTRODUCTION

The evaluation of child protection services has historically focused on procedural adherence, professional assessments, and demonstrated progress on psychological instruments (Munro, 2011). While important, these perspectives often fail to capture the most critical dimension of service quality: the subjective, lived experience of the child.

Child protection services have increasingly been drawn into wider responses to abuse, recognising the interconnected nature of criminal justice, medical, therapeutic, and social support systems in addressing the effects of abuse. Multi-agency responses such as *Children's Advocacy Centres (CAC)* in North America (Krushas et al., 2022) and the European adaptation of this model, *Barnahus* (Vlachou et al., 2025), aim to provide holistic responses that integrate responses from different agencies and disciplines in a child-friendly environment. The Barnahus approach also strongly emphasises the participation of children in decisions about all elements of the process (Barnahus Quality Standard 1.2: Child Participation; Hill et al., 2021), aligned with the *United Nations Convention on the Rights of the Child 1989* (UNCRC; Haldorsson, 2017).

For multi-agency response models such as Barnahus to be effective, they need to demonstrate accountability to their primary users and the achievement of the aspirational standards associated with the model. This is particularly critical considering a key claim of models like Barnahus is that they are able to reduce the distress associated with the response to abuse (Johansson & Stefansen, 2019). Measuring the achievement of the underlying principles of the Barnahus approach requires a shift towards evaluation frameworks that are grounded in the child's perspective, recognising children as experts in their own lives and active participants in their journey toward safety and recovery.

To inform a future participatory study intended to better articulate child-centred outputs and outcomes across Barnahus¹ services, this review was undertaken to explore existing research into children's perspectives on responses to abuse, inclusive of children's experiences of the criminal justice, child protection, medical, and therapeutic responses to abuse (corresponding to the 'Four Rooms' of the Barnahus approach). The two guiding research questions for this review were:

1. What defines and constitutes a quality experience for a child navigating the child protection and justice systems, and what are the key domains that Barnahus should consider measuring as outcomes?
2. How can services ethically and effectively obtain feedback from children about their experiences to drive continuous improvement and ensure accountability?

By systematically analysing qualitative evidence drawn directly from children and adult survivors, this report aims to provide an evidence-based framework to inform the development of robust outcome measurement protocols and child-friendly feedback mechanisms. Despite substantial research regarding children's perspectives, no prior review has synthesised this evidence to our knowledge. Synthesising existing evidence is a critical precursor to new empirical research. This review establishes a theoretical baseline, ensuring the subsequent study builds upon established knowledge while specifically addressing identified gaps in the current literature.

In addition to informing the development of original research into children's perceptions of the most important outputs/outcomes for Barnahus, the findings and recommendations presented are intended

¹ For example, distinguishing between procedural outputs like the numbers of interviews and experiential outcomes like reduced distress while interacting with authorities.

to support research and evaluation design, policy development, and individual services in embedding the child's voice at the centre of service design, delivery, and evaluation.

METHODOLOGY

A search for relevant research was conducted in August 2025 comprising five peer-reviewed academic databases: PsycINFO, Medline, CINAHL, Scopus, and ProQuest Social Sciences. The search string was developed in consultation with the research team and adapted based on testing of search results. Initial scoping searches identified a large proportion of irrelevant articles, consequently a more targeted search was achieved by specifying the methodology and analysis approach in the search string. The final search string was peer-reviewed across the wider research team.

The following search string was run across the databases, with limits for articles being peer-reviewed, published in English and published in the last 10 years.

((child* or adolescen* or youth or teenager* or minor* or young*) and ("child abuse" or "child maltreatment" or "child protection" or "child sexual abuse") and (response or intervention or identification or disclos* or report*) and (perspective* or perception* or experience* or preference* or outcome* or evaluat* or "feedback") and (qualitative or "grounded theory" or "interpretative phenomenological" or narrative or "thematic analysis" or phenomenolog*))

In addition, some key sources were drawn on to identify relevant recent articles and reports, namely Warrington et al. (2023) and Bovarnick et al. (2018). These sources were selected not only for their direct relevance but also because their own comprehensive literature searches provided a robust and efficient starting point for the 'citation mining' process, in line with established qualitative synthesis methodologies. The reference lists for this study and scoping review were mined for any relevant research. An additional search was also completed using Google Scholar and in the University of South Australia Library cross-database search using the terms "Barnahus" "CAC" "Children's Advocacy Centre" and "Children's Perceptions". Any relevant articles identified through citation mining, or these additional searches were included as supplementary results.

Eligibility Criteria

The review aimed to identify studies that addressed one or both of the research questions, which meant that they matched the eligibility criteria for the search.

Participants. Studies were included that directly involved children and young people up to 18 years reporting on their experience of responses to abuse or involved adults talking about their experiences from when they were a child or young person. Childhood abuse was defined in the broadest possible terms (i.e., inclusive of experiences of witnessing family and domestic violence).

Intervention. As the ultimate aim of this review was to develop an understanding of what outcomes are important to children in the context of the Barnahus, the scope of the search included any response to abuse that fit within the 'four rooms' of Barnahus (criminal investigation and justice, child protection, medical examination and treatment, & mental health examination and treatment) along with the experience of collaborative working across these professional groups. Included studies could examine experiences of these responses individually, or holistically as part of a Barnahus or CAC response, or where children were asked about their overall experiences, which was not necessarily as part of a Barnahus or CAC response.

Comparison. Being a qualitative synthesis, there was no expectation that studies had to include a comparison condition to be included.

Outcomes. The review focused on better understanding the underlying constructs described by children about their experiences, meaning that there was no specific requirement to have measured particular outcomes. That said, the focus was on children's experiences and perceptions of professionals involved in the response to abuse, which meant that where studies were exclusively

about the responses of family and friends or other professionals typically outside the Barnahus structure, they were excluded. Where studies included both information about professionals and family and friends' responses, only information that was specifically about the professionals responding to abuse were included in the extraction.

Publication Status and Study Design. The review included peer-reviewed publications (journal articles, book chapters, theses) and published reports. The search strategy focused on peer-reviewed literature, the inclusion of searches in Google Scholar was intended to also identify relevant published university and government reports on research and consultations with children about their experiences with professionals. As the authors had completed several relevant studies and reviews these were included as key sources and citation mining of these sources was completed to complement the search strategy.

A limit of 10 years was chosen to focus the review on recent experiences with multi-agency responses, particularly considering the expansion of the Barnahus across Europe since the publication of the Barnahus Quality Standards (Haldorsson, 2017), which has driven increased research and evaluation activity.

Studies were limited to those published in English, as the project lacked the resources to quality assure the translation of qualitative research publications, which would require a highly nuanced interpretation of results. A separate grey literature review of the existing Barnahus research and evaluation will be conducted as part of the larger Barnahus evaluation framework development project.

As a qualitative synthesis the search criteria included terms that targeted qualitative research with children, which could include inductive approaches to interview design and analysis utilising more open-ended, semi-structured question structures, allowing children to share their experiences on their own terms. The scope also included more structured studies that sought children's specific feedback about processes they had experienced, or in other instances could include studies with a range of participatory approaches used to deepen children's influence on the research process and further support them to share their perspectives (e.g., vignettes, drawing, world café).

Screening Process. Initial study screening was conducted using *Covidence*, with two reviewers examining studies for their eligibility. This focused primarily on establishing that the record included original research or a review of the literature relevant to the topic, and that the record reported on responses to abuse. The reviewers deliberately erred on the side of inclusion of all studies that met basic eligibility.

The full-text screening was double-coded by the two reviewers, with notes in the record used to facilitate a discussion between reviewers where their judgements on eligibility differed. This screening was more detailed and aimed to establish that the research involved the experiences and accounts of children, and that these focused on how professionals responded to abuse. The search was expected to identify studies that reported on disclosure experiences, particularly experiences that did not result in professionals responding to abuse (i.e., accounts of internal contemplation about disclosing or indirect disclosure attempts); unless these studies included accounts of the response to abuse by professionals these were not included.

Quality review. Following an appraisal by the reviewers using Joanna Briggs Institute Critical Appraisal tools for qualitative research (Joanna Briggs Institute, 2017a) and systematic reviews (Joanna Briggs Institute, 2017b), all 51 identified records (46 original studies and 5 reviews) were deemed eligible for inclusion. The decision to retain the full dataset was primarily driven by high methodological congruity; studies consistently demonstrated strong alignment between their stated philosophical perspectives, research methodologies, and data analysis techniques (e.g., Mitchell et al., 2025; Warrington et al., 2024). Furthermore, ethical standards were robust across the sample. While some grey literature (i.e., reports) did not cite formal institutional review board numbers, they

evidenced adherence to strict organisational trauma-informed frameworks that ensured participant safety (e.g., Changefactory Knowledge Centre, 2019).

However, the appraisal identified specific limitations regarding the transparency of researcher positionality. A significant proportion of the included studies failed to explicitly locate the researchers culturally or theoretically, or to discuss the potential influence of the researcher on the study (e.g., Beetham et al., 2019; Franchino-Olsen et al., 2025; O'Brien et al., 2019). Regarding the reviews, while generally rigorous, Caffrey et al. (2024) utilised a single-reviewer approach for title and abstract screening, introducing a potential risk of selection bias compared to studies employing dual-screening protocols (e.g., Toros & Falch-Eriksen, 2025). Despite these limitations in reporting reflexivity and screening rigor, the underlying data were determined to be credible and sufficient for synthesis.

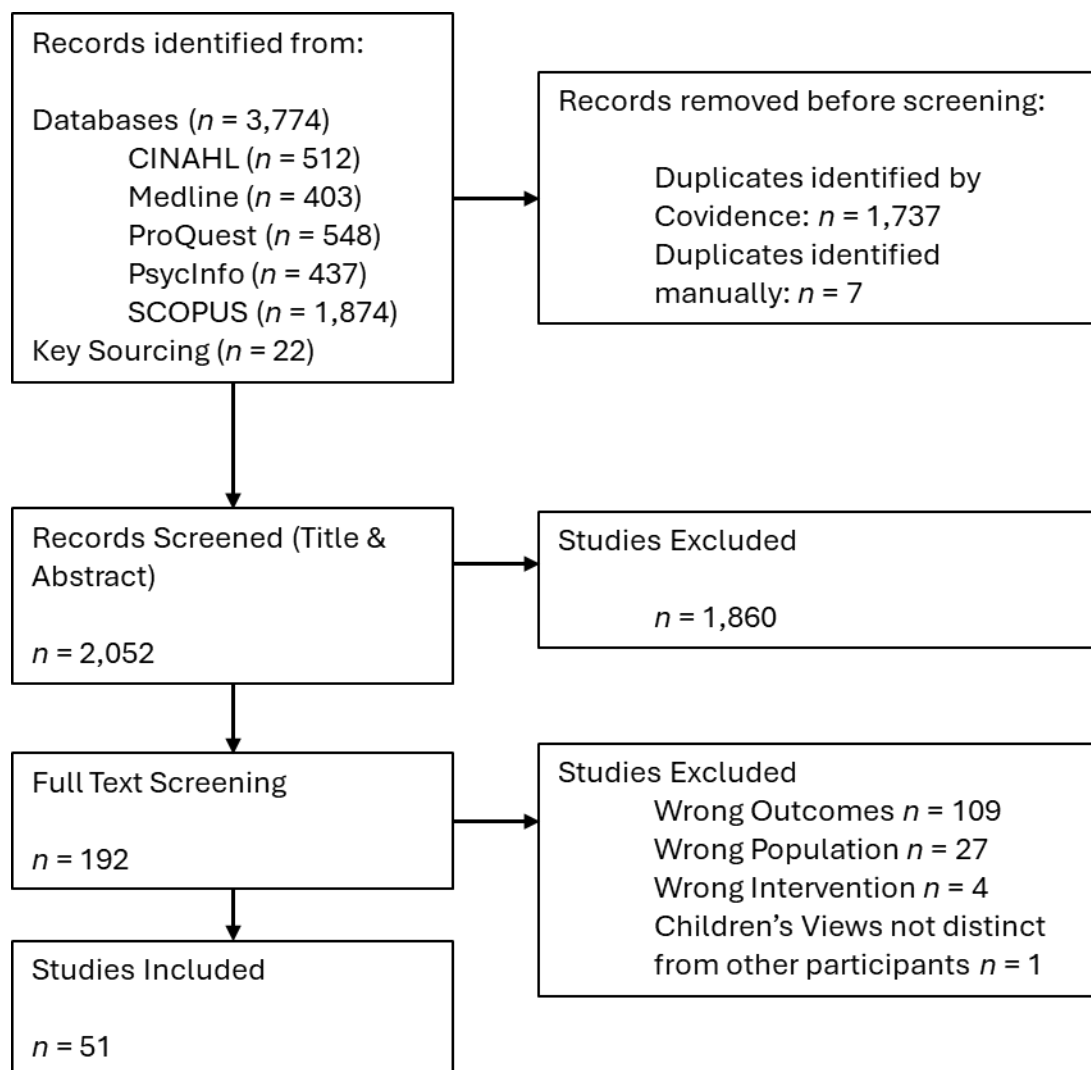


Figure 1 PRISMA of Child Outcomes Review

From 2,052 studies screened for eligibility, 192 progressed to full-text screening. Full text screening was subject to dual coding by the authors. Most studies were excluded at the initial title/abstract screening stage as they were not related to experiences of childhood abuse or did not involve empirical research or reviews on the topic. At the full text level, most studies were excluded as they included a focus more on family and friends rather than professionals, or focus on adult experiences of responses to sexual assault or family and domestic violence. In some instances, studies of adult experiences also included experiences of responses to abuse as a child, but it wasn't possible to separate parts of the analysis to target just children's experiences.

The final sample for the review comprises 51 documents, including journal articles, reports, and one thesis.

Extraction. Eligible studies were then extracted by the reviewers into an Excel spreadsheet to assist with the analysis and synthesis. This included the key information about the studies: Title, year, authors, paper format, country/countries where the research was conducted (or the countries of the papers included in previous reviews), the type of methods used in the study, whether the responses were reporting on a Barnahus or CAC type response, if the study included children, adults reporting on their experiences as child, or both groups, and the sample size.

The key information most relevant to the review extracted from the studies were:

- *What the participants were asked about* – Whether the study was focused on the criminal justice system, child protection system, therapeutic processes, physical health, or the whole experience of the response to abuse, this was drawn directly from the methods of the study to identify how the information obtained by the participants was shaped by the study.
- *What focus areas were included in the study* – This was more specific about the parts of the response the participants talked about, noting that many of the studies were open-ended and allowed participants to talk about parts of the experience that were salient to them.
- *High level themes from the study* – This extraction aimed to draw directly from studies about the themes and concepts drawn from the studies, identifying how these studies reported on the themes.
- *Implications for what Barnahus should be measuring as outcomes* – This part of the extraction involved more interpretation from the reviewers, as it asked about what the findings suggest that children (and adults) wanted from professionals. This interpretation involved translating negative experiences reported by participants into what this suggested participants wanted from the professionals they interacted with. In most cases the included studies incorporated this interpretation or direct feedback from participants about what they wanted to be different about their experiences. This also included the themes related to positive experiences, and what was the underlying themes or concepts related to this positive experience (e.g., where a worker had taken the time to establish a rapport and acknowledge the individuality and agency of the child). This interpretive step was crucial to synthesising the experiences of children. For example, a child's negative account of feeling rushed or confused by professionals (a negative experience) was interpreted as a direct recommendation for the positive outcome measure of feeling well-informed and having sufficient time. While measuring negative outcomes is possible, framing them as positive, aspirational goals is more consistent with a strengths-based, child-centric outcome framework and the principles of the Barnahus model.
- *Implications for how to ask children about their experience at Barnahus* – This part of the extraction was focused on what children thought about how they had been asked about their experiences of services. This included considerations of by whom (e.g., key worker vs. external researcher) and when (e.g., during or after service delivery) children should be asked for feedback. It also included the child's capacity and age as a key consideration, although it is noted that the literature highlighting the specific needs of children with different capacities was not strongly represented in the included studies. This tended to be a small part of the analysis in the studies and covered what children thought were important about how they were asked, and methodological approaches that made providing feedback safe and accessible. As with the above extraction, this involves some interpretation for some of the studies, particularly where participants talked more about experiences of service feedback or research/evaluation. Similarly, studies tended to have already conceptualised this feedback into direct recommendations for seeking feedback from children.

RESULTS

The analysis of themes from the literature includes an: (a) overview of the characteristics of included studies; (b) overview of the themes identified across studies; (c) analysis of difference between studies of children and adults reporting on their experiences as children; (d) overview of themes related to children's experiences and recommendations around participating in research and service feedback. The discussion includes consideration of how the findings could be used to develop and refine the themes and concepts for the evaluation of Barnahus focusing on the perspectives of children.

A detailed demographic profile of the included literature is provided in Table 1, noting that some studies represented multiple regions. The geographical scope of the literature was broad. While there was a strong representation from Europe (including the United Kingdom, Ireland, Sweden, Denmark, Estonia, Lithuania, the Netherlands, Norway, Spain) and other high-income regions like North America (USA, Canada) and Australia, the review incorporates perspectives from Africa (South Africa, Ghana, Kenya, Uganda), Asia (Philippines), and the Middle East (Israel).

Table 1 Geographical Distribution of Included Studies

Continent or Region	Country	Number of Studies per Country
<i>Original Research (n = 46)</i>		
Europe	United Kingdom (incl. England & Scotland)	14
	Ireland	
	Sweden	2
	Denmark	1
	Estonia	1
	European-Wide	1
	Lithuania	1
	Norway	1
	Spain	1
North America	USA	6
	Canada	3
Africa	South Africa	3
	Ghana	1
	Kenya	1
	Uganda	1
Oceania	Australia	5
Asia	Philippines	1
Middle East	Israel	6
<i>Reviews (n = 5)</i>		
Worldwide	Included Studies conducted in: US, Chile, Philippines, Norway, Netherlands, Belgium, Estonia, Lithuania, Israel, Ghana, Spain, Scotland, England, New Zealand, Australia, Ireland.	5

The most common methodological approaches used in the included studies (noting that some studies included multiple methods) are individual interviews (n = 37), focus groups (n = 8), surveys (primarily qualitative in nature; n = 4), and workshops (n = 2), with a single study involving document review/analysis. As noted in the methodology section, reviews were also included that synthesised the perceptions and experiences of children and young people about their service experiences or views on what they wanted the professionals around them to do following abuse (n = 5). The participants whose voices inform this review include children and young people currently or recently engaged with services (n = 33), as well as adults (many of whom were young adults) providing retrospective accounts of their childhood experiences (n = 8), or a combination of participants (n =

10). The inclusion of adult survivor testimonies was considered to provide a different perspective on the experiences of children given the longitudinal perspective, although these accounts are likely affected by subsequent life experiences. These were subject to comparative analysis to consider how to interpret these different participant perspectives.

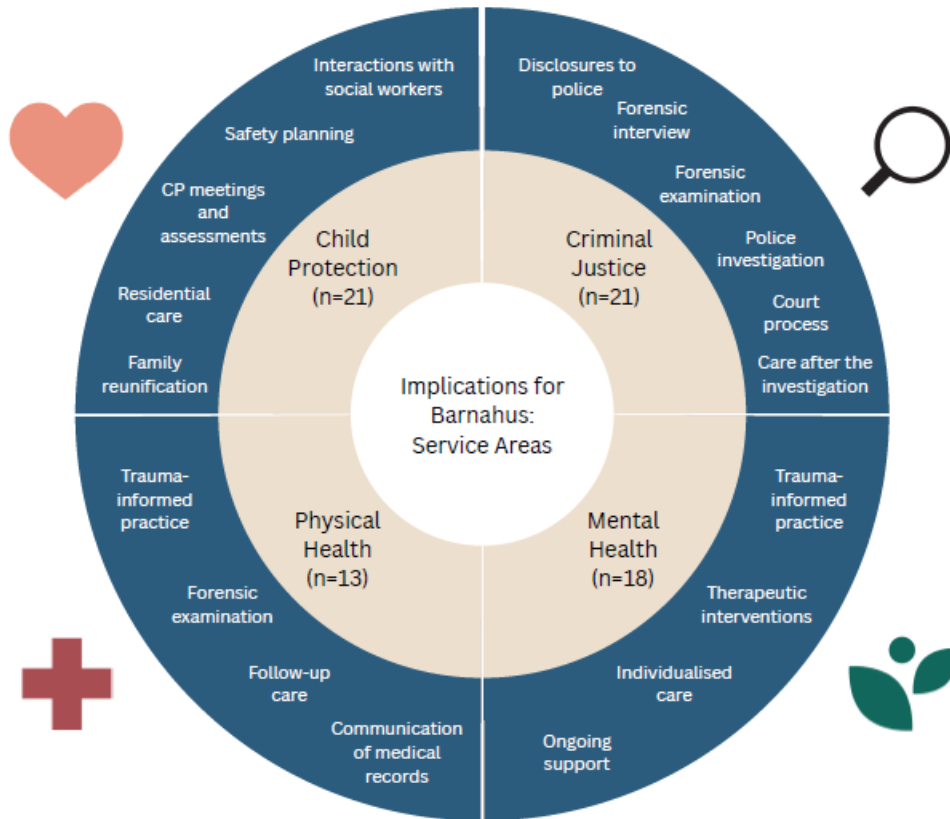
Table 2 Study Demographics

Characteristic	Profile of Included Literature (n = 51)
Publication Year Range	2015 - 2025
Study Format	Journal Articles: 38. Reports: 7. Thesis: 1. Reviews: 5.
Methodology	Primary Research: Individual Interviews: 37; Focus Groups: 8; Surveys: 4; Workshops: 2; Document Review: 1. Secondary Research: Scoping Reviews, Systematic Reviews, Qualitative Synthesis: 5
Participant Group	Children Only: 33 studies. Adults Only (retrospective): 8 studies. Mixed (Children and Adults): 10 studies.

Throughout the literature, children were asked to describe their experiences with the various Barnahus services (i.e., child protection, criminal justice, mental health, physical health; see Fig. 2a). Studies focusing on child protection (n = 21) asked children about various stages of the child protection process, including interactions with social workers, safety planning, child protection meetings and assessments, residential care, and family reunification. Studies including accounts of the criminal justice response (n = 21) captured children's experiences of their disclosure to police, forensic interview, forensic medical examination, police investigation, court process, and receiving care after the investigation. Studies looking at the mental health response (n = 18) asked children about their experiences receiving trauma-informed and individualised care, a range of therapeutic interventions, and ongoing counselling and support. In addition to also asking about whether services were trauma-informed, studies focusing on physical/medical health (n = 13) asked children about their experiences with their forensic examination, follow-up care, and communication with professionals about their own medical information.

Other studies asked children for their perceptions of the Barnahus setting (n = 21) and whole experience with professionals after undergoing abuse (n = 18; see Fig. 2b). When considering the Barnahus setting, children were asked about service delivery times, responsiveness of services to a child's cultural, religious, or circumstantial needs, coordination of services, continuity of staff, child-friendly environment, and their opportunities for providing feedback. Studies examining children's experiences overall asked about children's access to services, experiences and impacts of services, safeguarding action taken by adults, and whether children felt taken seriously, involved in decision-making, and empowered. Children were also asked about their experiences with specific interventions designed to support children after experiencing abuse (i.e., Signs of Safety, Letting the Future In, a school-based intervention, and the use of telemedicine during forensic medical examinations) (Fig. 2b).

a



b

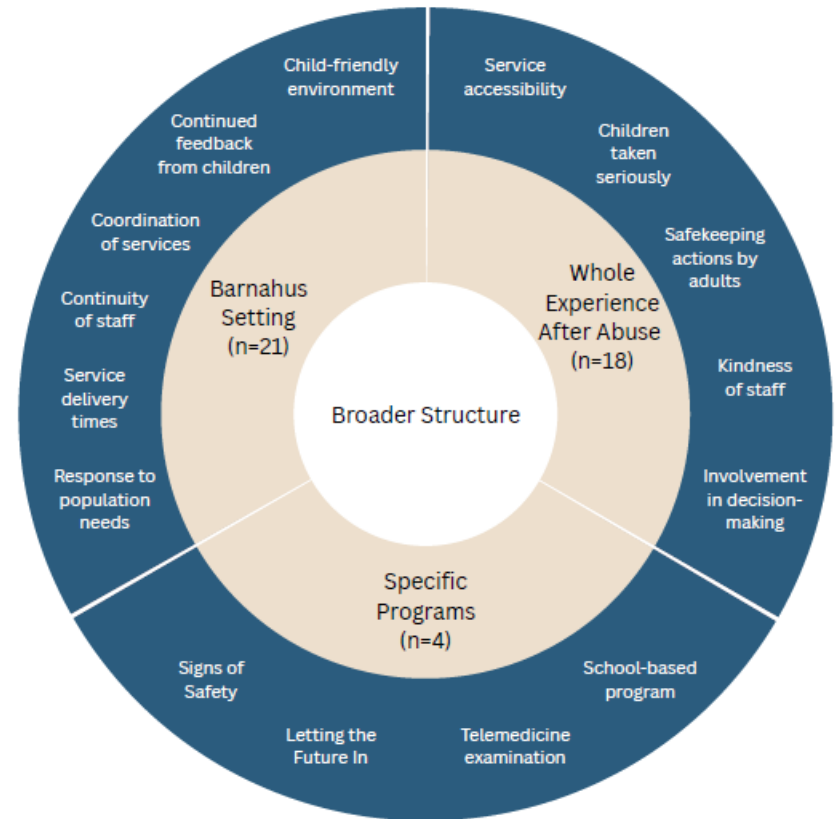


Figure 2 Summary of focus of evidence across Barnahus service areas (a) and the Barnahus environment and structure (b)

WEIGHT OF EVIDENCE ACROSS COMPONENTS OF THE BARNAHUS MODEL

As shown in Figure 2a and 2b, the research about children's experiences appears to be clustered around specific propositions or components of Barnahus or of services that fit within the scope of Barnahus. This section aims to summarise the weight of evidence for each of these components, or the volume of studies where participants directly addressed these components. The weight of evidence will help to interpret the proportionality of responses, as well as connect the experiences of participants to specific parts of the Barnahus response. Linking the themes identified to the specific components participants were asked about was important to the interpretation of the themes and their connection to components of the Barnahus model.

Barnahus Service Areas

The included studies described children's experiences with various elements of Barnahus service areas (i.e., child protection, criminal justice, physical health, mental health). Identified focus areas and the weight of evidence from the literature towards each of these are provided in Figure 3.

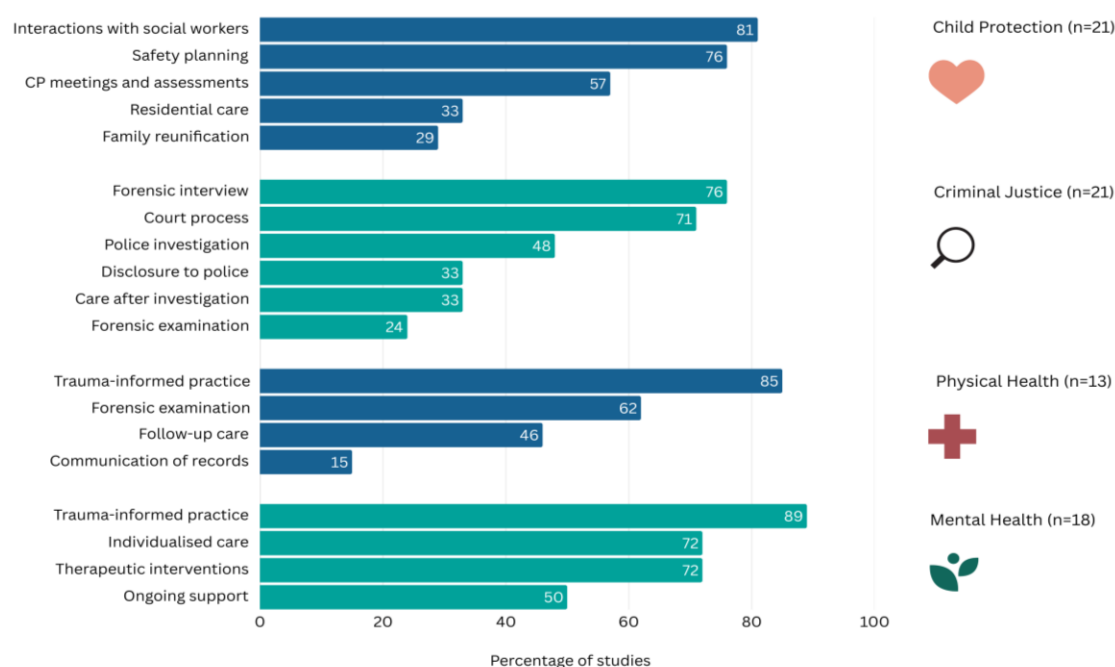


Figure 3 Components of Barnahus service areas and their prevalence across the considered literature

The included studies most frequently represented children's interactions with professionals including social workers (represented in 81% of child protection studies), forensic interviewers (76% of criminal justice studies), medical staff (85% of physical health studies), and therapists/counsellors (89% of mental health studies; Figure 3). Compared to other service areas, studies on physical/medical and mental health services most frequently described child-professional relationships (i.e., in 85% and 89% of studies, respectively). This may reflect the established importance of therapeutic alliance to children's care.

The included studies also reflected children's experiences and needs regarding the processes within Barnahus service areas, including all parts of the child protection process (i.e., safety planning, 76% of child protection studies; child protection meetings and assessments, 57%; residential care, 33%; family reunification, 29%) and police proceedings (i.e., court process, 71% of criminal justice studies; police investigation, 48%). Children's wants and requirements during forensic examinations (24% of criminal justice studies; 62% of physical health studies) and therapeutic sessions (i.e., individualised care and therapeutic interventions, 72% of mental health studies for both) were also well represented.

The remaining studies related to service areas that explored children’s experiences and wishes for care immediately following disclosures (i.e., disclosures to police, 33% of criminal justice studies), just before leaving services (i.e., communication of records, 15% of physical health studies), and after engaging with services (care after investigation, 33% of criminal justice; follow-up care, 46% of physical health; ongoing support, 50% of mental health studies). This included children’s reflections of the care they wanted for family members: this was identified in four studies in relation to mental health care, one in relation to family support services delivered as part of the child protection response, and one in relation to the whole experience of the response to abuse. In-depth consideration of children’s experiences of long-term professional care was considered out of the scope of the present study, but the referral to ongoing support was viewed as a relevant part of service delivery.

Broader Structure of Barnahus

Beyond the specific Barnahus components, studies also varied in whether they focused on a CAC/Barnahus type setting, asked broadly about children’s experience (which allowed them to determine what elements that they wanted to talk about), or whether the study was about specific programs or ways of practising (see Figure 4).

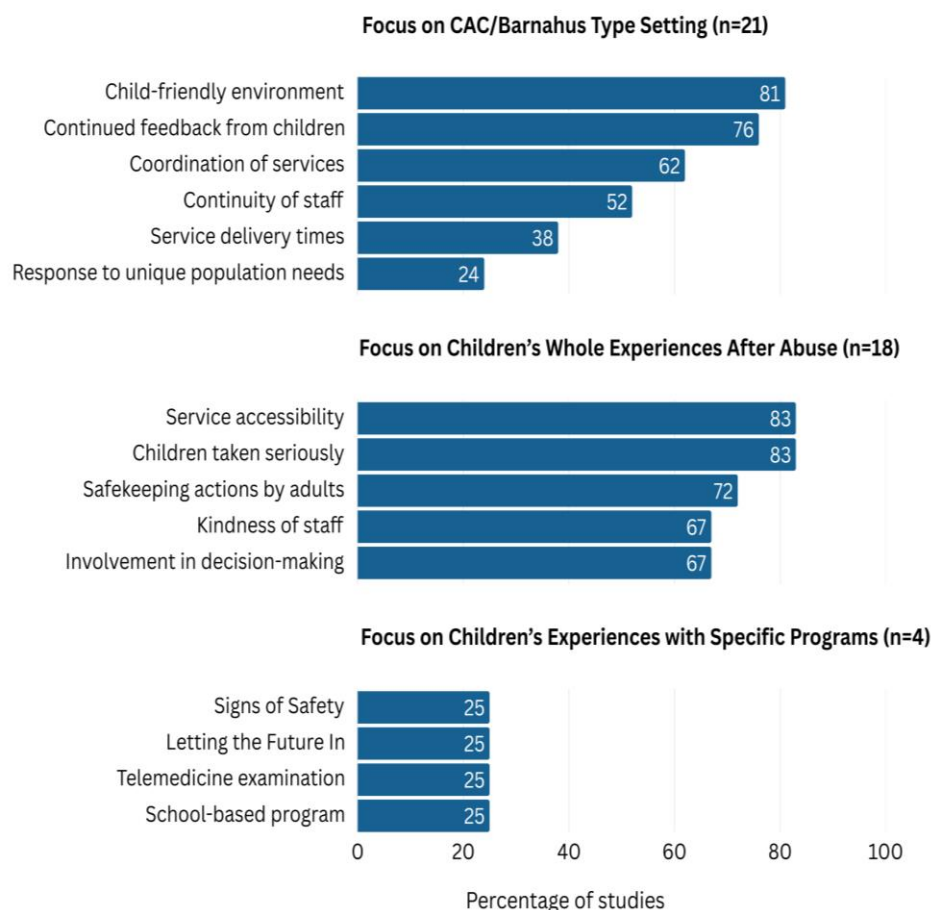


Figure 4 Weight of evidence for the Barnahus environment and inter-agency structure

Evidence on the Barnahus setting primarily focused on whether physical environments were child-friendly (81% of Barnahus setting studies) and whether children were asked their thoughts and opinions as part of the response (76% of studies). Studies also examined the inter-agency structure of Barnahus, representing whether children experienced appropriate coordination of services (62%), continuity of staff (52%), and service delivery times (38%). 24% of studies also reflected children’s perceptions of whether services were able to respond with regard to their diverse cultural and religious backgrounds (e.g., the ultra-Orthodox community; Glücklich et al., 2023; Piamenta & Gal,

2025) and those who had undergone specific types of experiences (e.g., commercial sexual exploitation, sibling sexual abuse; O'Brien et al., 2019; Tener et al., 2021).

When speaking about their whole experiences after abuse, children largely valued: being able to access timely and appropriate services (83%), being taken seriously (83%), being kept safe through adults' actions (72%), being treated with kindness (67%), and being involved in decision-making (67%), as described below.

Several studies focused on specific programs. These included: *Signs of Safety* (Turnell & Edwards, 1999), an international framework for social work that aims to increase children's understanding and involvement in the child protection process (Caffrey et al., 2024). *Letting the Future In* (NSPCC, 2015) is a therapeutic intervention designed by the National Society for the Prevention of Cruelty to Children (NSPCC) in the United Kingdom for children who have experienced sexual abuse (Jessiman et al., 2017). Also considered was a therapeutic school-based program designed for children affected by domestic violence in the United Kingdom (Beetham et al., 2019), and the use of telemedicine in the United States for children undergoing a child sexual abuse medical evaluation (Stavas et al., 2018).

THEMES ACROSS COMPONENTS AND STUDY TYPES

This section will provide a high-level overview of the findings across studies (see Appendix A for a summary). As noted above two key points of variation in the studies were: 1) the parts of the process that the research referred to (e.g., child protection response, criminal justice response, medical response), and 2) whether the study involved interviewing children or adults reflecting on their experiences as children.

A separate section in the report examines differences in themes between child participants and adults responding about their experiences as children. These provide two different and important perspectives on responses to abuse, with children able to reflect on experiences and emotional reactions more immediately, and adults able to retrospectively consider what they would have wanted to happen at the time.

The synthesised evidence suggests that a quality experience for a child is a composite of relational, procedural, and emotional factors, rather than a single event or procedural outcome. The analysis suggests that for a child, the process of service engagement is as significant as—and potentially more important than—formal outcomes. While much of the work in responses to abuse is oriented towards particular outcomes (e.g., obtaining a conviction, investigating child safety), the evidence from these studies seem to suggest that the experience or their emotional reaction to it is more salient to children.

The following domains represent the core components of a quality experience from the perspective of children and adult survivors synthesised across studies, framed around the current aim to identify the components or constructs that Barnahus should consider for outcome measurement.

Table 3 Themes in the Literature Related to Children's Perspectives of Barnahus and Similar Services

Domain	Key Components
The Professional Relationship	Kindness, respect, and authenticity; active listening and being taken seriously; being validated; consistency and transparency.
Empowerment and Participation	Accessible, timely, and age-appropriate information; meaningful involvement in decision-making; provision of choice and control; support for developing personal strengths and self-compassion.
Safety and Security	Tangible protective actions; a child-friendly and non-intimidating environment; clear guarantees of privacy and confidentiality; emotional safety.
Holistic Wellbeing and Recovery	Trauma-informed sensitivity in all interactions; timely, accessible, and continuous support for children and families (without arbitrary limits); focus on personal strengths and support for processing trauma and managing self-blame; use of child-centred individually tailored and creative methods.
Systemic Efficacy	Inter-agency coordination to minimise systems harm; proactive and continuous communication about case status; a personalised, non-patronising, and culturally sensitive approach.

The Primacy of the Professional Relationship: Measuring Trust, Consistency, and Respect

Based on the synthesised studies, the quality of the relationship between a child and the professionals they encounter is the primary determinant of their experience. This is defined by the child's perception of professional kindness, respect, and authenticity, and built upon the foundational experience of being taken seriously, listened to, and believed. Critically, this relationship relies on professional consistency and transparency to establish and maintain trust over time.

A primary outcome in this domain is the extent to which children perceive professionals as demonstrating sensitivity, respect, and kindness. Children value professionals who are approachable, calm, show genuine understanding, and practice active listening (Dillon, 2021; Haahr-Pedersen et al., 2024; Jessiman et al., 2017; Landberg et al., 2025; McElvaney et al., 2024; Moolman et al., 2023; Parker et al., 2021). Wanting to see these characteristics from professionals was consistent across children's interactions with professionals from child protection (Lauri et al., 2020), healthcare (Watkins-Kagebein et al., 2019) and therapeutic services (Jessiman et al., 2017; Neelakantan et al., 2025), and the criminal justice system (McElvaney et al., 2024; Piamenta & Gal, 2025; Warrington et al., 2017).

Whether a child feels taken seriously and listened to is another critical indicator of a positive relational experience (Cossar et al., 2019; Moore et al., 2017). This concept extends beyond passive listening to the active, foundational need of feeling taken seriously and validated (Allnock et al., 2022; Warrington et al., 2017). The fear of not being believed is a primary emotional stressor and a known barrier to disclosure (Winters et al., 2020). Children's desires to have their words and feelings validated by professionals may also more broadly represent their desires to be seen and heard (Kirka & Tamutienė, 2023; Tener et al., 2021; Wilson et al., 2020; Winters et al., 2020). Children indicated the value of being listened to attentively and validated, regardless of their age and circumstances (Ogle & Vincent, 2022).

Across all participant groups and service areas, the quality of the direct, one-to-one relationship with professionals emerged as the single most important determinant of a child's experience. The accounts of children suggest that feeling believed is a foundational prerequisite for this relationship. This presents a tension, as some professionals (particularly in the criminal justice system) are required to test the reliability of evidence. Participants repeatedly identified that a positive experience was one where professionals—including medical, legal, and therapeutic staff—validated their disclosures and took appropriate, visible action to protect them. Even when a professional's role prevents them from uncritically accepting a claim, communicating that the child's account is being listened to and taken seriously is a key outcome in itself. In their study exploring children's

experiences with social workers, Moore et al. (2017) found that children consistently identified feeling heard as the most important part of their interaction. Simple actions, such as a professional putting down their phone, making eye contact, and asking for the child's opinion on matters affecting them, were interpreted by children as signs of respect and validation. Changefactory Knowledge Centre (2019) found that within the criminal justice system, children wanted forensic interviewers and legal staff to demonstrate kindness (e.g., smiling, using open body language) to help children feel heard and calm during stressful interviewing and court processes. Similar findings were presented in work by Caffrey et al. (2024), who found that professionals giving children individualised attention, avoiding excessive note taking, and asking children about their opinions helped children to feel respected and trusted. Professionals using open-ended questions that invited children to speak and providing time for them to reflect and share were also viewed favourably by children (Haahr-Pedersen et al., 2024; Kirka & Tamutiené, 2023).

Having professionals take practical safeguarding action to prevent them from further harm was an extension of this, reflecting that appropriate action demonstrated that their concerns were being taken seriously and addressed (Moore, 2017; Warrington et al., 2024). Young adult survivors highlighted that a positive experience was one where their disclosures were not only 'believed' but 'responded to' with tangible protective action (Glucklich et al., 2023).

Another component of a positive relational experience identified in the studies was consistency. The participant accounts suggest having a single trusted person or a limited number of professionals involved is crucial for building and maintaining trust (Beckett & Warrington, 2015; Cossar et al., 2019; Dillon, 2021), while having to repeatedly form new relationships with different social workers, police officers, or therapists is described as disruptive and anxiety-provoking (Watkins-Kagebein et al., 2019). This need for continuity was strongly articulated in an evaluation of the Scottish *Bairns' Hoose*, where a child identified their key professional as "the best because we saw her the most" (Mitchell et al., 2025, p. 30). The study found that multiple meetings and continuity of professionals was essential to build trust. The provision of a dedicated case advocate or primary support person to represent, update, and listen to the child throughout the entire process is repeatedly highlighted as a key structural support for achieving this consistency (Glucklich et al., 2023; Moore et al., 2017; Moore, 2017; Parker et al., 2021). Children also stated that having a single contact point across services helped them to feel more protected, reassured, and calm within a facility's unfamiliar environment (Digolo et al., 2021).

Trust is another foundational outcome, which is fostered when professionals are transparent, for example, by social workers and medical staff communicating with children about the information and recommendations included in their reports and documentation (Devries et al., 2015; Glucklich et al., 2023). Trust was also thought to be built when professionals were transparent with children about their role and limitations (Moore, 2017) and what safeguarding processes are in place to help children feel more in control (Warrington et al., 2024). Trust is also fostered when professionals consistently follow through on the commitments they make, such as providing accurate information about the number of hours that a child will spend giving their testimony (Piamenta & Gal, 2025) or adhering to the contents of a child's safety plan (Moore et al., 2017; Winters et al., 2020). Children have also discussed the importance of having multiple initial meetings (i.e., early relationship-building encounters) with professionals to allow for adequate time to build trust, especially in the context of highly sensitive disclosures (Cossar et al., 2019; Glucklich et al., 2023; Moore, 2017).

Children and adult survivors valued when professionals showed understanding of the emotions children felt due to their experiences of trauma (e.g., fears of recalling abuse, distrust towards engaging with services; Foster, 2017a; Franchino-Olsen et al., 2025; Katz et al., 2022; Winters et al., 2020), listened to children regarding what they thought they needed (e.g., choices around when and how to participate; Beetham et al., 2019; Jessiman et al., 2017; Moore et al., 2018), responded to children's distress in a way that helped them feel safe (e.g., use of grounding exercises and fun to facilitate children's self-regulation; Franchino-Olsen et al., 2025; Warrington et al., 2024), and

explicitly reassured children that they were not alone and not to blame (Attrash-Najjar et al., 2023; Foster, 2017a; Winters et al., 2020).

Authenticity can sometimes be built in simple ways; children in one study appreciated when professionals shared small things about themselves outside of their jobs, which helped them feel more valued, seen, and cared for as a whole person (Mitchell et al., 2025). Children also valued when professionals provided natural reactions to what they shared, confirming that what they experienced was painful and wrong (Changefactory Knowledge Centre, 2019). Ultimately, when professionals genuinely listened to children and worked to build authentic relationships, children reported feeling like their perspectives mattered and that they were worthy of protection (Allnock et al., 2022; Attrash-Najjar et al., 2023; Jessiman et al., 2017; Mitchell et al., 2024; Warrington et al., 2024).

Empowerment Through Information and Participation: Measuring Communication and Agency

A central theme emerging from the literature is children wanting to be an active participant in the response, rather than a passive recipient of services. This active participation is essential to mitigate the feelings of fear and powerlessness inherent to their situation. This requires a firm commitment from professionals to two key areas: first, effective communication that functions as a clear, proactive, and age-appropriate two-way exchange; and second, meaningful involvement in decision-making that provides children with genuine choice, agency, and control over the process where possible.

Effective communication was highlighted as an important potential outcome that participants wanted from professionals. This extends beyond the mere provision of information to encompass whether communication is clear, timely, accessible, and delivered in an age-appropriate manner that avoids jargon (Beckett & Warrington, 2015; Piamenta & Gal, 2025). Piamenta & Gal (2025) found that children felt stressed when professionals failed to communicate effectively, especially regarding the status of people in their lives and what will happen to the alleged perpetrator. Particular points of confusion and distress for children were concepts of house arrest (Piamenta & Gal, 2025) and family separation (Edwards & Parson, 2019; Toros & Falch-Eriksen, 2025), leaving children with feelings of fear or misplaced self-blame. Children also reported feeling afraid or unprepared when processes were not thoroughly explained to them beforehand (Piamenta & Gal, 2025), especially when children perceived staff to be intimidating or coercive (Franchino-Olsen et al., 2025). This lack of understanding is a significant source of anxiety, with children reporting feeling frustrated if they don't know who professionals are and what their role is (Mitchell et al., 2025). This confusion extends to the judicial process, where children's anxiety was increased by uncertainty about their rights, what they were allowed to say to others, and a lack of explanation of the parameters around judicial processes and evidential thresholds (Allnock et al., 2022; Beckett & Warrington, 2015; Mitchell et al., 2025).

A key measure of the effectiveness of communication is whether it helps a child to understand and make meaning of the abuse and the reasons for the subsequent interventions (Balsells et al., 2017). Accordingly, children described that professionals should proactively provide information, explain processes and decisions thoroughly, and create opportunities for children to ask questions (Beckett & Warrington, 2015). A practical example of this is providing a video of the centre where forensic interviews take place beforehand, which children found useful to know what to expect before an interview (Mitchell et al., 2025). This need for clear, digestible information is equally acute in child protection interventions. A qualitative synthesis found that a quality experience requires that children are given information about the child protection process with adequate time to absorb it, rather than having it delivered quickly during a period of crisis (Wilson et al., 2020).

Complementary to effective communication, children indicated that involving them meaningfully in decision-making was a key aspect affecting their experience of responses. A quality experience was reported as being one where children felt their wishes and feelings are considered (Caffrey et al., 2024). This included meaningful involvement in key decisions regarding their safety planning, family separation and reunification, court involvement, and therapeutic goals (Balsells et al., 2017; Foster et

al., 2017b; Glucklich et al., 2023; Ogle & Vincent, 2022; Wilson et al., 2020). Children identified asking them about the best ways to keep them safe (Pacheco et al., 2023) and who they wanted in their lives (Cudjoe et al., 2020; Edwards & Parson, 2019) as important priorities for their input. Throughout these interactions, children found it essential that their perspectives are considered as distinct from adults such as parents and carers (Glucklich et al., 2023; Moore et al., 2018; Toros & Falch-Eriksen, 2025) and that professionals are transparent with children about the limitations of their influence, including being honest where what they want is not possible (Edwards & Parson, 2019). Moreover, processes that aim to value children's voices should ideally occur before changes occur in a child's life when they can give meaningful input, rather than after the fact, as merely a formality (Wilson et al., 2020).

Giving children control during aspects of their engagement with services was seen as critical, for example allowing children to direct the pace of forensic interviews (Cudjoe et al., 2020; McElvaney et al., 2024; Mitchell et al., 2025), determine the content that is discussed (Beckett & Warrington, 2015; Caffrey et al., 2024; Moore et al., 2018; Warrington et al., 2024), choose when to take breaks (Beetham et al., 2019; Jessiman et al., 2017; Moore et al., 2018), control how their medical examinations are conducted (Haahr-Pedersen et al., 2024; Stavas et al., 2018), access privacy and supportive considerations (Cudjoe et al., 2020; Landberg et al., 2025; McGill & McElvaney, 2023), and decide the extent to which they are involved in court proceedings (Foster et al., 2017b). When children are given choices and are involved in decisions, they indicated feeling more respected and in control, mitigating the feelings of fear and powerlessness inherent to their situation (McElvaney et al., 2024; Moore et al., 2017).

Foundations of Safety and Security: Measuring Physical, Emotional, and Procedural Safety

The synthesised studies suggest that a child's sense of safety is a multi-dimensional construct, extending beyond mere physical protection to encompass physical, emotional, and procedural safety. This feeling of safety is actively created through the interplay of three critical domains: the tangible, protective actions of professionals (related to *Domain 1 – The Primacy of the Professional Relationship*); the thoughtful design of a welcoming and child-friendly physical environment; and the guarantee of privacy and confidentiality. This includes providing children with privacy from their own caregivers where desired.

The studies highlighted the importance of protective measures taken by professional to establish a sense of safety for children. Children reported that a positive experience included feeling physically safe and protected by the actions of the professionals involved. Practical suggestions from children around supporting this included practical measures such as providing staff escorts between service points within a facility (Digolo et al., 2021), taking immediate and timely protective action following disclosures (Attrash-Najjar et al., 2023; Foster, 2017a; Glucklich et al., 2023; Watkins-Kagebein et al., 2019), and enforcing policies that prohibit any contact between the child and the alleged perpetrator (Moore et al., 2017; Piamenta & Gal, 2025; Winters et al., 2020). Shielding children from the accused is of particular importance during court proceedings (e.g., allowing children to give their testimony remotely or in a separate room away from the alleged perpetrator, ensuring separation between breaks) so that children feel protected and able to share openly (Changefactory Knowledge Centre, 2019). Professionals explicitly explaining their credentials and procedures in place for safeguarding (Moore, 2017; Warrington et al., 2024) and listening to children's safety concerns (Foster, 2017a; Winters et al., 2020) were also identified (which was also linked to *Domain 1 – The Primacy of the Professional Relationship*).

The physical environment of the Barnahus itself is a measurable element of experiences of safety. Outcomes should assess whether the space is perceived as welcoming, comfortable, child-friendly, and non-intimidating, with features like calming colours, furniture, toys, games, books, sensory objects, refreshments, and separate spaces for different age groups being valued (Haahr-Pedersen et al., 2024; Mitchell et al., 2025; O'Brien et al., 2019; Parker et al., 2021; Piamenta & Gal, 2025). A comfortable, non-intimidating environment stocked with toys and creative resources is central to

children's sense of comfort, choice, and control, giving them permission to 'be a child again' and signalling that their needs have been centred and that the space is not excessively formal or medicalised (Mitchell et al., 2024; Warrington et al., 2017, p. 97). Physical arrangements designed to reduce power dynamics, such as placing children's and professionals' seats side by side rather than across a table, were viewed positively by children (Lauri et al., 2020). Having designated break rooms that children can visit to rest between different services (McElvaney et al., 2024) and connect with others (O'Brien et al., 2019; Warrington et al., 2023) was also highly valued. Children further appreciated being reassured by professionals that they could make use of any of the provided resources they wanted (Haahr-Pedersen et al., 2024) and that their basic needs would be met (Wilson et al., 2020), responding to children's rights to choice, safety, and care.

Privacy and confidentiality were important elements of emotional safety. Professionals must clearly explain the concept of confidentiality to children and provide reassurance that what they share will be protected (Caffrey et al., 2024; Devries et al., 2015; Moolman et al., 2023; Winters et al., 2020). The clear communication of the conditions of confidentiality is essential to help children engage with forensic reporting, medical, and child protection services, where children are often worried about what will be done with their information and potential repercussions for their families or caregivers if they share their experiences (Stavas et al., 2018; Wilson et al., 2020; Winters et al., 2020). Children's awareness of privacy is particularly vital in therapeutic settings, where children can only start to share openly, reflect, and process their emotions after first feeling secure and protected from harm (Foster, 2017b; Jessiman et al., 2017). The confidentiality of children's therapy sessions must be maintained and respected, with clear boundaries explained to the child regarding exceptions for safety or mandatory reporting concerns (Caffrey et al., 2024; Jessiman et al., 2017). Moreover, it is important that children's privacy be maintained from the public during court proceedings, providing safety for children to speak openly and minimising potential emotional harm (Allnock et al., 2022; Mitchell et al., 2024).

A critical and distinct dimension of confidentiality identified in the literature is the child's need for privacy from their own parents and caregivers. Participants, particularly adolescents and adult survivors, stressed the importance of being able to speak to professionals without fear of repercussions from their family (Allnock et al., 2022; Wilson et al., 2020). This has direct procedural implications: services should provide a safe space to talk that is not in the family home (Wilson et al., 2020). For child protection services, synthesised evidence recommends that social workers explicitly inform children that what they say is confidential and will not be shared with family members and that children should be interviewed separately from their parents to ensure their account is not influenced by family dynamics or fear (Wilson et al., 2020). This autonomy is also critical for health services, where adolescents identify the need for GP accessibility and confidentiality from parents as a key facilitator of seeking help (Allnock et al., 2022).

Promoting Holistic Wellbeing and Recovery: Measuring Therapeutic Support

The participant accounts reveal that holistic wellbeing and recovery are not passive outcomes but should be actively fostered through a comprehensive, strengths-based approach. This includes embedding trauma-informed sensitivity into every professional interaction, providing therapeutic support that builds on a child's personal strengths, and actively working to manage feelings of guilt and self-blame and foster self-compassion. This should be delivered using child-centred methods that promote expression and agency, and guaranteeing that support services are timely, accessible, and sustained for as long as they are needed. Children also identified the significance of feeling that family member's needs were also addressed as important to their wellbeing. The participant perspectives outline the expectation that professionals are able to recognise and are responsive to the emotional and practical impacts of trauma.

A key principle identified by participants is that trauma-informed support must extend beyond therapeutic services to every professional a child encounters. This reflects that professionals are able to recognise and are responsive to the emotional, physical, and practical impacts of trauma (Beckett

& Warrington, 2015; ChangeFactory Knowledge Centre, 2019; O'Brien et al., 2019). Throughout the delivery of different services, professionals should be sensitive to children's potential fears about engaging with staff (Foster, 2017a; Franchino-Olsen et al., 2025; Mitchell et al., 2025), recalling abuse (Winters et al., 2020), or fears about alleged perpetrators (Foster, 2017a) and should listen to children, rather than speak for them (McVeigh, 2024).

Participants' accounts highlight that professionals should be aware that experiences with trauma may lead to a child experiencing difficult feelings towards themselves and therapeutic approaches should be adopted that actively help children to identify their personal strengths, manage feelings of guilt and self-blame, foster self-compassion, reduce feelings of being alone in their experiences, and validate their emotions (Attrash-Najjar et al., 2023; Cunnington & Clark, 2023; Jessiman et al., 2017; Warrington et al., 2017; Winters et al., 2020). This also means that professionals should not judge, punish, pathologise, or over-medicalise a child's response to trauma, but rather support them through it (Attrash-Najjar & Katz, 2023; Cunnington & Clark, 2023; McVeigh, 2024; Pacheco et al., 2023; Tener et al., 2021). Children may need help managing overwhelming emotions, and across studies children indicated they felt supported when professionals provided emotional support and reassurances of safety (McElvaney et al., 2024), used grounding exercises (Warrington et al., 2024), and incorporated activities or conversations perceived as fun by children (Franchino-Olsen et al., 2025).

Throughout interactions with children, professionals should adopt a child-centred approach to support children's understanding, communication, and emotional expression. This can be facilitated through play- and arts-based modalities, such as the use of toys and games or creative tools (e.g., writing, drawing; Beetham et al., 2019; Edwards & Parson, 2019; Franchino-Olsen et al., 2025; Lauri et al., 2020), as well as by tools that increase children's agency over how they participate (e.g., stop/go cards for children to direct the topic of conversations, a letterbox for children to write unspoken thoughts; Toros & Falch-Eriksen, 2025). The simple provision of writing tools to facilitate self-expression was viewed as a meaningful act of care to children that helped them feel supported after engaging with services (Beetham et al., 2019). Children also stressed the importance of being given space to discuss their lives apart from their experiences of abuse and their visions for hope and security in the future (Beetham et al., 2019; Foster, 2017a; Lauri et al., 2020).

Timely and accessible services are another element of fostering wellbeing and recovery identified by children. Outcomes should assess whether children are provided with appropriate services—such as mental health support, counselling, or peer support groups—in a timely manner following disclosure (Cossar et al., 2019; Tener et al., 2021). Furthermore, these services should be accessible, with the duration of support determined by individual need rather than an arbitrary number of sessions or time limits (Cossar et al., 2019; Glücklich et al., 2023). This includes addressing systemic barriers such as arbitrary age restrictions on mental health services, which can result in young people 'ageing out' of support (Allnock et al., 2022). Children also frequently shared the need for court proceedings and other procedural matters to be held in a timely manner to help protect their physical and psychological safety (Kirka & Tamutienė, 2023; McElvaney et al., 2024; McGill & McElvaney, 2023; Mitchell et al., 2024; Watkins-Kagebein et al., 2019).

Children valued support being available to their non-offending family members as well as themselves, identifying this as a critical component to their own recovery. In Warrington et al. (2023) over half the children interviewed wanted mental health services to be accessible to their family to enhance their own sense of safety and security. This preference stems from children's awareness of the emotional impact abuse has on parents and siblings; many children carry a significant burden of responsibility or guilt for their family's distress, which can be alleviated when caregivers receive independent counselling and advocacy (Allnock et al., 2022; Warrington et al., 2017). Furthermore, interventions that help parents process their own trauma and facilitate better communication—such as those provided by recovery workers—are seen by children as essential for restoring relational stability and reducing household anxiety (Lauri et al., 2020; Mitchell et al., 2024; Parker et al., 2021).

Continuity of relationships with professionals was also highlighted as an important consideration in wellbeing and recovery. In a study examining interactions with social workers, Kirka & Tamutiené (2023) found that children enjoyed receiving follow-up calls from professionals asking about their feelings and opinions about what support they might need. This continuity was of particular importance for children who had experiences of family separation and out-of-home-care, where having to rebuild relationships with other professionals would be harmful and counterproductive (Dillon, 2021). Moreover, the availability of ongoing peer or community support was greatly valued by children and adult survivors to help children feel connected and seen (Attrash-Najjar et al., 2023; O'Brien et al., 2019; Winters et al., 2020).

Systemic Efficacy and Responsiveness: Measuring Coordination and Individuality

As emphasised in the *Primacy of the Professional Relationship* section (Domain 1), a child's experience is shaped by relational factors. However, from the perspective of children and adult survivors, the efficacy of current systems is measured by how people experience it: namely, whether it feels coherent, coordinated, caring, and humane. The participant accounts point to key domains for evaluating this systemic efficacy, which are distinct from, though related to, the behaviours of individual professionals.

A frequently cited negative experience is having to repeatedly tell one's story to numerous different professionals, a process described as re-traumatising and unnecessary (Pacheco et al., 2023; Watkins-Kagebein et al., 2019). This negative experience is why children and young people value centralised and cohesive services (Warrington et al., 2017) and specifically the continuity of professionals, which they directly link to the goal of having to avoid re-telling (Allnock et al., 2022). Relatedly, participants commonly identified a single point of contact as a key mechanism for ensuring this coordination and feeling of safety (e.g., Allnock et al., 2022). Consequently, a critical outcome for a multi-agency model like Barnahus is the extent to which services are effectively coordinated to minimise this repetition (O'Brien et al., 2019). While in the research literature this tends to be framed around the number of forensic interviews, children's negative experiences of repeated disclosure tend to reflect having to tell the same information to different professionals, rather than just within repeated forensic interviews, which may be deliberately phased to cover different parts of the child's account. Effective coordination, from the child's perspective, appears to focus on how information-sharing is made transparent to them. Children highlighted the importance of services feeling coordinated and connected, and specifically, the need for them to understand what professionals already know about them (Mitchell et al., 2025). This understanding is what prevents the anxiety of questioning about what they need to say and the frustration of re-telling (Mitchell et al., 2025). A positive example of this is when professionals ask permission to share children's information with others, which respects their autonomy (Mitchell et al., 2025). Children also cited the convenience and access to care that is created when all services are under one roof, providing children with reassurance that support is available to them should they need it (Parker et al., 2021).

Beyond re-telling, a theme in systemic efficacy is the pacing and flow of communication. Children described the process as an intense, busy, and overwhelming period after disclosure, which is often followed by a lack of communication from police and courts (Beckett & Warrington, 2015; Mitchell et al., 2025; Warrington et al., 2017). This lack of contact, which can be interpreted as the case being dropped, increases anxiety until the court process begins abruptly (Mitchell et al., 2025). Children indicated it would be helpful if professionals would maintain ongoing contact, even if just to communicate that their case is ongoing or that they are on a waiting list for services (Beckett & Warrington, 2015; Mitchell et al., 2025).

Participants also talked about the ability of different professionals and systems to recognise and respond to individuality. A quality experience is one that is personalised and non-patronising, respecting the child's unique identity, needs, age, and circumstances (Allnock et al., 2022; Beckett & Warrington, 2015; Lauri et al., 2020). Throughout therapeutic and medical services, health care plans should be created to fit individual children's needs and be underpinned by a willingness to understand

and support them (Landberg et al., 2025; O'Brien et al., 2019; Tener et al., 2021). Within child protection practices, children should have age-appropriate expectations placed upon them (e.g., regarding levels of focus, communication, and physical activity) and not be met with pressure to behave like adults (Lapierre et al., 2025; Ogle & Vincent, 2022). Conversely, a non-individualised approach can be perceived as patronising and can damage rapport. A telling example was identified by Allnock et al. (2022), where older children and adolescents found assessment procedures such as 'smiley face' tools to be patronising. This contrasts sharply with the desire for professionals to treat children as capable and respected collaborators in their own protection (Allnock et al., 2022; Wilson et al., 2020).

An individualised approach also includes providing a culturally and religiously sensitive response, ensuring that professionals can engage with and build trust within diverse communities (e.g., the ultra-Orthodox community; Glucklich et al., 2023; Katz et al., 2022; Piamenta & Gal, 2025). Factors associated with structural inequalities such as discrimination, alongside specific dynamics such as stigma, mistrust of authority, and family loyalty could impede a child's ability to articulate their experiences. Forensic interviewers in particular should be aware that some children may have great difficulties articulating their experiences, as influenced by cultural and religious factors such as a lack of information and terminology for describing abuse, fear of lack of confidentiality, sexual taboo and stigma, and fear and mistrust of formal authorities (Glucklich et al., 2023; Katz et al., 2022; Piamenta & Gal, 2025).

Section Summary

The synthesis of evidence reveals that a quality experience from a child's perspective is a composite of relational, procedural, and emotional factors. Analysis of these factors suggests they can be organised into five interconnected domains that define a quality response to abuse from the perspective of children (and adults reporting on their experience as children), which are suggestive of the dimensions that responses like the Barnahus should consider in evaluating quality and effectiveness.

The most frequently and strongly reported determinant is the quality of *The Professional Relationship*, which participants indicated must be built on a foundation of trust, consistency, respect, kindness, and the fundamental experience of being taken seriously and believed.

Children also desire *Empowerment and Participation*, which requires clear, age-appropriate communication and meaningful involvement in decisions that affect their lives, giving them a sense of agency and control.

Safety and Security is a multi-dimensional need that extends beyond physical protection to include a welcoming and child-friendly physical environment, as well as the emotional and procedural safety guaranteed by privacy and confidentiality.

The response must also promote *Holistic Wellbeing and Recovery* by providing trauma-informed, strengths-based therapeutic support and ensuring services are timely, accessible to children and families without arbitrary limits, and offer continuity of care.

Finally, *Systemic Efficacy* is described as how coherent and humane the system feels to the child. Key components of this include effective inter-agency coordination to prevent the re-traumatising experience of repeating their story, and the system's ability to deliver a personalised and culturally sensitive response.

COMPARING PERSPECTIVES OF CHILD AND ADULT SURVIVORS

As noted in the methodology section, studies included both children reporting on their experiences with professionals, adults reflecting on their experiences as children, and in some cases studies that

included both perspectives. These different perspectives are both valuable in understanding the comprehensive requirements children seek from abuse responses. This section examines differences between these accounts to better understand how each contribute to the overall question of what responses to abuse like Barnahus should look like, and how to go about evaluating their quality and effectiveness.

Throughout the included studies, child and adult survivors consistently valued principles of positive relationships with professionals, clear communication and involvement in decision-making, safety and privacy, trauma-informed support, accessibility of services, and acknowledgement of individuality, as described above. Among these, however, subtle differences emerged between priorities of child and adult survivors for receiving support as children after abuse.

The included studies reflecting views of children (n = 33, including reviews) and adults (n = 8) were compiled, with the reported findings classified into high-level themes. Studies including both groups were excluded from this section as there was no way to separate the content from these different groups.

While noting a relatively small number of studies that just involved adults, the presence of themes appears to be similar, although some differences were identified in how they described their experiences and what they wanted from professionals. Children's feedback prioritises immediate and practical needs to help them navigate the situation, particularly emphasising the need for involvement in decision-making (mentioned in 78% of studies with children, compared to 56% of studies with adults), effective communication (78% children, 67% adults), and support for wellbeing (67% children, 56% adults). Adult survivors were more likely to talk about the lasting relational and emotional impact of their experiences with professionals, emphasising the importance of feeling empowered and respected (89% of studies), as well as emotionally validated and seen as individuals (56% of studies). These differences also potentially reflect the different time periods that survivors experienced responses to abuse.

Children's perspectives presented as similar to the overall themes due to the large volume of studies reviewed involving just children but tended to capture the recency of their experiences particularly where they were confused or uncertain about what would happen. Children tended to emphasise the need to understand through effective communication (78% of studies) the reasons for professional involvement in their lives (Edwards & Parson, 2019; Toros & Falch-Eriksen, 2025; Mitchell et al., 2025) and what to expect within forensic medical examinations and other types of services involved in the response (Piamenta & Gal, 2025). Children's accounts tended to emphasise the need for their voices to be heard and respected by professionals during service delivery (Franchino-Olsen et al., 2025; Ogle & Vincent, 2022; 75% of studies) and especially during decision-making processes that impact their lives (e.g., involvement in the court process, safety planning, outcomes for families; Foster, 2017b; Wilson et al., 2020) (78% of studies). Being kept safe from alleged perpetrators (Piamenta & Gal, 2025; Watkins-Kagebein et al., 2019), connected with a limited number of professionals to foster trust (Beckett & Warrington, 2015; Cossar et al., 2019; Dillon, 2021), and provided with supports of their choice (Landberg et al., 2025; Toros & Falch-Eriksen, 2025) were also prominent in their accounts (mentioned in 67-72% of studies). These findings reflect the confusing and vulnerable state that children can often find themselves in during and in the immediate aftermath of abuse, where their need for information, agency, and safeguarding from professionals is at its highest.

In contrast, accounts from adult survivors appear to more emphasise the need for professionals to empower children and demonstrate respect in their interactions with children (89% of studies with adults, 75% of studies with children) and recognising children's individual feelings and opinions (56% adults, 47% children) as being important, with experiences of trust, consistency, safety, and privacy also being key (all mentioned in 67% of studies with adults). Common priorities among adult participants included whether they retrospectively felt they were genuinely heard instead of patronised

or pathologised (Attrash-Najjar & Katz, 2023; Cunnington & Clark, 2023), were supported to validate their emotions and build self-compassion (Attrash-Najjar et al., 2023; Winters et al., 2020), and experienced continuity of professionals to build trust and reduce re-telling of their stories (Glucklich et al., 2023; Pacheco et al., 2023). Adults also provided accounts of the importance of the physical environment, often due to being exposed to inappropriate environments at the time they experienced the response to abuse. The availability of calming spaces for children to visit immediately after giving disclosures (Attrash-Najjar et al., 2023), a welcoming and supportive atmosphere supplemented with games and activities (O'Brien et al., 2019), and safety procedures that address and respond to children's concerns (Winters et al., 2020) were highlighted as considerations to help children to feel comfortable and cared for.

Although the perspectives of children and adult survivors are largely similar, children's accounts tend to prioritise the immediate, practical needs of navigating a confusing process—such as the need for clear information, direct involvement in decisions, and immediate safety—while adults retrospectively place a greater emphasis on the lasting relational and emotional impact of the experience, including the quality of professional relationships and the importance of being genuinely heard and emotionally validated.

TRAUMA-INFORMED AND CHILD-CENTRED APPROACHES TO SERVICE FEEDBACK

The review also examined where children talked about providing service feedback or talked about how they wanted to be involved in research and evaluation about service responses. For the purposes of this review, service feedback is defined as the mechanisms and processes through which Barnahus and related services ethically and effectively gather, interpret, and act upon children's direct accounts of their service experience to drive continuous quality improvement. This feedback can be gathered as part of the experience of a service or more commonly as part of a research or evaluation project. This included the conditions under which they would prefer or would feel comfortable providing feedback about their experience of services that would typically be included as part of a Barnahus response. Seven sources from the overall search were identified that contained information specifically about children's perspectives on how they wanted to participate in research and service feedback. Primarily these were research with children that set out to define the parameters of safe and meaningful research with children.

Effectively asking children about their experiences at a Barnahus or similar service falls primarily to independent researchers and evaluators seeking to ensure service quality, safety, and accountability. Synthesising the implications from the included studies, four key themes emerge that define how these researchers and evaluators should structure their engagement. These themes emphasise the foundational principles of child agency, the use of adaptive and personalised methods, the necessity of trauma-informed professionals, and the importance of establishing meaningful, continuous feedback loops.

Theme 1: Foundational Principles: Agency, Consent, and Trust

A fundamental theme is that feedback collection must be grounded in principles that maximise the child's sense of agency, control, and safety. This begins with ensuring children understand and explicitly consent to the interviewing process before it starts (Moore et al., 2018). The power of this assurance is clear in one child's account of first disclosing violence to a researcher: "I trusted him... he assured me that no one else would know about it... apart from himself alone... so in my heart I got the idea to tell him" (Devries et al., 2015, p. 6). Professionals must provide clear information about what to expect, including explaining confidentiality (Neelakantan et al., 2025) and the child's rights, such as the right to leave or take a break at any time (Moore et al., 2018). This right can be operationalised with tools like the 'stop', 'go', and 'pause' cards used in one study to give children non-verbal control over the interview (Warrington et al., 2023).

A key tension identified in the literature, and in practice, is the question of who should gather this feedback. While many of the principles of trust-building apply to a child's known key worker, some evidence suggests that children may feel more candid or less inhibited when providing critical feedback to an independent or external evaluator, with whom they do not have an ongoing therapeutic or case-management relationship (Moore, 2017). Services must therefore balance the rapport held by internal staff against the perceived neutrality of an external party, ensuring the child has agency in the process regardless of the chosen method.

This sense of control is further reinforced by maximising the child's choices, such as when the interview occurs, who is present, and allowing the child to direct the conversation (Moore et al., 2018; Warrington et al., 2024). One child participant valued this explicitly: "It was good that we had choices like it was up to us what we wanted to discuss... we got to decide which bits we'd talk about" (Moore et al., 2018, p. 100). Building rapport and trust is essential, which involves professionals genuinely listening to children, treating them as individuals, and fostering authentic relationships where children feel their perspectives matter (Warrington et al., 2024). Ultimately, the goal is to create a space where children's views are privileged over adults' (Moore et al., 2018).

Theme 2: Adaptive and Developmentally Appropriate Methods

The method of asking for feedback should not be rigid; it must be flexible and personalised to the child. While this can include quantitative tools such as age-appropriate surveys, the synthesised literature places a strong emphasis on adaptive, non-verbal, and creative methods. This includes adopting a personalised approach rather than generic questions (McVeigh, 2024). This reflects the finding that children's experiences exist on a continuum ranging from collaborative, to disconnected, to imposed (McVeigh, 2024). Professionals should be prepared to use different communication methods, such as asking open-ended questions or providing the opportunity for written responses (Neelakantan et al., 2025).

A key part of this theme is asking children *how* they want to provide feedback, which could include non-verbal methods like drawing or writing (McVeigh, 2024). A scoping review on Signs of Safety (Caffrey et al., 2024) identifies specific tools designed to give children a voice, such as 'My Three Houses' (a visual tool for expressing worries and dreams) and 'Words and Pictures' (an age-appropriate explanation of the safety plan). The process should also be made interesting and fun, using fun and grounding activities to facilitate regulation and engagement (Moore et al., 2018; Warrington et al., 2024). To help children feel supported and not othered, research facilitators should, where possible, involve staff who provide representation in terms of race, gender, and ethnicity (Warrington et al., 2024).

Theme 3: Trauma-Informed and Emotionally Responsive Professionals

The person asking for feedback must be appropriately skilled to handle the sensitive nature of the conversation. The participants repeatedly call for the use of therapeutically trained interviewers (Neelakantan et al., 2025) and trauma-informed counsellors (Warrington et al., 2024) as facilitators of research with children. These professionals must be aware of and responsive to the various emotions that children may experience (Neelakantan et al., 2025). Participation is a layered emotional experience that can include sadness, anger, apprehension, and distress, but also, joy, relief, and laughter (Neelakantan et al., 2025).

Professionals obtaining information and service feedback from children should be able to actively manage risks and respond appropriately (Warrington et al., 2024). This includes being able to sit with and respond to difficult emotions (Neelakantan et al., 2025) and help children manage triggering or overwhelming moments (Warrington et al., 2024). This is crucial because the child's emotional experience is primarily driven by participation as a relational encounter with the researchers (Neelakantan et al., 2025). This ensures the feedback process itself does not cause further harm and prioritises the child's wellbeing.

Theme 4: Underlying Ethical Framework

Finally, the data strongly indicates that asking for feedback should not be a one-time event. Instead, services must give children regular opportunities to provide feedback (McVeigh, 2024; Moore, 2017) and give space for children to provide ongoing feedback (Caffrey et al., 2024). In the context of feeling safe within schools and other environments, children recommended that institutions conduct regular school surveys, class discussions, and workshops rather than waiting for problems to arise (Moore, 2017).

Crucially, this feedback must be part of a meaningful loop (Warrington et al., 2024). This requires longer-term participatory research practices rather than token, one-off consultations (Warrington et al., 2024). Children must be informed of how their feedback is taken on board, particularly if it will help other children (Moore, 2017). Children voiced frustration with processes where their views were sought but there was no commitment to informing children about how their ideas were used (Moore, 2017). Informing children if their influence created service improvements helps to improve their feelings of confidence and control (Warrington et al., 2024). If feedback is not incorporated, it is equally important to provide explanation as to why (Moore, 2017), which validates the child's contribution and maintains trust in the process.

Summary

Based on the children's perspectives from these sources, effective research and service evaluation must be grounded in a foundational trust factor (McVeigh, 2024). This is built by ensuring participation is a genuine choice and by providing clear, explicit assurances of confidentiality. The methods used should be adaptive and child-centred and facilitated by professionals who can respond to the emotional experience of participation (Neelakantan et al., 2025). Critically, this engagement cannot be tokenistic; it must be part of an ongoing feedback loop where children are informed of the outcomes.

DISCUSSION

This qualitative synthesis of 51 studies provides a comprehensive basis for better understanding the experiences of children in the response to abuse, and what participants thought represented a high-quality response to abuse. These have been synthesised with an aim of better identifying how Barnahus should consider measuring the quality of responses to abuse, while centring the perspectives of children. The core themes that emerged—the primacy of the professional relationship, the need for genuine participation, and the multi-dimensional nature of safety—are largely consistent with the findings of previous reviews, which have also highlighted systemic failings such as a lack of participation of children and poor inter-agency coordination.

The synthesis of these themes—particularly the primacy of the relationship and the need for genuine participation—also contributes to the ongoing 'participation versus protection' discourse. The findings suggest this is a false dichotomy; for children, feeling safe (i.e., protection) is achieved through being listened to and involved in decisions (i.e., participation; Mitchell et al., 2023). A high-quality Barnahus response, therefore, is one that integrates protection as a participatory process.

This review makes a unique contribution by synthesising a substantial and contemporary body of evidence that includes the perspectives of both children and adult survivors. This approach has aimed to translate the immediate relational and procedural needs identified by children into clear themes that can be easily translated for future research and policy.

Secondly, this review makes a significant contribution by synthesising the evidence on how to ethically and effectively obtain service feedback from children. The findings highlight key principles from the existing research for gathering service feedback at an individual and collective level: establishing foundational trust, upholding child agency, ensuring facilitator skill, and closing the loop. The accounts from the participants highlight the importance of a service feedback and/or research experience that models mutual recognition and respect (Warrington et al., 2024), validates the child's expertise against epistemic injustice (McVeigh, 2024), and reinforces their sense of agency by

ensuring participation is a genuine choice (Moore et al., 2017) rather than a disconnected or imposed (McVeigh, 2024) interaction. This highlights the risks of perfunctory service feedback approaches. Children reported feeling frustrated with processes where their views were sought but there was no commitment to informing children about how their ideas were taken up (Moore, 2017). In such cases, services like Barnahus may fail to capture critical information or identify implementation gaps and areas for improvement.

While this review provides a comprehensive synthesis of a substantial body of qualitative evidence, several limitations should be considered when interpreting the findings. The search was confined to English-language, peer-reviewed literature published primarily within the last decade, which may have excluded relevant studies from other languages or older foundational research. Although the included studies are geographically diverse, there is a notable over-representation of research from Europe, North America, and other high-income regions, which may limit the direct applicability of some findings to different cultural contexts. Furthermore, the synthesis did not systematically analyse potential differences in children's experiences based on gender, age, or ethnic origin, which is a key area for future research. The lack of data on children with disability in particular is a limitation given the disproportionate rates of abuse in this population (Jones et al., 2012). Finally, the evidence base concerning the methods for gathering feedback, while valuable, was noted as being less rich and detailed than the evidence on service experiences, indicating a need for more dedicated research in this specific area. Despite these limitations, the consistency of the core themes across the included studies provides a robust foundation for informing the development of child-focused outcomes for Barnahus.

Potential Application of Findings Across Barnahus Service Areas

As highlighted in the methodology section, the studies included accounts that in some instances reflect children's experiences of the entire response, specifically experiences of a CAC or Barnahus approach, or even experiences of specific parts of the Barnahus approach (e.g., forensic interviewing). This section highlights how these accounts relate to the question of how each of the main elements of the Barnahus could reflect children's expectations of responses to abuse, and how to meaningfully measure the quality of responses based on this information. A key challenge for developing a future outcomes framework will be how to measure experiential quality as an outcome (noting the importance of a quality process to children's experiences), and to determine the boundaries of this process, which, for a child, may not end when formal service involvement ceases.

Findings related to each of the elements of Barnahus (i.e., the four rooms) and the overall structure are summarised in Figure 5 and expanded on below. These have also been adapted into a set of possible questions addressing the themes across the four rooms (see Appendix B).

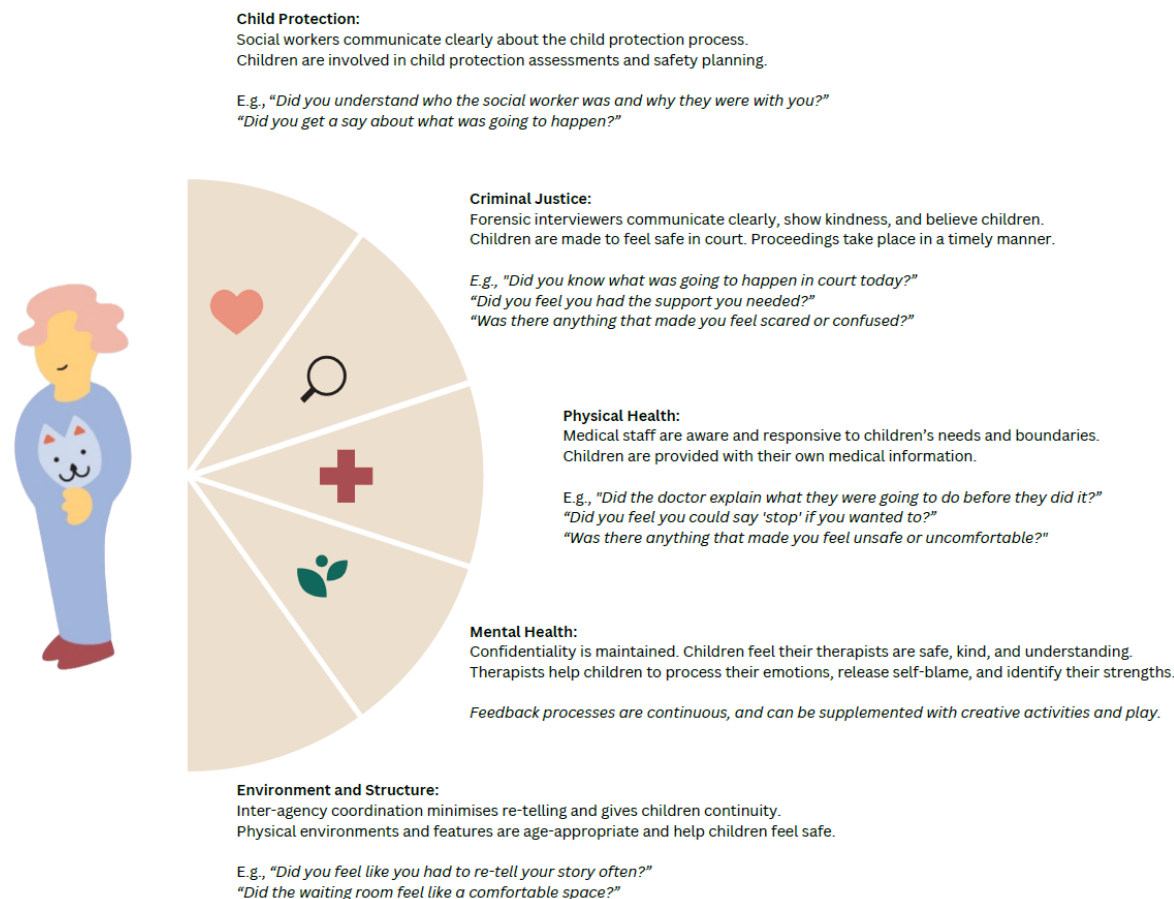


Figure 5 Potential applications of findings for Barnahus service delivery and feedback processes

Child Protection Assessments and Support

The child protection assessment and subsequent intervention is often a confusing and frightening experience for children and appeared to be an element that children found particularly concerning and distressing as decisions could result in significant changes to their lives and their relationships with their family. While a critical part of the Barnahus response, child protection work presents some unique challenges for practising in a child-centred way, particularly as assessments tend to be oriented towards caregivers' rights and the risk of abuse in families (Toros & Falch-Eriksen, 2025), which can overshadow the child's own rights and preferences. Some child protection interventions may also need to occur immediately to ensure the protection of children, which may exclude the possibility of a more child-centred and rapport-building approach.

- Suggested Outcomes: Critical outcomes to measure in relation to child protection in the Barnahus are children's comfort, understanding, and sense of agency within child protection processes. Whether a child perceives their social worker as kind and on their side are key outcomes (Cunnington & Clark, 2023; Pacheco et al., 2023; Lauri et al., 2020). It is also likely to be important to evidence that the child understands the reasons for child protection involvement in their lives, the role of their social worker, and the steps of the child protection process (Edwards & Parson, 2019; Toros & Falch-Eriksen, 2025). This includes measuring whether children can identify the professionals they are working with and their roles, avoiding the frustration and confusion that arises when children do not know who professionals are and what they are doing (Mitchell et al., 2025). Outcomes should further evaluate whether a child feels they are meaningfully involved in their own child protection assessments and safety planning (Balsells et al., 2017; Ogle & Vincent, 2022).

- The synthesised literature also suggests several specific, measurable procedural benchmarks related to child protection work, drawn largely from the work of Wilson et al. (2020). While these practice-based benchmarks can be observed in administrative data or audits, they are best assured by obtaining information about children's direct experiences of these processes. Important outcomes to measure should therefore include:
 - Meaningful and Informed Consent: Whether professionals give children information about the child protection process with adequate time to absorb it.
 - Procedural Rapport-Building: Whether professionals get to know children before asking personal questions to build trust and avoid perceived intrusiveness.
 - Explicit Confidentiality from Family: Whether children are interviewed separately from their parents and explicitly reassured that what they say will not be shared with family members.
 - Respect for Children's Agency: Whether children feel treated as capable and respected partners and are given a right to influence decisions before those decisions are made.
 - Clarity and Pace of Information: Whether children are given information about the child protection process with adequate time to absorb the information.
 - Validation: Whether social workers validate children's disclosures and do not make dismissive assumptions based on the child's outward appearance or their family's presentation.
 - Thoroughness of Assessment: Whether the assessment is thorough and considers all forms of abuse, for example, by asking about sexual abuse even when the primary referral is for domestic violence.

Criminal Justice (Forensic Interviewing & Court Processes)

The forensic interview presents a core challenge: balancing the need for evidential rigour with the child's emotional and psychological wellbeing. While this can be practised in a child-centred way, interviewing children about abuse is potentially highly distressing and requires a highly specialised professional delivering an evidence-based interviewing protocol accepted by the legal system in that jurisdiction. Accounts of interview experiences highlight the importance of trust and rapport. Crucially, children need to thoroughly understand the process beforehand, the interview must be age-appropriate and allow for agency, and the space must be safe and comfortable. This is particularly true for police, who can be perceived as scary, especially with factors including wearing a uniform, appearance, size, gender, visiting the family home, or speaking to children at night (Franchino-Olsen et al., 2025; Mitchell et al., 2025). A child-centred approach must therefore include being in a comfortable non-intimidating room (Warrington et al., 2017) and, critically, a safe space to talk that is not in the family home (Wilson et al., 2020).

- Suggested Outcomes: In this context, key outcomes to measure are the child's perception of the interviewer's kindness, patience, and respect (Haahr-Pedersen et al., 2024; McElvaney et al., 2024). It is crucial to measure whether the child feels validated by the professional, and whether the child understands the purpose and process of the interview (Allnock et al., 2022; Warrington et al., 2017; Winters et al., 2020). A key outcome is whether the professional actively validates children's emotions and provides reassurance that they are not to blame, which directly counters the fear of not being believed that acts as a barrier to disclosure (Winters et al., 2020). A critical systemic outcome is the effectiveness of inter-agency coordination in minimising repeated disclosures across all parts of the response, as repetition is consistently identified as a source of re-traumatisation (Pacheco et al., 2023; Watkins-Kagebein et al., 2019). This requires a holistic approach to finding out from children about instances of repeating their story, as simply measuring the number of forensic interviews is an extremely limited metric. A more child-centred outcome is whether the child feels the system is coordinated, for example, by measuring if they understand what professionals already know about them before the interview begins (Mitchell et al., 2025).

The criminal justice system (particularly appearing in court) is often described by children as one of the most intimidating, confusing, and adversarial parts of the process, creating a significant risk of secondary harm. Unlike the therapeutic or medical components of Barnahus, which are designed to be collaborative and supportive, the legal process is inherently formal and outcome driven. Children are usually witnesses in the context of court processes, which can be particularly confusing and disempowering. A child-centred approach in this domain should focus on mitigating fear, ensuring children are well prepared, maximising understanding, and creating pockets of agency and safety within a rigid structure. In the context of Barnahus in Europe the legal system can take many different forms; for some jurisdictions the forensic interview constitutes their only interaction with the court system (e.g., Estonia, Sweden), while for others the forensic interview constitutes a piece of evidence that may require cross-examination under protective conditions (e.g., United Kingdom) or further inquiries.

- **Suggested Outcomes:** The primary outcomes in this area relate to reducing fear and uncertainty. This is achieved by measuring the things that participants indicated helped to reduce this, namely whether the child received clear, age-appropriate preparation for court, whether they understood their role in the proceedings, and whether their requests for safety accommodations—such as having a support person present or being able to ask for breaks—were granted (Piamenta & Gal, 2025). This also requires that court professionals are trained to be sensitive that children may be unable to recall abuse clearly, and that this is an impact of trauma, not a lack of credibility (Allnock et al., 2022). The timeliness of court proceedings is also a critical outcome, as prolonged delays can significantly increase a child's distress (McElvaney et al., 2024; Moolman et al., 2023). Furthermore, outcomes must measure the continuity of communication. This includes whether children receive proactive updates from police and courts to prevent the anxiety of feeling left hanging (Mitchell et al., 2024; Mitchell et al., 2025). Key outcomes are whether children were provided with clear explanations of parameters around criminal justice processes, evidential thresholds, and how charges are decided, and whether their autonomy was respected by professionals asking permission to share information (Mitchell et al., 2025).

Medical Examinations

The medical examination can be an invasive, frightening, and potentially re-traumatising experience for a child. Unlike other parts of the process, it directly involves the child's body, making the principles of agency and control paramount. Medical examinations may also have a dual purpose of gathering evidence and assessing the child's health needs. The evidence indicates that a child-centred approach must prioritise the child's sense of safety and autonomy over procedural efficiency.

- **Suggested Outcomes:** The important outcomes are the child's feeling of control over their own body and the respect of their personal boundaries in respect to examinations (Haahr-Pedersen et al., 2024). Measurement should focus on the presence of meaningful informed consent, whether they are clearly told they had the right to stop the examination at any point, whether the number of people in the room was limited to only those essential, and whether the medical professional was reassuring and explained every step of the process beforehand (Piamenta & Gal, 2025; Stavas et al., 2018).

Therapeutic and Mental Health Support

The evidence synthesised in the report indicates that therapeutic and mental health supports are a fundamentally relational service, where the quality of the therapeutic alliance is the primary driver of success. Distinct from other parts of the response, therapy is solely and explicitly dedicated to the child's healing and long-term wellbeing, with success not measured by a legal finding or a completed assessment, but by the quality of the therapeutic alliance and the child's progress toward their own goals, such as releasing self-blame or identifying personal strengths. The goal is to move beyond immediate crisis intervention to foster long-term, holistic recovery through a trauma-informed, strengths-based, and child-led approach.

- Suggested Outcomes: Outcomes are highly relational in terms of mental health and therapeutic services and should measure the child's perceived connection with their therapist, their sense of being understood, and the long-term consistency of that relationship (Allnock et al., 2022; Cossar et al., 2019; Glucklich et al., 2023). It is also important to measure progress towards specific therapeutic goals identified by the child, such as releasing self-blame, identifying personal strengths, or developing coping strategies (Attrash-Najjar et al., 2023; Jessiman et al., 2017). The assurance and maintenance of confidentiality is in some ways assumed but would ideally be assessed as an outcome from the perspective of the child (Jessiman et al., 2017). Finally, a key systemic outcome is the accessibility of this support, which includes timely access to mental health services for children and families (Warrington et al., 2017; Warrington et al., 2023; Mitchell et al., 2024) and the removal of arbitrary barriers, such as age restrictions on mental health services, to ensure support is continuous and children do not 'age out' of care (Allnock et al., 2022).

Broader Structure and Environment

The evidence synthesised in the report shows that a child's experience is shaped not only by individual services but by the overall architecture of the response. This includes the physical environment of the centre and the structural design of the multi-agency system. A child-centred approach requires that this broader context is intentionally designed to be coherent, humane, and responsive. Success in this domain reflects the system's ability to present a unified, caring, and reliable front.

- Suggested Outcomes: Inter-agency coordination is key to the performance of the Barnahus model. The cohesiveness and consistency of the response across agencies from the perspective of children is an important indicator of the functioning of these collaborative arrangements (Glucklich et al., 2023; Pacheco et al., 2023). Measurements should include whether a child feels they could trust the professionals they interacted with, whether the professionals spend enough time with them, and whether the child did not have to re-tell their story numerous times (Allnock et al., 2022; Warrington et al., 2017). This includes measuring whether services feel coordinated and connected to the child and whether the child is made aware of what information has been shared between professionals (Mitchell et al., 2025). The physical environment within Barnahus centres is also important, and outcomes should measure whether a child felt the space was comfortable, age-appropriate, and provided them with features (e.g., toys, games, snacks, drinks) that they liked (Haahr-Pedersen et al., 2024; Mitchell et al., 2024; Piamenta & Gal, 2025; Warrington et al., 2017). This includes simple but important indicators that help children feel calm, such as colours and posters in the room, water, fidget toys, and comfortable furniture (Mitchell et al., 2024). An additional outcome should be whether a child was provided with a space that helped them feel calm in between visiting services and whether the service delivery rooms felt comfortable or intimidating (Lauri et al., 2020; McElvaney et al., 2024). A key outcome is whether the environment is explicitly non-intimidating and not medicalised, which signals to the child that they are valued and gives them 'permission to be a child again' (Mitchell et al., 2024; Warrington et al., 2017).

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APPENDIX A*Summary of Included Studies and Reviews*

Author(s) & Year	Country	Population	Methodology	N	Focus Area	High-Level Themes
Allnock et al., 2022	United Kingdom	Children and adults	Focus Groups and Individual Interviews	23 children, 9 adults	Child protection, Criminal Justice, and health systems	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing for children and their family, safety and privacy, recognise individuality
Attrash-Najjar & Katz, 2023	Israel	Adult	Individual Interviews	35	Child protection, health, and education systems	Recognise individuality, sensitivity and respect, involvement in decision-making, effective communication, validation of children's experiences
Attrash-Najjar et al., 2023	Israel	Adult	Individual Interviews (questionnaire)	371	Whole experience	Empowerment, support for wellbeing
Balsells et al., 2017	Spain	Children	Groups and Individual Interviews	30	Child protection	Effective communication, involvement in decision-making
Beckett & Warrington, 2015	United Kingdom	Children	Phased Workshops	9	Criminal Justice system	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing, safety and privacy, recognise individuality.
Beetham et al., 2019	United Kingdom	Children	Individual Interviews	4	Therapeutic program	Effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing
Caffrey et al., 2024	Australia and Ireland	Children	Scoping review	7 studies	Child protection	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing, safety and privacy, recognise individuality, how to involve children
Changefactory Knowledge Centre, 2019	Norway	Children	Survey questions	130	Child protection, Criminal	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust,

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					Justice system, physical CAC environment	support for wellbeing, recognise individuality, service accessibility
Cossar et al., 2019	United Kingdom	Children	Individual Interviews	30	Whole experience	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing, recognise individuality, service accessibility
Cudjoe et al., 2020	Ghana, West Africa	Children	Individual Interviews	13	Child protection	Effective communication, involvement in decision-making
Cunnington & Clark, 2023	United Kingdom	Adults	Survey questions and Individual Interviews	140 surveys, 21 interviews	Criminal Justice system, health care	Support for wellbeing, respect and empowerment, safety and privacy, consistency and trust, unprofessional behaviour
Devries et al., 2015	Uganda, East Africa	Children	Individual Interviews	40	Child protection and health systems	Effective communication, safety and privacy, consistency and trust, support for wellbeing
Digolo et al., 2021	Kenya, East Africa	Children	Focus Groups and Individual Interviews	14	Whole experience	Support for wellbeing, empowerment and involvement in decision-making, safety and privacy, consistency and trust, service accessibility
Dillon, 2021	United Kingdom	Children	Individual Interviews	6	Child protection	Effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing
Edwards & Parson, 2019	Australia	Children (narratives constructed from therapist's notes)	Individual Interviews	4	Child protection and health systems	Involvement in decision-making, consistency and trust, effective communication, support for wellbeing, respect and empowerment, analysis of a specific therapeutic approach
Foster, 2017b	United States of America	Children	Individual Written Narratives	19	Health and child protection systems	Consistency and trust, safety, support for wellbeing, respect and empowerment

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Foster, 2017a	United States of America	Children	Individual Written Narratives	19	Criminal Justice system	Involvement in decision-making, sensitivity and respect, safety and privacy
Franchino-Olsen et al., 2025	South Africa	Children	Two Individual Interviews (One questionnaire, one qualitative)	129 surveys, 8 interviews	Whole experience	Consistency and trust, safety and privacy, support for wellbeing, effective communication, respect and empowerment, how to involve children
Glucklich et al., 2023	Israel	Adults	Individual Written or Audio (self-recorded) Narratives	83	Whole experience	Respect and empowerment, involvement in decision-making, safety and privacy, consistency and trust, support for wellbeing
Haahr-Pedersen et al., 2024	Denmark	Children	Individual Interviews	15	Criminal Justice system	Respect and empowerment, effective communication, consistency and trust, safety and privacy, support for wellbeing
Jessiman et al., 2017	United Kingdom	Children	Individual Interviews	12	Health and child protection systems	Safety and privacy, support for wellbeing, respect and empowerment, effective communication
Katz et al., 2022	Israel	Children	Individual Interviews	30	Criminal Justice system	Safety and privacy, respect and empowerment, consistency and trust
Kirka & Tamutienė, 2023	Lithuania	Children	Individual Interviews	21	Child protection	Involvement in decision-making, effective communication, safety and privacy, respect and empowerment, support for wellbeing
Landberg et al., 2025	Sweden	Children	Individual Interviews	14	Criminal Justice system, Health system	Support for wellbeing, effective communication, safety and privacy, consistency and trust, respect and empowerment, involvement in decision-making, recognise individuality
Lapierre et al., 2025	Canada	Children	Scoping review	34 studies	Criminal Justice system, child protection, health system	Effective communication, safety and privacy, respect and empowerment, support for wellbeing, involvement in decision-making, recognise individuality
Lateef et al., 2023	Canada	Children and adults	Individual Interviews	6 children, 10 adults	Criminal Justice and	Respect and empowerment, effective communication

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					health systems	
Lauri et al., 2020	Estonia	Children	Individual Interviews	14	Child protection	Effective communication, involvement in decision-making, respect and empowerment, trust and consistency, recognise individuality
McElvaney et al., 2024	Ireland and Canada	Children and adults	Individual Interviews	47 (distinction between children/adults not provided)	Criminal Justice system	Involvement in decision-making, safety and privacy, respect and empowerment, support for wellbeing
McGill & McElvaney, 2023	Ireland	Children and adults	Individual Interviews	20 children, 10 adults	Criminal Justice system	Safety and privacy, support for wellbeing
McVeigh, 2024	Australia	Children and adults	Focus Groups	20 children, 5 young adults	Mental health system, physical CAC environment	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing, safety and privacy, recognise individuality
Mitchell et al., 2025	Scotland	Children	Individual Interviews	6	Whole experience, child protection and Criminal Justice systems, physical CAC environment	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing, safety and privacy, recognise individuality
Mitchell et al., 2024	Scotland	Children	Individual Interviews	17 children and family members (distinction not provided), interview excerpts provided for 7 children	Whole experience, physical CAC environment, child protection, Criminal Justice system, mental health	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing for children and their family, safety and privacy, recognise individuality

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Moolman et al., 2023	South Africa	Children	Individual Interviews and Focus Groups	21 interviews and from this sample, 16 focus groups	Criminal Justice and health systems	Trust and consistency, support for wellbeing, safety and privacy
Moore et al., 2018	Australia	Children	Focus Groups	121	Whole experience	Effective communication, involvement in decision-making, trust and consistency, recognise individuality, how to involve children
Moore et al., 2017	Australia	Children and adults	Individual Interviews	19 children, 8 young adults	Whole experience	Effective communication, safety and privacy, involvement in decision-making, consistency and trust, respect and empowerment, recognise individuality, support for wellbeing
Moore, 2017	Australia	Children	Focus Groups	121	Whole experience	Effective communication, safety and privacy, involvement in decision-making, consistency and trust, respect and empowerment
Neelakantan et al., 2025	South Africa and Philippines	Children	Individual interviews	53	Research (about experiences with responses to abuse)	Effective communication, safety and privacy, support for wellbeing, how to involve children
O'Brien et al., 2019	United States of America	Adults	Individual Interviews	13	Health system, whole experience	Effective communication, safety and privacy, involvement in decision-making, consistency and trust, respect and empowerment, recognise individuality, support for wellbeing
Ogle & Vincent, 2022	England	Children	Individual Interviews	4	Child protection	Involvement in decision-making, support for wellbeing, safety and privacy, respect and empowerment, recognise individuality
Pacheco et al., 2023	Europe, Canada, and USA	Adults	Individual Interviews (via email or video)	10	Whole experience	Effective communication, involvement in decision-making, respect and empowerment, trust and consistency, safety and privacy, recognise individuality
Parker et al., 2021	England	Children	Individual interviews	11	Whole experience, physical CAC environment,	Effective communication, involvement in decision-making, consistency and trust, respect and empowerment, recognise individuality, support for wellbeing for children and their family

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					health care, mental health	
Piamenta & Gal, 2025	Israel	Children and adults	Individual Interviews	5 children, 7 adults	Criminal Justice and health systems	Involvement in decision-making, effective communication, safety and privacy, trust and consistency, recognise individuality
Stavas et al., 2018	United States of America	Children	Individual Interviews	10	Health and Criminal Justice systems	Safety and privacy, support for wellbeing, trust and consistency, involvement in decision-making, recognise individuality
Tener et al., 2021	Israel	Adults	Individual Interviews	24 ¹	Entire experience	Recognise individuality, effective communication, respect and empowerment, consistency and trust
Toros & Falch-Eriksen, 2025	Worldwide	Children	Systematic Review	13 Studies	Child Protective Services	Lack of participation, lack of information and understanding of process, one-sided and undermining communication, focus on parental views and rights.
Warrington et al., 2017	England	Children and adults	Individual Interviews, Focus Groups, and Survey	Individual Interviews: 53 children/young people Focus groups: 30 children/young people Survey: 75 children/young people	Child protection and Criminal Justice systems, physical CAC environment	Sensitivity and respect, effective communication, empowerment and involvement in decision-making, consistency and trust, support for wellbeing for children and their family, safety and privacy, recognise individuality.
Warrington et al., 2024	United Kingdom	Children and adults	Individual narratives via interviews, podcast discussions, writing	15, distinction between children and young adults not clear	Research (about experiences with responses to abuse)	How to involve children, effective communication, respect and empowerment, support for wellbeing, safety, involvement in decision-making, consistency and trust, recognise individuality

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Warrington et al., 2023	United Kingdom	Children and adults	Individual Interviews	48 children, 5 young adults	Health system, whole experience	Support for wellbeing for children and their family members, involvement in decision-making
Watkins-Kagebein et al., 2019	Worldwide (US, Chile, Phillipines, Norway, Scotland)	Children	Qualitative synthesis	7 studies	Health and Criminal Justice systems	Negative experiences within the CJ system, support for wellbeing, safety and privacy, effective communication
Winters et al., 2020	United States of America	Adults	Individual Interviews	76	Criminal Justice system	Positive and negative experiences with law enforcement after disclosure, safety and privacy, consistency and trust, effective communication, support for wellbeing
Wilson et al., 2020	Worldwide	Children	Qualitative synthesis	39 studies	Child protection	Involvement in decision-making, effective communication, safety and privacy, trust, respect and empowerment, recognise individuality

¹ A discrepancy was identified between the number of participants and the number of interviews reported in the study (25 participants, 24 interviews).

APPENDIX B*Possible Questions About the Barnahus Experience Aligned to the Review Themes/Sub-Themes*

Service Area	Theme / Sub-Theme	Suggested Questions for Children
Broader Structure & Environment	Systemic Efficacy: Coordination & Minimising Re-telling	Did you feel like the different adults were talking to each other and working together? Did the adults already know your story, so you didn't have to tell it over and over again? Did anyone ask your permission before sharing your story with others?
	Systemic Efficacy: Pacing & Updates	Did the adults keep in touch to let you know what was happening, even if nothing was new? Did you ever feel worried because you hadn't heard from anyone for a long time?
	Systemic Efficacy: Individuality & Culture	Did you feel the adults respected your culture, religion, and who you are? Did the adults treat you like a capable person, or did you feel patronised (treated like a little kid)?
	Safety: Physical Environment	Did the building feel warm and welcoming, or did it feel scary? Were there things available (toys, snacks, drinks) that helped you feel comfortable? Was there a designated room for you to wait, rest, or take a break?
Criminal Justice (Forensic Interview)	Relationship: Kindness & Authenticity	Was the interviewer kind, patient, and calm? Did the interviewer seem like a "real" person to you (authentic – not pretending)? Did they do things to show they were listening, like looking at you and putting their phone away?
	Relationship: Being Believed & Validated	Did you feel believed? Did the interviewer make you feel like what you said was important?
	Empowerment: Preparation & Understanding	Did you understand why you were being interviewed before you went into the room? Did you see a video or pictures of the room beforehand, so you knew what to expect?

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	Empowerment: Agency & Control	Did you feel like you could ask for a break whenever you needed one? Were you able to control the speed of the interview (e.g., using stop/go cards)?
	Safety: Environment	Were you able to have a support person in the room with you or close by if you wanted one?
Criminal Justice (Court Process)	Safety: Protection from Accused	Were you kept safe from seeing the person who hurt you (e.g., separate rooms or video links)? Did the adults take action to make sure you felt physically protected?
	Relationship: Kindness and Being Validated	Did you feel like the judge and court staff were kind? Did the adults make you feel like what you said was important?
	Relationship: Trust and Consistency	Did adults keep the promises they made about how many hours a day you spent in court?
	Empowerment: Clarity & Rights	Did anyone explain the rules of the court and what might happen? Did you understand what the decision (the outcome) meant?
	Empowerment: Agency	Were you forced to attend court, even if you didn't want to?
Child Protection (Social Work)	Relationship: Trust & Consistency	Did you feel the social worker was on your side? Did the social worker take time to get to know you before asking hard questions?
	Empowerment: Role Clarity & Jargon	Did you know who the social worker was and exactly what their job was? Did the social worker use words you could understand (no jargon)?
	Participation: Decision Making	Did you have a real say in the plan to keep you safe? Did the adults explain why a decision was made, especially if it wasn't what you wanted?
	Safety: Privacy from Family	Were you able to talk to the social worker alone, without your parents or carers listening? Did the social worker promise not to tell your family what you said without asking you first?
Medical Examination	Safety: Consent & Boundaries	Did you know you had the right to say "stop" at any time during the check-up?

CHILD OUTCOMES REVIEW

	<p>Safety: Environment</p>	<p>Did the doctor explain every step before they did it?</p> <p>Did you feel your body and privacy were respected?</p> <p>Was the number of people in the room kept to a minimum (only those who really needed to be there)?</p> <p>Did the doctor help you feel reassured and safe?</p> <p>Did the room feel comfortable (colours on the walls, instead of being entirely white)?</p>
<p>Therapeutic & Mental Health</p>	<p>Relationship: Consistency</p> <p>Wellbeing: Strengths & Self-Compassion</p> <p>Wellbeing: Child-Centered Methods</p> <p>Wellbeing: Accessibility</p>	<p>Did you see the same person every time, or did you have to meet new people?</p> <p>Did you feel you could trust your therapist?</p> <p>Did the support help you understand that what happened wasn't your fault (releasing blame)?</p> <p>Did the therapist help you see your own personal strengths?</p> <p>Were you able to express yourself in ways other than talking (like drawing, writing, or playing)?</p> <p>Did you feel like you could keep coming for help as long as you needed to (no time limits)?</p>



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**Improving the lives
of vulnerable children.**

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