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# **Roadmap and Cost Structure Analysis for the Implementation of the Barnahus Model in Croatia**

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28 March 2025

## **Joint EU-Council of Europe project “Implementing the Barnahus Model in Croatia” 23HR02**

The project is co-funded by the European Union via the Technical Support Instrument, and co-funded and implemented by the Council of Europe, in cooperation with the European Commission, the Reform and Investment Task Force (SG REFORM).

**Disclaimer**

**This report was produced with the financial support of the European Union and the Council of Europe. Its contents are the sole responsibility of the authors. The views expressed herein can in no way be taken to reflect the official opinion of either the European Union or the Council of Europe.**

# Terminology and Acronyms

Child	Refers to any person under 18 years of age
CoE	Council of Europe
CPS	Child protection services
CSV	Child sexual violence
EAPL	European Association of Psychology and Law, an international organisation focusing on the intersection of psychology and legal systems
iIIRG	International Investigative Interviewing Research Group, a professional organisation dedicated to improving investigative interviewing practices
MD/IA	Multidisciplinary and interagency collaboration between different professional groups and organisations
Mol	Ministry of Interior
MoJPADT	Ministry of Justice, Public Administration and Digital Transformation
MoU	Memorandum of Understanding
NGO	Non-profit organisation
NICHD-Protocol	National Institute of Child Health and Human Development Protocol, an evidence-based interview protocol for children
SG REFORM	The Reform and Investment Task Force of the European Commission
SVA	Statement validity analysis, a systematic approach for evaluating the credibility of verbal statements
TF-CBT	Trauma-focused cognitive behavioural therapy, an evidence-based treatment approach for trauma in children and adolescents

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# 1. Introduction

At the initiative of the Ministry of Justice, Public Administration and Digital Transformation, Croatia is implementing the Barnahus model through a joint European Union – Council of Europe project. The project is co-funded by the European Union via the Technical Support Instrument and co-funded and implemented by the Council of Europe, in cooperation with the European Commission, the Reform and Investment Task Force (SG REFORM). This implementation effort, which runs from September 2023 to February 2026, marks a significant step forward in protecting child victims and witnesses of violence, building upon substantial groundwork already laid in Croatia's legal and institutional framework. The initiative benefits from strong institutional commitment, with the Ministry of Justice, Public Administration and Digital Transformation taking a leading role, actively supported by other relevant ministries and stakeholders.

## Context

The implementation of the Barnahus model in Croatia represents a direct response to key European legal instruments and standards for protecting children's rights. This initiative aligns with Directive 2011/93/EU of the European Parliament and of the Council on combating sexual abuse and sexual exploitation of children and child pornography, as well as Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime. The implementation also fulfils Croatia's obligations under the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (the Lanzarote Convention) and adheres to the Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice. Together, these instruments establish a comprehensive framework for protecting child victims and witnesses, emphasising the need for child-friendly, multidisciplinary, and interagency approaches to preventing and responding to violence against children.

The implementation aligns with Croatia's National Plan for Combating Sexual Violence and Sexual Harassment 2022-2027, which explicitly calls for establishing the Children's House (Dječja kuća) based on the Barnahus model as a multidisciplinary and interagency centre for child victims and witnesses. The establishment of the model is specifically envisaged in the pertaining Action Plan for 2024.

A significant advantage for implementation is Croatia's extensive experience in child-friendly judicial practices, particularly through expert assistants who have more than two decades of experience in conducting forensic interviews with children using audio-video recording equipment. These professionals represent a valuable resource of expertise for developing the Barnahus model in Croatia. Their established role in facilitating forensic interviews will be instrumental in ensuring continuity while transitioning to the new model. Also, the police in Croatia have spent considerable resources in developing their expertise in forensic interviewing of children, training and certifying a significant number of police officers investigating crimes against children and developing child-friendly facilities with recording equipment set up for child interviews.

This roadmap outlines Croatia's strategic approach to implementing the Barnahus model, beginning with establishing a pilot centre in Zagreb that will serve as the Barnahus Central Hub and at least 3 other locations will consequently be established in other regions. During

the consultations the viewpoint of several members of the Advisory Group to establish all Barnahus units simultaneously in Zagreb and in the regions has been duly noted. However, based on available human and financial resources, the phased approach with a pilot unit in Zagreb first is the option that has been chosen by the Ministry of Justice, Public Administration and Digital Transformation. Therefore, this Roadmap and cost structure analysis have been drawn up based on that approach. Nevertheless, the Ministry of Justice, Public Administration and Digital Transformation is committed to setting up at least four Barnahus units as quickly as possible. The pilot hub in Zagreb will serve as the foundation for developing standardised procedures, building professional expertise, and establishing effective service delivery models that can be replicated in future regional centres.

The roadmap specifies implementation steps, resource requirements, and operational frameworks for both short-term and long-term phases, with concrete, actionable activities for each phase. It synthesises findings from stakeholder consultations and considers international best practices while remaining grounded in Croatia's specific context and needs.

Some key decisions regarding the implementation remain pending in the second draft. Where appropriate, this roadmap presents multiple options for consideration and notes areas where further development will be needed. This approach ensures the document serves as both an immediate action plan and a flexible framework that can adapt as the model develops.

The goal is to establish a sustainable, high-quality service that ensures all child victims across Croatia have access to coordinated, professional services that prevent re-traumatisation and uphold the rights of all parties. Greijer and Wenke (2023 p.99) define a Barnahus service in a mapping study on multidisciplinary and interagency child-friendly justice models responding to violence against children in Council of Europe member states as follows:

*“A public institution or entity where multidisciplinary and interagency services for children collaborate in the same safe and child-friendly premises to secure the right of the child to access to justice and, where applicable, to coordinate parallel criminal, civil and administrative proceedings. Barnahus and other child-friendly justice services provide a coordinated and effective response to the child, reducing the risk of secondary victimisation and re-traumatisation during case assessment and, where applicable, during investigations and proceedings, while ensuring full respect of principles of due process and the best interests of the child. The central aim is to gather evidence of high probative value through evidence based forensic interviewing and examination of the child. The child also receives support and assistance, including medical and therapeutic assessment and treatment, or is referred to appropriate follow-up support and assistance.”*

## 2. Method

The first phase of the work on the roadmap included familiarisation with central project documents, analyses of the state of play in Croatia regarding child sexual violence, and review of existing developments and suggestions for implementing the Barnahus model. This was followed by numerous consultations, both online and in written form, with key stakeholders to gain a deeper understanding of the documentation, hear first-hand experiences and thoughts on central challenges and steps forward, and develop a more complete picture of the national

processes for child sexual violence investigation and legal proceedings in Croatia. Suggestions and ideas were exchanged between the authors and national stakeholders, both through online meetings and through written feedback on preparatory and earlier versions of the roadmap, involving multiple review rounds with the MoJPADT, the CoE, local experts and the Project Advisory Group.

In alignment with key suggestions found in the reviewed documentation, the aim was to produce concrete, tangible and actionable recommendations that align policy and research with practice, based on the documentation, consultations and reviews, as well as the existing international Quality Standards for Barnahus and available scientific literature on best practices.

## Document and Stakeholder Consultation Synthesis

### Main Documents Reviewed

The key documents that have been reviewed is the Detailed Project Description – Implementing the Barnahus Model in Croatia (as well as supplemental project information found online<sup>1</sup>), the [Inception report](#) – Joint EU-Council of Europe project “Implementing the Barnahus Model in Croatia” 23HR02 (November, 2023), [Analysis of the legislative, police and institutional framework](#) (September, 2024), and the [Training gap analysis](#) (September, 2024). A brief review of the main findings of the latter two can be found in Appendix 1. In addition, a recording of the round table discussion held 8.10.2024 in Zagreb was also analysed.

### Stakeholder and National Expert Consultations

Several stakeholder and national expert consultations have been organised as online meetings, written consultations, and one face-to-face consultation in Helsinki 6.11.2024 in conjunction with the Croatian delegations’ study visit to Helsinki, Finland.

Between October 2024 and February 2025 nine online consultations and one in-person consultation have taken place. The first online meeting was held with the project representatives at the CoE 25.9.2024, the second with representatives of the MoJPADT 18.10.2024, the third with representatives of the Legal analysis team 29.10.2024 and the fourth with representatives of the Training gap analysis team 30.10.2024. The in-person consultation was held in Helsinki 6.11.2024 with Frederique Privat de Fortunie from the CoE, Ana Kordej from the MoJPADT, and the two authors of the Roadmap and Cost Structure Analysis Liisa Järvillehto and Tom Pakkanen from the Forensic Psychology Unit for Children and Adolescents in Helsinki. A fifth online consultation was held with representatives of the Child and Youth Protection Centre of Zagreb 5.12.2024 and a sixth consultation was conducted with expert assistants, including four written consultations and an online meeting 12.12.2024. A seventh online consultation was arranged with Alma Bernat from the Ministry of Labour, Pension, Family and Social Policy on the workings of child protection services in Croatia, and an eighth and ninth consultation was held with researchers from the University of Zagreb 10.2.2025 (Professor Miroslav Rajter, Department of Research Methodology in Social

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<sup>1</sup> See the project website: <https://www.coe.int/en/web/children/barnahus-croatia>.

Work and Social Policy) and 14.2.2025 (Professor of Developmental Psychology Gordana Kerestes and Professor Linda Rajhvajn Bulat, Department of Social Work, Faculty of Law).

In addition, several written consultations have been carried out. Four written descriptions of the expert assistants' role, a written response by the Ministry of Interior (MoI) on the police's readiness and capabilities of interviewing children, a medical doctor's outlook on the training and readiness of local doctors to examine child victims of sexual violence, have been reviewed. For a review and synthesis of the online, face-to-face, and written consultations, see Appendix 1.

## Revision Rounds

The content of the roadmap and cost structure analysis has been prepared under the continuous supervision and guidance of the CoE, and the main stakeholder, the MoJPADT. Several versions of the methodology, structure, and content of the document have been reviewed and feedbacked by the aforementioned, and by national experts. The penultimate version has been presented and reviewed by the Project Advisory Group in an online meeting 20.2.2025 and their suggested amendments have been considered in the final version.

## Guiding Principles and Structure of the Roadmap and Cost Structure Analysis

The recommendations and suggestions prepared in the roadmap and cost structure analysis are given in accordance with the Barnahus Quality Standards<sup>2</sup>, keeping the best interest of the child at the centre and providing child-friendly services while ensuring objective and high-quality criminal investigation and legal proceedings. The recommendations are also based on the best available research on best practices, e.g., on how to interview children (see, e.g., The White Paper on Child Interviewing by the European Association of Psychology and Law, Korkman et al., 2024; and the UN ratified Mendez Principles on Effective Interviewing for Investigations and Information Gathering) and what kinds of treatment have shown the best treatment efficacy for abused children (see, e.g., Thielemann et al., 2022).

The recommendations have been formulated with local needs identified in the documentation and consultations, focusing on multi-disciplinary, inter-agency cooperation, child participation, and regional differences, balancing the need for a national unified model that takes local adaptation sufficiently into account. Another key consideration has been to utilise existing national expertise and resources, especially that of the expert assistants, the police, the Zagreb Child and Youth Protection Centre, and researchers at the University of Zagreb.

Based on the data provided by the legal analysis and the written consultation with the MoI, it is estimated that the pilot phase of implementation in Zagreb could see up to 200-300 cases of child sexual violence consultations at the Barnahus per year. The suggestions and recommendations are therefore made based on this order of magnitude.

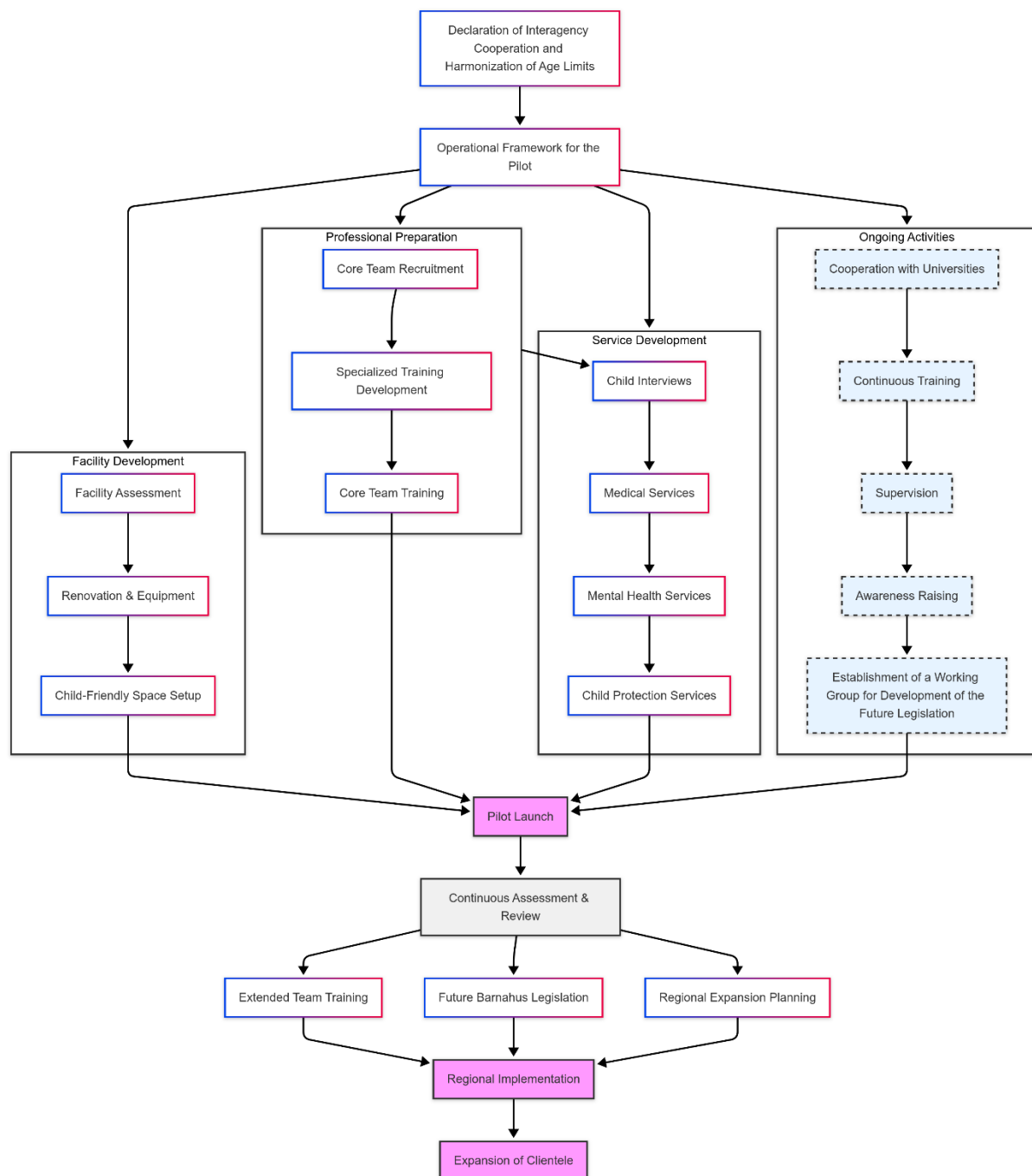
The general structure of the roadmap and cost structure analysis addresses all themes covered by the four rooms of the Barnahus: investigative interviewing, mental health, medical services, and child protection. It begins with an overview of the implementation phases (see Figure 1), followed by an overview of the operational framework, facility development, and staffing and training. Each section is followed by a targeted analysis of child participation, risk

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<sup>2</sup> Available at <https://barnahus.eu/barnahus/the-practice-in-barnahus/standards/>.

assessment that considers both potential risk scenarios and their mitigating strategies, and a cost structure analysis. Finally, considerations and steps for expansion beyond the pilot phase are discussed.

Figure 1. Flowchart of implementation phases



### 3. Initial Operational Framework

The implementation of the Barnahus model in Croatia builds upon a strong legislative foundation established through the National Plan for Combating Sexual Violence and Sexual Harassment for the period until 2027 and its corresponding Action Plan until 2024. A Memorandum of Understanding (MoU) has been developed as part of this project to formalise the commitment to implementing the Barnahus model, bringing together all key stakeholders under a unified framework.

This MoU, signed by major institutions including ministries, judicial bodies, Ombudsperson for Children and professional organisations, establishes the Ministry of Justice, Public Administration and Digital Transformation as the competent authority for implementing and supervising the Barnahus model. The MoU explicitly incorporates international standards, including the UN Convention on the Rights of the Child, the Lanzarote Convention, and relevant EU directives, placing Croatia's Barnahus implementation within its broader international commitments to child protection.

The MoU outlines a two-phase implementation approach. The first phase focuses on establishing a pilot unit in Zagreb, including developing the necessary legal basis, securing budget and administrative capacities, and determining service scope. The second phase envisions expanding the model by designating the Zagreb unit as a central coordination hub and establishing additional regional units in Slavonia, Dalmatia, and Istria based on identified needs.

The legal implementation will proceed through concurrent workstreams. While the inter-agency MoU provides the immediate and initial framework for cooperation, comprehensive Barnahus legislation will be developed based on practical experience gained during the pilot phase. This legislation will need to address several critical aspects:

First, it must establish Barnahus as a formal public institution, defining its governance structure and funding mechanisms. Second, it will need to specify protocols for inter-agency cooperation, including data sharing, case management, and professional obligations. Third, it will outline procedures for conducting forensic interviews and providing medical and therapeutic services within the Barnahus setting.

The inter-agency MoU emphasises several key principles that will guide implementation: placing the best interests of the child as the central consideration, ensuring equal treatment for all children with particular attention to those facing additional risks, adopting a family-oriented approach that includes support for non-offending family members, and respecting children's right to express their views and receive age-appropriate information.

To ensure effective implementation, the MoU establishes focal points for coordinating activities between signatories under the supervision of the MoJPADT. These focal points could be the members of the Advisory Group for the duration of the EU/CoE joint project, and after that they should be responsible for the coordination of the implementation with MoJPADT. It also allows for amendments as needed during the development process. This flexibility ensures the framework can evolve based on experience gained during the pilot phase while maintaining the core commitment to providing coordinated, child-friendly services under one roof.

Key amendments to existing legislation, particularly the Criminal Proceedings Act and Juvenile Courts Act, need to be considered in order to fully align the legal framework with Barnahus principles. This includes consideration of amendments for the mandatory use of audio-video equipment for interviewing all children under 18 years of age and establishing protocols for data protection and information sharing between agencies while ensuring compliance with both national and EU regulations.

## Child Participation for Operational Framework

Ensuring meaningful child participation at every stage was emphasised, with particular focus on involving children who have direct experience with the judicial and administrative system. Special efforts should be made to include underprivileged children and those from diverse socio-economic backgrounds to ensure all services are accessible, culturally appropriate, and responsive to the needs of children from all segments of society. This participation process should be carefully coordinated to gather valuable input from children whose experiences can directly inform service development.

## 4. Service Development

The development of Barnahus services requires consideration of multiple interconnected elements to ensure effective delivery of child-centred services. This section outlines the key operational components needed for implementing the Barnahus model, beginning with client access protocols and proceeding through data management, multidisciplinary cooperation, and the four core service areas: child interviews, mental health services, medical services, and child protection.

### Client Access During the Pilot Phase

The Barnahus pilot will implement a structured referral system to ensure appropriate case management and coordination between all relevant stakeholders. The service will not accept walk-in clients. Instead, access to Barnahus services will be managed through formal referrals from authorised agencies and professionals. Initially, the Barnahus will provide compulsory care for suspected victims of sexual violence below the age of 16<sup>3</sup> with the possibility of examining victims up to 18 years of age if necessary (in accordance with Article 292. of Criminal Procedure Act and Article 115. of Juvenile Courts Act). In the future, stakeholders will collaboratively determine a phased expansion of services, potentially including other forms of violence, children with special needs as well as extending support to witnesses and juvenile suspects.

An important decision in establishing the referral system is determining which authorities will have the right to refer cases to the Barnahus. In this matter, the project Advisory Group's input is of key importance, considering both the legal framework and operational requirements. The selection of referring authorities will significantly impact the service's accessibility and effectiveness, making it a key priority in the pilot's early implementation phase. For criminal

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<sup>3</sup> While the initial implementation focus is on children below 16 years of age, the Ombudsperson for Children strongly recommends that Barnahus should be established as a service for all children up to 18 years from the outset. This approach would align with the UN Convention on the Rights of the Child's definition of a child and ensure that no vulnerable adolescents are excluded from these specialized protection services during the critical implementation phase.

proceedings, a police report is required as the minimum criterion for accessing Barnahus services. The primary referring authority will likely be the investigation judge responsible for conducting the evidentiary hearing. However, the referral pathway for therapeutic services may differ significantly, potentially allowing referrals from other authorities such as child protection services or healthcare providers.

Once the authorised referring entities are identified, the Barnahus will develop standardised referral procedures and documentation to support the process. These will include clear criteria for case eligibility, required documentation, and protocols for information sharing between agencies. The referral system will be regularly evaluated during the pilot phase to ensure it effectively serves the needs of children while maintaining appropriate coordination between all involved parties.

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#### **Decision points:**

- **Who can make referrals?**
- **How should referrals be made?**
- **Exact criteria for which cases to refer (e.g., child sexual violence, victims, under the age of 16, children with special needs)**

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These key decision points regarding the referral system will be determined during the later stages of implementation and can be specifically addressed in the forthcoming "Barnahus Law," potentially requiring amendments to the existing legal framework. The final referral processes and criteria will be established through this legislative process rather than predetermined in the current planning phase.

## **Data Management Considerations**

The successful implementation of the Barnahus model requires establishing new ways to enhance interagency cooperation beyond existing frameworks. While Croatia's current system mandates interagency collaboration, implementation challenges persist, particularly around data management and information sharing. The service development phase must therefore prioritise creating robust systems and protocols for cooperation between all involved agencies. A fundamental aspect of this enhanced cooperation involves establishing clear protocols for data management across all participating institutions. This includes developing guidelines that specify who records information (identifying responsible parties at each agency), what information they record (establishing standardised documentation requirements), where the information is stored (determining appropriate secure databases and systems), and how the information becomes accessible to relevant professionals (creating clear access protocols while maintaining confidentiality).

The standardisation of video recording formats represents a critical technical component of this interagency system. All facilities, including the Barnahus, courts, and police stations, must be able to seamlessly access and review recorded interviews. This requires establishing technical specifications for recording equipment, file formats, and storage systems that ensure universal compatibility across all participating institutions. The selected format must maintain

high audio and video quality while meeting evidence requirements and allowing secure long-term storage.

## Information Access

While the development of a unified database system mentioned in the inception report of the project should remain a long-term goal, the Barnahus must establish procedures for accessing and managing case information from multiple sources. The pilot unit will need dedicated administrative staff responsible for gathering and consolidating information from various agencies to support decision-making and service delivery.

The Barnahus could develop agreements with key institutions - courts, police, social services, healthcare providers, and educational institutions - that outline protocols for information sharing. These agreements should specify:

- Timeline requirements for responding to information requests
- Standard formats for sharing information
- Security protocols for transmitting sensitive data
- Points of contact at each institution
- Procedures for urgent requests
- Documentation requirements

To facilitate efficient information gathering, the Barnahus should establish a case management system that tracks:

- What information has been requested and received
- Outstanding information needs
- Sources contacted and their responses
- Follow-up requirements

The Barnahus should also designate staff members who will develop expertise in navigating different institutional systems and build relationships with key contacts at partner agencies. These staff members can help streamline information gathering processes and ensure that decision-makers have timely access to comprehensive case information.

Regular reviews of information management processes will help identify bottlenecks and opportunities for improvement. The pilot unit's experience will provide insights for developing more integrated data management solutions in the future, while ensuring that current operations can effectively support informed decision-making for children's cases.

## Monitoring and Supporting Multidisciplinary and Interagency Work

While the formal framework for multidisciplinary and interagency (MD/IA) cooperation will be established through separate project deliverables including a MoU and a change management plan, the successful implementation of this cooperation requires ongoing attention and support from the Barnahus pilot staff and the project Advisory Group<sup>4</sup>. Their role is transforming these formal agreements into effective daily practices. A separate deliverable, change management

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<sup>4</sup> The Project Advisory Group will be replaced by the group of Focal Points once the EU/CoE joint project is completed.

plan, will be drafted during this CoE project to address ways to support stakeholder engagement.

During the pilot phase, structured evaluation checkpoints will be established at key intervals: after the first three months of operation, at six months, and at the one-year mark. These formal reviews will provide systematic opportunities to assess how well the interagency collaboration is functioning and to make necessary adjustments. Each checkpoint will involve gathering feedback from all participating agencies, analysing collected data, and reviewing any challenges or successes in collaboration. The Advisory Group will use these checkpoint meetings to evaluate progress and make strategic decisions about strengthening interagency work.

The Barnahus pilot team will need to establish monitoring mechanisms to ensure effective collaboration. This includes systematically tracking how information flows between agencies, observing whether agreed-upon protocols and timelines are being followed, and documenting any challenges that emerge in the collaborative process. Understanding how cases progress through different agencies and evaluating the effectiveness of coordination in achieving better outcomes for children will be essential aspects of this monitoring work and should be done together by all stakeholders.

Beyond monitoring, the pilot team plays a role in actively supporting implementation. Regular inter-professional meetings provide opportunities to discuss practical cooperation challenges and find solutions collectively. The team should facilitate informal networking between professionals from different agencies, as these connections often prove crucial for smooth daily operations. When conflicts or misunderstandings between agencies arise, the Barnahus team can serve as a neutral mediator to help resolve these issues constructively.

The Advisory Group should receive regular updates on these aspects through reports that enable informed decision-making about necessary adjustments to the collaboration framework. These reports help ensure accountability across all participating institutions and support planning for sustainable long-term development of MD/IA work. The experience and data gathered during the pilot phase will prove valuable for refining cooperation protocols and supporting the expansion of the Barnahus model to other regions.

This ongoing monitoring and support process serves as the bridge between formal agreements and genuine collaborative practices that benefit children, and all parties involved in the legal process. Through attention to both the formal and informal aspects of cooperation, the Barnahus can help build a truly integrated system of support for children navigating the justice system.

## Core Services of the Barnahus

### Child Interview

The Barnahus pilot unit in Zagreb could establish its investigative interviewing service by building upon Croatia's existing system of expert assistants. These professionals have developed significant expertise in forensic interviewing of children and already follow many practices aligned with Barnahus standards. The pilot unit could enhance the work of the expert assistants by providing dedicated facilities, additional support, and a more integrated multidisciplinary environment.

The core interviewing team will initially consist of experienced expert assistants currently working in Croatian courts, with their skills complemented through additional training as needed (e.g., training in interviewing children under the age of 10). These professionals will maintain their court appointments while conducting interviews at the Barnahus, ensuring continuity in the legal process. This arrangement preserves valuable institutional knowledge while creating more optimal conditions for gathering evidence and protecting children's wellbeing.

Additionally, based on consultations with the Ministry of Interior, police officers specialising in child crime investigations have expressed readiness to conduct their initial interviews with children in the Barnahus facilities whenever feasible. While immediate interviews at police stations may remain necessary in certain situations, the goal will be to maximize the use of Barnahus facilities for initial interviews to the greatest extent possible. This approach would significantly improve the child's experience by centralising interviews in a single, child-friendly location and providing access to other Barnahus support services when needed.

The Barnahus setting will significantly enhance the interview preparation process through systematic multidisciplinary collaboration. Before each interview, the interviewer will have direct access to the Barnahus healthcare team, mental health professionals, and child protection specialists who can provide relevant information about the child's circumstances and needs. This collaborative approach builds upon the current practice where expert assistants must more independently gather information from various sources, often with limited time and resources.

The Croatian translation of the NICHD Protocol will continue serving as the primary interviewing framework, maintaining consistency with current practice while ensuring alignment with international standards. The Barnahus will support this through purpose-designed interview rooms equipped with high-quality recording and communication systems and observation spaces or remote viewing possibilities for judges, other professionals and representatives of the suspect.

To ensure quality and support continuous improvement, the Barnahus will implement regular peer review and supervision processes (see section on training). These will respect interviewer expertise while providing opportunities for professional development and support in handling complex cases. This systematic support addresses the current gap where expert assistants often work in isolation with limited access to supervision or peer consultation.

### *Implementation steps*

The transition to Barnahus-based interviews will begin with establishing clear protocols for scheduling interviews and coordinating between courts, police, and the Barnahus, building upon existing procedures while adapting them to the new context. This will require several key developments across multiple areas.

First, formal agreements with the Ministry of Interior must be developed regarding the conditions and procedures for police interviews at the Barnahus facilities. These agreements should define which categories of cases are most suitable for police interviewing at Barnahus, establish protocols for requesting and scheduling the use of Barnahus facilities for police interviews, clarify responsibilities for technical aspects including recording, storage, and maintaining chain of custody of evidence, and identify appropriate funding mechanisms for facility use and resource sharing between institutions.

Second, a coordination mechanism between the police, judiciary, and Barnahus staff must be created to ensure smooth operations. This mechanism should maintain a unified booking system to efficiently manage interview room scheduling, facilitate comprehensive pre-interview information sharing among all involved professionals, coordinate interview timing to minimise waiting periods for children and families, and ensure proper notification to all relevant parties, including child protection services when appropriate.

Technical infrastructure must be developed to support this integrated approach. This includes implementing compatible recording systems that meet both police and court evidence requirements, establishing secure methods for sharing interview recordings between authorised agencies, creating remote participation options for observation of interviews when needed by various professionals, and developing proper documentation and archiving processes that maintain evidential integrity throughout the legal process.

A comprehensive professional development framework must be established to support the integrated approach. This could include joint training sessions for expert assistants and police interviewers on the NICHD protocol to ensure consistency in interviewing approaches, cross-training on respective procedural requirements and constraints to enhance mutual understanding, shared supervision and peer feedback opportunities to ensure ongoing quality improvement, and the development of a community of practice across both professional groups to foster collaboration and shared learning (see more in section on training).

Evaluation and quality assurance measures must be implemented to monitor and improve the process. These should include regular review meetings between police, judiciary, and Barnahus leadership to address emerging challenges, systematic collection of feedback from children and families on their experience of the interview process, ongoing monitoring of case processing times and outcomes to assess efficiency, and identification of challenges and best practices to inform ongoing improvements to the system.

Child-friendly preparation materials should be developed to support children through the process. These materials should explain the roles of different professionals they might meet at Barnahus, clarify the purpose of different types of interviews they might experience (such as police investigative interviews versus court evidentiary hearings), and provide age-appropriate information about what happens during the interview process to reduce anxiety and enhance participation.

Initial implementation should prioritise non-acute cases with sufficient preparation time, gradually expanding to include more complex scenarios as processes are refined and collaborative relationships strengthened. This phased approach will allow for adjustments based on early experiences and ensure that the most challenging cases benefit from established protocols and practices.

## Mental Health Services

The Barnahus pilot unit in Zagreb will establish a mental health service that balances providing direct crisis support and assessment with coordinating longer-term treatment through trusted partner organisations. This coordination-focused approach serves multiple purposes: it ensures timely mental health evaluations for all children while maintaining sustainable service delivery, and importantly, it provides an opportunity to systematically map, clarify, and standardise existing treatment pathways. By taking a coordinating role, the Barnahus can

ensure efficient utilisation of existing treatment resources while guaranteeing equal access to care for all children and their families, regardless of their location or circumstances.

### *Core Mental Health Team*

The pilot unit will directly employ mental health professionals (2-4, as part of the core staff) with expertise in child trauma and abuse, and appropriate, evidence-based intervention and treatment methods. These in-house specialists will conduct initial assessments, provide crisis intervention when needed, and coordinate with external treatment providers. Their primary role will be evaluating each child's mental health needs and ensuring appropriate support is arranged, rather than providing all treatment directly. Unlike medical professionals who may work on an on-call basis, these mental health professionals will be permanent staff members of the Barnahus, not external experts called in from other institutions.

The mental health team will work closely with other Barnahus professionals, particularly supporting forensic interviewers in understanding children's psychological state and adapting their approach accordingly. This integration ensures mental health considerations inform all aspects of the Barnahus response.

The mental health team maintains a clear separation between investigative interviewing and therapeutic treatment, with different professionals handling each function. This separation is essential because these roles serve distinct purposes: investigation aims to gather objective information about suspected abuse, while treatment focuses on supporting the child's personal narrative and healing. By maintaining this professional boundary, the Barnahus ensures both processes maintain their integrity and effectiveness, ultimately serving the best interests of the child. The separation also aligns with evidence-based practices in child advocacy and protection, reinforcing the centre's commitment to professional standards and ethical guidelines (e.g., Child Welfare Committee, National Child Traumatic Stress Network & National Children's Alliance, 2008, section 7).

### *Service Delivery Model*

When a child arrives at the Barnahus, the mental health team will conduct a preliminary assessment to determine support needs and identify any immediate safety concerns<sup>5</sup>. This evaluation will consider the child's trauma symptoms, existing support systems, and family circumstances. The team will also assess the non-offending family members' need for support, as their role in supporting the child with stable routines in the child's everyday life is central for the child's wellbeing.

It is important to emphasize that children referred to the Barnahus come based on suspicion of abuse, not confirmed cases. The Barnahus model operates on the principle that all allegations require thorough, objective investigation while providing appropriate support. The

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<sup>5</sup> [1] In the Croatian healthcare system, services similar to those provided at Barnahus are formally classified as diagnostic-therapeutic procedures (DTP). For example, the initial assessment of potentially abused/neglected children has a specific healthcare code (PP005: "First outpatient psychiatric treatment of a child/adolescent in cases of suspected complex psychological trauma"). This classification has implications for how services are documented, billed, and integrated within the broader healthcare framework. The implementation of the Barnahus model must account for these existing healthcare system structures while maintaining its interdisciplinary approach to child protection. Source: Croatian Official Gazette (NN 16/2025), Decision on Amendments to the Decision on the Basics for Concluding Contracts on the Implementation of Healthcare.

mental health professionals at Barnahus understand this critical distinction and approach each case with neutrality, avoiding assumptions about whether abuse has occurred. Their assessments and interventions are designed to support the child's wellbeing regardless of investigation outcomes, while maintaining professional objectivity that respects the presumption of innocence in parallel legal proceedings. This balanced approach ensures children receive needed support without compromising the integrity of the investigative process.

For ongoing treatment, the Barnahus will primarily partner with established mental health providers in Zagreb, including the Child and Youth Protection Centre and other vetted organisations. These partnerships will operate through formal agreements that establish clear referral procedures and requirements for outcome monitoring. Partner organisations must commit to collecting standardised data about treatment progress and results, enabling the Barnahus to ensure quality care and evaluate service effectiveness.

The Barnahus mental health team can maintain contact with external providers and families throughout treatment, coordinating care and addressing any emerging concerns. This oversight ensures continuity of care while allowing the pilot unit to focus its direct service capacity on initial assessment and crisis intervention.

### *Quality Assurance*

To maintain high standards across the treatment network, the Barnahus will establish clear criteria for partner organisations and provide opportunities for joint training and case consultation. Researchers at Zagreb University will be included in the planning and formulating the criteria, ensuring smooth and high-quality evaluation and follow up in the form of valid empirical research. Regular review meetings between Barnahus staff and treatment providers will facilitate shared learning and service improvement.

### *Implementation Steps*

The development of mental health services at the Barnahus will proceed through several interconnected phases, beginning with establishing the core assessment team and their protocols. This foundational work will include creating standardised assessment tools that can identify the specific needs of each child and family.

Simultaneously, the Barnahus will initiate mapping of existing mental health resources throughout Croatia, with particular attention to identifying disparities between Zagreb and other regions. This mapping will document the availability of specialised therapists, their training backgrounds, current caseloads, and capacity constraints. The Barnahus will work closely with local institutions like the Child and Youth Protection Centre in Zagreb, Psychiatric Hospital for Children and Youth Child Psychiatry, KBC Zagreb (University Hospital Center Zagreb); Clinic for Child and Adolescent Psychiatry and Polyclinic for Health Protection of Children and Youth, to understand their referral patterns, waiting times, and treatment outcomes, using this information to inform the development of the broader treatment network.

Based on this mapping, the Barnahus will develop formal service agreements with treatment providers, prioritising those with demonstrated expertise in evidence-based trauma interventions. These agreements will establish clear referral pathways, communication protocols, and reporting requirements. For providers without specific training in trauma-focused approaches, the Barnahus will coordinate with the Child and Youth Protection Centre to develop targeted training opportunities, with a focus on creating sustainable local expertise

in underserved regions. The agreements will also establish reasonable expectations for treatment timelines and regular progress updates to ensure cases do not fall through administrative gaps.

To address Croatia's significant regional disparities in service availability, the Barnahus will develop a tiered approach to service delivery that acknowledges the profound infrastructure challenges in rural areas. Many rural regions in Croatia face substantial limitations regarding internet connectivity, digital literacy, and public transportation access, making telehealth solutions impractical for some communities.

The Barnahus will implement a flexible, multi-modal approach to service delivery in these regions. Where infrastructure permits, telehealth protocols will enable remote assessment and therapy sessions with specialists from Zagreb. However, recognising that this may not be feasible for many rural communities, the Barnahus will also develop complementary strategies:

1. Periodic in-person outreach through mobile teams of mental health professionals working at the Barnahus who travel to designated community centres in rural regions on a regular schedule. These visits will be coordinated with existing local service providers to maximise efficiency. These outreach services will be developed in alignment with the mobile mental health teams currently being established within the healthcare system (consisting of psychologists, psychiatrists, and nurses). This presents an opportunity for cross-system collaboration where these emerging healthcare teams can participate in Barnahus-specific training programs and establish formal collaboration protocols with Barnahus staff.
2. Development of a "hub and spoke" network where regional healthcare centres as intermediaries, equipped with necessary technology and staff training to facilitate connections between rural clients and Barnahus specialists.
3. Training programs for local primary healthcare providers, teachers, and community workers to recognise trauma symptoms and provide basic supportive interventions when specialised care is unavailable. These local professionals can maintain regular contact with children and families between more specialised interventions.
4. Partnership with local municipalities to establish transportation assistance programs that provide travel vouchers or organised transportation for rural families who need to access services at regional centres.
5. Creation of simplified, paper-based assessment and treatment materials that can be used by local professionals in areas where digital solutions are not viable.

The Barnahus will also establish an electronic case management system that tracks referrals, treatment progress, and outcomes across all partner organisations. This system will incorporate appropriate privacy protections while enabling the mental health coordinator to monitor waiting times, identify service gaps, and ensure that all children receive timely and appropriate care. Regular data analysis from this system will inform ongoing service development and resource allocation decisions.

As the treatment network develops, the Barnahus will implement a continuous quality improvement process. This will include quarterly review meetings with key treatment partners to discuss challenges and successes, analysis of treatment outcome data to identify opportunities for service enhancement, and ongoing training to address emerging needs. The Barnahus will collaborate with universities to develop research partnerships that evaluate treatment efficacy and identify best practices for the Croatian context.

Throughout implementation, the Barnahus will maintain focus on supporting non-offending family members, recognising their crucial role in children's recovery. Family support protocols will be developed in collaboration with social services and will include practical assistance, psychoeducation about trauma, and guidance on supporting children through the legal process and recovery journey. These family support services will be made available in all regions, even where specialised therapy options may be limited.

This phased approach to mental health service development ensures that the Barnahus can immediately begin providing essential assessment and crisis intervention while systematically building a more comprehensive and equitable treatment network that serves children throughout Croatia.

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### **Decision points:**

- **Who can make referrals of children and families to mental health services?**
- **At what point can the referral be made and for how long after the interview?**

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These key decision points regarding the referral system will be determined during the later stages of implementation.

## **Medical Services**

The Barnahus pilot in Zagreb will coordinate healthcare services that address two distinct categories of medical evaluations for suspected child sexual abuse cases. The first category consists of acute forensic examinations, which are time-sensitive evaluations required either for urgent medical treatment or to collect forensic evidence that may deteriorate with time. These typically occur within the first few days of the suspected abuse and are essential for preserving biological evidence. In most jurisdictions following the Barnahus model, these acute examinations continue to be conducted at specialised hospital units with immediate transfer of the child to these facilities when abuse is recently disclosed.

The second category comprises non-acute or elective forensic examinations, which constitute the majority of cases where the suspected abuse occurred weeks, months, or even years prior to disclosure. These examinations focus on documenting any possible long-term physical findings and evaluating the child's overall health status but are not characterised by urgency regarding evidence collection or medical treatment. The Barnahus model is particularly well-suited for these non-acute examinations, allowing them to be scheduled during regular clinic hours at the Barnahus facility, where children can receive comprehensive services in a single child-friendly location rather than navigating multiple institutional settings. The Ministry of Health will be involved in making sure the Barnahus facilities are suitable for these purposes and that the medical services provided are organised in accordance with the ministry's standards and norms.

Through partnership with nearby hospitals, the Barnahus pilot will primarily focus on providing these non-acute examinations on-site, while establishing clear protocols for referral and coordination with emergency departments for acute cases requiring immediate medical attention. This dual approach ensures both proper evidence collection and appropriate medical care while minimizing trauma to the child.

### *Medical Examination Schedule*

To address the limited availability of specialised medical professionals while ensuring timely access to examinations, the Barnahus will establish regular weekly scheduled medical examination hours.. . Partner hospitals will commit to having qualified professionals available during these designated times. The Barnahus will coordinate scheduling to group non-urgent medical examinations during these designated medical service hours,, maximising efficient use of medical professionals' time while maintaining predictable service availability.

For acute cases requiring immediate medical attention, particularly those involving recent assault or injury, children will continue to receive initial care at partner hospitals' emergency departments. The Barnahus team will establish clear protocols for coordination with these hospitals, ensuring proper documentation while prioritising the child's medical needs. Following emergency care, these cases will be integrated into the Barnahus system for ongoing support and coordination as well as evidentiary interview.

### *Medical Facilities and Equipment*

The Barnahus will maintain a properly equipped medical examination room that meets clinical standards while remaining child-friendly. This space will include necessary medical equipment for conducting forensic medical examinations, with particular attention to providing age-appropriate examination tools and maintaining proper evidence collection capabilities. The room design will balance clinical requirements with creating a comfortable environment for children.

### *Professional Recruitment and Training*

The Barnahus will work with partner hospitals to identify and recruit medical professionals with existing expertise in examining suspected child victims of abuse. These professionals will receive additional training in the Barnahus model and trauma-informed care approaches. To build sustainable capacity, the program will also develop relationships with medical training programs to help create a pipeline of qualified professionals for the future.

### *Implementation Process*

The development of healthcare services within the Barnahus requires planning and systematic implementation to ensure both acute and non-acute cases receive appropriate medical attention. The implementation process should begin with consultation with paediatric and gynaecological specialists from partner hospitals as well as the Ministry of Health to establish clear differentiation protocols between cases requiring emergency hospital intervention and those suitable for scheduled Barnahus examinations.

Following these initial consultations, the Barnahus should establish formal agreements with local hospitals that clearly delineate responsibilities for different types of cases. These agreements should include specific protocols for acute cases, ensuring immediate hospital evaluation with proper evidence collection procedures, followed by coordinated integration of these children into the Barnahus system for subsequent support services. The agreements should also outline the scheduling framework for non-acute examinations at the Barnahus facility, identifying specific medical professionals who will conduct these examinations and their availability parameters.

The Barnahus must then focus on creating a properly equipped medical examination room that adheres to clinical standards while maintaining a child-friendly environment. This involves consulting with medical professionals on necessary equipment procurement, including specialised examination tools appropriate for children of different ages and development stages. Particular attention should be paid to proper evidence collection capabilities, storage protocols, and documentation systems that meet both clinical requirements and evidential standards for legal proceedings.

A comprehensive training program should be developed for all medical professionals who will work at the Barnahus. This training should cover not only technical aspects of forensic examinations in cases of suspected abuse but also specialised training in trauma-informed approaches to examining children, age-appropriate communication techniques, and the psychological dynamics of disclosure. Medical professionals should also receive training on working within the multidisciplinary Barnahus framework and coordinating their findings with other team members (see more in section on training).

The implementation should include establishing clear documentation templates and reporting protocols that standardise how medical findings are recorded, interpreted, and shared with relevant legal and child protection authorities. These protocols should ensure medical professionals document their findings in a manner that maintains scientific objectivity while being useful for legal proceedings, avoiding language that might prejudice investigations of suspected abuse in either direction.

To address regional disparities in paediatric specialist availability, the Barnahus should develop telemedicine capabilities that allow remote consultation between medical specialists working actively with the Barnahus or in one of the Barnahus locations, and more generalist practitioners in rural areas when necessary. This might include secure video consultation platforms and standardised image documentation protocols to enable specialist input on cases where local expertise is limited. The Croatian Institute of Emergency Medicine, which is responsible for the field of telemedicine, should be included in preliminary consultations about the possibilities of using telemedicine solutions in the process of establishing the Barnahus model.

Throughout implementation, the Barnahus should maintain focus on making these examinations as comfortable as possible for children, developing age-appropriate preparation materials that explain what happens during medical examinations, training staff in supportive techniques during examinations, and ensuring appropriate support persons are available to accompany children through the process when desired.

## Child Protection

The Barnahus model requires a child protection framework that builds upon Croatia's existing social welfare infrastructure while enhancing coordination and service delivery. The child protection service within the Barnahus ensures that each child's safety, wellbeing, and developmental needs are addressed throughout the forensic and legal processes, integrating child protection measures with the criminal justice proceedings.

### *Core Child Protection Services*

At its foundation, the child protection component of Barnahus provides specialised risk and needs assessment for children suspected of experiencing sexual violence. This assessment extends beyond the immediate investigation to consider the child's broader environment, family dynamics, and long-term safety needs. The service includes safety planning for each

child, conducted in collaboration with the Croatian Bureau of Social Work, ensuring appropriate protection measures are implemented during and after the investigation process.

Barnahus provides a centralised coordination point for child protection activities, connecting professionals across multiple agencies through case conferences and structured information sharing protocols. Through this coordination function, Barnahus ensures that families receive comprehensive, non-duplicative services that address both protection needs and supportive interventions.

For non-offending family members, Barnahus offers specialised information and support services, helping them understand the legal process, protection procedures, and how to support their child through the investigation. This includes practical guidance, emotional support, and connection to appropriate resources based on each family's unique circumstances.

The child protection service maintains active case oversight throughout the legal process, monitoring the child's safety and wellbeing through regular check-ins with families and ongoing coordination with social services. This continuous engagement ensures that protection plans remain responsive to changing circumstances and emerging needs.

### *Implementation Process*

An important first step is establishing standardised protocols for coordinating child protection activities with criminal proceedings. These protocols should detail how and when individual assessments are conducted, how protective interventions are timed in relation to investigative procedures, and how parallel criminal and child protection proceedings will be managed.

The Barnahus social welfare professionals need to work in close partnership with the Croatian Bureau of Social Work's branch offices. This collaboration requires clear procedures for emergency protection responses, implementation of family support services, coordination of alternative care arrangements when necessary, and ongoing monitoring of child safety throughout legal proceedings. An important aspect of this partnership is ensuring consistent and comprehensive information exchange. Currently, social workers sometimes lack updates after the initial phase of criminal investigations, which impedes their ability to provide appropriate support to families. The Barnahus should establish clear protocols for keeping social services informed throughout the legal process, particularly regarding case progression and court decisions that might affect the family's situation. Similarly, the valuable information that social workers gather about family dynamics, support needs, and risk factors should be systematically shared with the Barnahus team to inform decision-making and service provision. Having at least one dedicated social worker stationed at the Barnahus could significantly improve this two-way information flow and ensure that both criminal investigations and child protection services maintain a comprehensive understanding of each case.

Supporting non-offending family members represents another vital aspect of child protection services, one that requires seamless coordination between the Barnahus and local social services. The Barnahus should create protocols for engaging with these family members in partnership with local social welfare offices, who often have existing relationships with the families and deep understanding of their circumstances. Through this coordinated approach, families should receive clear information about protection procedures, guidance on supporting their child through legal proceedings, and access to necessary support services. The Barnahus and social services should work together to ensure families receive sufficient messaging and support. This collaborative approach allows both institutions to leverage their respective strengths - the Barnahus' specialised expertise in cases of child abuse and the social services' broader understanding of family dynamics and community resources.

### *Foster Care Support Services*

Children who have experienced sexual violence may require alternative care arrangements, including placement in foster homes or residential facilities. The Barnahus will develop support services for foster care providers and residential facilities caring for child victims of sexual violence. These services recognise the unique challenges these caregivers face and the specialised knowledge required to support children through both their recovery and legal proceedings.

The Barnahus will establish a supervision program for foster carers and residential care staff who are providing care for children who have experienced sexual violence. This program will offer regular consultation sessions where caregivers can discuss specific challenges, receive guidance on trauma-informed care approaches, and develop strategies for supporting children through the investigative and court processes. The supervision will be provided by Barnahus mental health professionals with expertise in trauma and foster care dynamics.

The Barnahus will also provide crisis consultation services for foster carers and residential facilities experiencing acute challenges with children who have experienced sexual violence. These services will be available on an as-needed basis to help stabilise placements and prevent disruption during critical periods. Such support is vital for maintaining placement stability, which research shows is a key factor in children's recovery from trauma.

### *Implementation process*

Given the identified disparities between urban and rural areas in Croatia, the Barnahus must develop strong regional coordination mechanisms. This includes establishing clear referral pathways between regional social welfare offices, creating systems for remote consultation with Barnahus child protection specialists, and ensuring consistent implementation of protection standards across all regions. Regular evaluation of these coordination mechanisms will help identify and address any gaps in service delivery.

To support implementation, the Barnahus will develop standardised assessment tools for child protection risk evaluation. These tools will incorporate both immediate safety concerns and longer-term wellbeing factors, providing a comprehensive framework for protection planning. Through collaboration with the Bureau of Social Work, the Barnahus will establish shared documentation templates and reporting mechanisms that reduce administrative duplication while ensuring all necessary information is properly recorded and accessible to authorised professionals.

The implementation process will include developing specialised training for social workers on the Barnahus model, with particular focus on the intersection between child protection and criminal investigations. This training will address common challenges in parallel proceedings and promote understanding of how protection measures and investigative needs can be balanced effectively. For rural areas where specialised resources may be limited, the Barnahus will develop remote consultation protocols, enabling local social services to access specialised expertise while maintaining primary case responsibility in their communities.

**Table 1. Risk management for service development**

<b>Risk</b>	<b>Mitigation Strategy</b>
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Inconsistent application of referral criteria between agencies	Establish clear written guidelines for referrals; provide standardised referral forms; conduct regular training for referring entities and offer consultation services
Initial surge in cases overwhelming system capacity	Implement phased service rollout; establish clear case prioritisation criteria; maintain flexible staffing arrangements
Delays in case processing due to complex referral pathways	Streamline referral procedures; implement electronic referral system; designate referral coordinators if needed
Unauthorised access to sensitive case data	Implement robust access controls; conduct regular security audits; provide comprehensive data protection training
Technical incompatibility between agency systems	Conduct early technical assessment; establish interim data sharing protocols; develop standardised file formats
Inconsistent recording of case information	Create standardised documentation templates; implement regular quality checks; provide documentation training
Loss of critical case information	Establish secure backup systems; implement data retention policies; create disaster recovery protocols
Poor communication between participating agencies	Schedule regular inter-agency meetings; establish clear communication channels; appoint agency liaisons
Resistance to collaborative working methods	Provide joint training sessions; facilitate team-building activities; demonstrate benefits of collaboration

Limited availability of specialised medical staff	Develop partnerships with medical institutions; implement flexible scheduling; train additional specialists
Insufficient therapeutic service capacity	Build network of qualified providers; establish clear referral pathways; develop waiting list protocols
Inconsistent service delivery standards	Implement regular quality reviews; provide ongoing supervision; establish standardised protocols
Insufficient support for non-offending family members	Develop family support guidelines; coordinate with social services; provide clear information resources
Poor communication with child protection services	Establish dedicated liaison roles; implement regular case updates; create shared case management systems
Fragmented service delivery across agencies	Develop integrated service protocols; establish clear referral pathways; conduct regular coordination meetings

## Child Participation for Service Development

The development of Barnahus services will actively incorporate children's perspectives throughout stages of implementation. The primary focus will be on engaging children who have had direct experience with the judicial and administrative system, as they can provide the most valuable and relevant input on matters that affect them.

A key priority is developing child-friendly information materials about the Barnahus and legal processes. Children with previous experience in the justice system should be actively involved in creating these materials to ensure they effectively address the questions and concerns children typically have when encountering these processes. The materials should explain complex legal procedures in age-appropriate language, describe what happens at the Barnahus, and outline the roles of different professionals children might meet. These materials should be available in multiple formats - written booklets, digital content, and possibly short videos - to accommodate different ages and learning styles. Special consideration should be given to creating versions suitable for different age groups, as the information needs of a six-year-old differ significantly from those of a teenager.

During the pilot phase, children with relevant experience should be consulted on practical aspects of service operations, such as scheduling practices, waiting arrangements, and information delivery methods. The Barnahus can work with appropriate partners to facilitate focus groups where these children can provide meaningful input on making services more accessible and child friendly.

The Network of Young Advisors established under the Ombudsperson for Children might be consulted as an additional resource in specific areas, such as basic training and awareness of experts regarding children's rights, methodologies for working with children, and basic questions regarding facility developments.

For ongoing service improvement, the Barnahus should establish a feedback system that allows children who have used the services to share their experiences. This could include age-appropriate questionnaires about their interactions with different professionals, the clarity of information they received, and their overall experience with the service.

## Cost Structure Analysis for Service Development

The costs associated with service development will be addressed in detail within the relevant facility development, staffing, and training sections later in this document.

## 5. Facility Development

The establishment of the pilot Barnahus unit demands careful consideration of both location and spatial requirements. Through consultations facilitated by the Ombudsperson's office, children have expressed a preference for a discreet, less centralised location that would enhance their sense of privacy and security. While the final site selection may need to prioritise practical considerations regarding available state-owned properties in the city centre, the facility's design will incorporate robust measures to protect children's privacy and create a welcoming, child-friendly environment. The space will be configured to enable both child-friendly service delivery and professional collaboration, adhering to international Barnahus standards while implementing architectural and operational solutions that address children's expressed needs for confidentiality and safety.

The development of Barnahus facilities requires attention to creating an environment that balances the needs of children with professional requirements. At its core, the facility must provide a child-friendly, accessible, and secure space where both the wellbeing of children and the technical needs of staff are met. Professional-grade sound proofing throughout the facility is essential to ensure privacy and create a safe space for sensitive conversations and interviews.

The facility's interview spaces are an important component of the Barnahus model. These include dedicated interview rooms equipped with high-quality audio-visual recording equipment and child-friendly décor. Each interview room connects to an observation room fitted with technical equipment for viewing and recording as well as staying in contact with the child interviewer in the room. The observation rooms also include video conferencing capabilities to enable remote participation in interviews and training sessions when necessary. A key consideration still being determined is whether suspects and court professionals will be

physically present at the Barnahus or participate remotely through video-link from the court. While remote participation will be possible, technical specifications and requirements need careful consideration both at the Barnahus facility and the court to ensure reliable, high-quality transmission. Special consideration is needed in the placement of the observation room and interviewing room, so that the interviewed children do not come into contact with the suspect, who may be observing the interview together with the court professionals.

Medical and therapeutic services require specially designed spaces within the facility. A medical examination room should be equipped with appropriate medical equipment while maintaining a child-friendly atmosphere. This space must include a hand washing station and a private changing area, either curtained or with a door. The facility should also have in-house therapy rooms furnished with comfortable, age-appropriate items suitable for therapeutic work with children and young people.

The staff and administrative areas need to support the day-to-day operations of the Barnahus team. These include adequate office space for the core team, meeting rooms for case discussions, and a staff break room with supplies for meal preparation and breaks. Secure storage rooms are necessary for confidential materials and equipment, including a dedicated server room with appropriate security measures.

Public areas of the facility require thoughtful design to create a welcoming atmosphere while maintaining privacy and security. The reception area should include separate waiting spaces designed for younger and older children. Accessible toilets must be available for both staff and visitors and most public areas must be wheelchair accessible. A separate entrance for suspects ensures they never come into contact with children at the facility.

While not necessarily located within the main Barnahus premises, a nearby space should be dedicated to larger gatherings. This space will serve multiple purposes, including hosting training sessions, workshops, team meetings, inter-agency collaboration, professional development activities, and community engagement events.

**Table 2. Breakdown of spaces in the Barnahus**

<b>Purpose</b>	<b>Key Features</b>
Interview Room x 3	Sound-proofed, child-friendly décor, high-quality audio-visual equipment
Observation Room x 3	Connected to interview room, technical equipment for viewing / recording, video conferencing capabilities to enable remote participation in interviews and trainings
Medical Examination Room	Appropriate medical equipment, child-friendly environment, hand washing station, separate area (curtained or with a door) for changing clothes
Therapy Rooms (2-3)	Comfortable, age-appropriate furnishing
Staff Offices	Adequate workspace for core team
Meeting Room(s)	Space for case discussions and training

Reception Area	Child-friendly environment with separate waiting areas furnished for younger and older children
Staff Toilets	Accessible facilities for staff
Guest Toilets	Accessible facilities for children and families
Staff break room	Space for staff to prepare meals and take breaks
Storage / Materials Room(s)	Secure space for confidential materials, servers, and other supplies, must include a locked storage
Separate Entrance	Allows suspects to enter the facility without coming into contact with children

**Larger Training / Meeting Space** | While not necessarily located on the Barnahus premises, a nearby dedicated space for hosting larger training sessions, workshops, and team meetings is needed. This could be a multi-purpose room or even an adjacent space that can be utilised as needed. The training / meeting space should have the capacity to accommodate the full professional team as well as external participants. This dedicated training and meeting space, even if not co-located with the main Barnahus services, will enable the Barnahus Hub to host important educational, collaborative, and operational activities without disrupting the day-to-day functions of the facility.

## Online Presence of the Barnahus

The Barnahus digital presence should gradually be developed as a comprehensive web portal serving multiple stakeholders and the public. This portal will function as both a public information resource and a secure platform for professionals, creating a centralised hub for knowledge sharing and collaboration, and raising awareness on child sexual violence.

The public-facing section of the portal should provide clear, accessible information for families, children, and caregivers about the Barnahus service. This includes age-appropriate explanations of what children and families can expect when visiting Barnahus, available support services, and pathways for seeking help. As the service matures, the portal could incorporate a secure feedback mechanism allowing clients to share their experiences and suggestions for improvement. This feature would need to be carefully designed to protect privacy while providing valuable insights for service development. Client feedback could help identify areas for enhancement in both the digital platform and physical services, ensuring the Barnahus continues to meet the needs of the families it serves.

For professionals, the portal could serve as a knowledge management system. Through secure login access, professionals who have completed Barnahus training can access specialised resources, training materials, and professional development tools. This secure area should be developed in collaboration with existing services in Croatia, particularly the Child and Youth Protection Centre of Zagreb and other established organisations.

The professional section of the portal should include detailed documentation of evidence-based practices, interview protocols, and case management guidelines. Training materials from completed courses can be made available here for reference, allowing professionals to refresh their knowledge as needed. The portal can also host recorded webinars, presentation materials, and research papers relevant to Barnahus- related work.

As the service develops, the portal can expand to include interactive e-learning modules for basic training needs. These modules could cover fundamental topics such as recognising

signs of abuse, responding to suspicion of child abuse in an evidence-based ways, trauma-informed approaches, and inter-agency cooperation principles. Such online training resources would be particularly valuable for professionals who may have limited access to in-person training opportunities.

While developing the online platform, equal attention will be paid to creating and maintaining printed materials to ensure accessibility for all families, regardless of their digital access or literacy. These print materials will serve as a parallel resource system, particularly important for families in rural areas or those with limited internet access or digital skills. Through collaboration primarily with children who have direct experience with the judicial and administrative system, the Barnahus will conduct consultations to identify which materials are most valuable to have in printed format. These children can provide insights into what information would have been most helpful for them and their families during different stages of the process, and in what format this information would be most accessible and comforting. The Network of Young Advisors established under the Ombudsperson for Children might be consulted as an additional resource for specific aspects such as awareness of children's rights and general child-friendly communication principles. This experience-based approach to material selection will help ensure that the most relevant and helpful resources are prioritised for print production, making efficient use of printing resources while maximising their impact for families.

## Steps for Portal Development

The development of the online portal should follow a phased implementation approach, allowing for gradual expansion of features and content. The initial phase can build upon the extensive foundational work of the EU-CoE joint project "Implementing the Barnahus Model in Croatia." The project has already developed resources, including Croatian versions of key materials such as the video presenting the Barnahus model in Iceland, leaflets on child-friendly justice, and various child-focused educational materials. These existing resources provide an excellent starting point for the portal's public-facing content.

The second phase might introduce the secure professional access area with training materials and protocols, followed by the development of interactive learning modules in subsequent phases. This graduated development allows for proper testing of each component and incorporation of user feedback throughout the process. It also provides the opportunity to build strong partnerships with existing services and academic institutions over time, ensuring sustainable growth of the portal's resources and capabilities.

The development of the portal should draw upon connections with universities and research institutions. This collaboration can facilitate the sharing of current research findings and best practices, while also providing opportunities for data collection and analysis to support evidence-based service development. The portal can serve as a platform for distributing research findings and updating professionals on new developments in the field.

Existing organisations such as Brave Phone and other NGOs should be invited to contribute their expertise and resources to the portal. Their experience in providing support services and managing helplines can inform the development of user-friendly information resources and crisis support features. These partnerships can also help ensure comprehensive coverage of available services and support options across Croatia, and the partners' own websites and other online resources could be advertised on the Barnahus portal.

Regular evaluation and updating of the portal's content and functionality should be planned from the outset. User feedback from both professionals and families should inform continuous improvements to ensure the portal remains relevant and user-friendly. Analytics tools can help

track usage patterns and identify areas where additional resources or improvements are needed.

## Mobile Teams

The implementation of mobile teams represents a flexible and strategic component in the Barnahus service delivery model, with its scope and urgency directly linked to decisions about the pilot phase's geographical coverage. Should the pilot aim to serve areas beyond the Zagreb municipality to encompass broader regions of Croatia, a mobile solution becomes increasingly essential to ensure equitable access to services for all children. While mobile teams cannot replicate the full spectrum of Barnahus services, they can effectively deliver one of its core functions: conducting high-quality, child-friendly forensic interviews of suspected abuse victims in their local communities. In other words, the mobile teams do not solve the need for regional units, but add flexibility to the service delivery. Rather than establishing separate dedicated mobile units, the Barnahus pilot can implement an integrated approach where existing staff members serve dual roles, functioning as the mobile team when outreach is required.

The mobile teams approach offers two implementation options that can be evaluated based on resource availability and operational requirements. The two approaches are also not mutually exclusive and could be implemented simultaneously to maximise flexibility and reach.

The first approach leverages the existing network of interview rooms at police stations, and possibly also the courts throughout Croatia. This option builds upon substantial existing infrastructure, as highlighted by the Ministry of Interior's consultation response indicating 148 stationary and 145 portable audio-video recording sets, with 60 police stations already equipped with child-friendly interview rooms. The viability of this approach depends on two key factors: successfully establishing formal agreements with law enforcement agencies for facility usage and confirming that these facilities maintain sufficient unused capacity to accommodate additional interviews without disrupting regular police operations. This solution would be particularly cost-effective as it utilises existing resources and builds upon established infrastructure.

The second approach involves investing in portable equipment that would enable conducting interviews at suitable secure locations near the child. This model requires purchasing dedicated mobile interview and monitoring equipment, resulting in higher initial costs but offering greater flexibility in service delivery. Under this approach, interviews could be conducted at various pre-vetted facilities that meet security and privacy requirements, such as healthcare centres, social welfare institutions, or other appropriate locations. This option would particularly benefit regions with lower case volumes where establishing permanent facilities might not be justified, while still ensuring accessible services for all children regardless of their location.

To support either mobile approach, the acquisition of a dedicated vehicle for the Barnahus service would provide significant operational benefits. Beyond transporting mobile equipment and professional teams to interview locations, this vehicle could serve the additional purpose of facilitating transportation for families who face difficulties accessing the Zagreb facility. This dual-purpose use of the vehicle would enhance service accessibility, particularly for families from socioeconomically disadvantaged backgrounds or those residing in areas with limited public transportation options.

The selection between these approaches should consider at least the following factors:

**Regional Distribution:** Analysis of case distribution across Croatia's 20 police administrations reveals significant variations, from 151 cases in Zagreb to 11 in Dubrovnik-Neretva. This distribution pattern suggests that different regions may benefit from different approaches, potentially implementing a hybrid model where high-volume areas utilise fixed facilities while lower-volume regions employ mobile solutions.

**Quality Assurance:** Regardless of the chosen approach, maintaining consistent service quality across all interview locations is essential. This includes ensuring appropriate soundproofing, recording equipment quality, and child-friendly environments that meet Barnahus standards.

## Child Participation for Facility Development

Child participation represents an important step during facility development and should be integrated throughout the process. The pre-renovation planning phase should primarily incorporate perspectives from children who have direct experience with the judicial and administrative system. These children can offer particularly valuable insights on room layouts, décor preferences, and the overall atmosphere of the facility based on their firsthand understanding of what would have made their own experiences less stressful. Their perspectives should influence the selection of furnishings and colour schemes.

During the implementation phase, ongoing consultation with children who have relevant experience should continue, involving them in decisions such as naming rooms and spaces, and potentially contributing to the development of the Barnahus visual identity and logo. The Network of Young Advisors established under the Ombudsperson for Children might be consulted as an additional resource specifically for aspects related to basic awareness of children's rights and general perspectives on child-friendly environments.

Regular assessment of these facilities should be conducted to ensure they continue to meet the needs of children, families, and staff while maintaining high standards of privacy, security, and accessibility.

In the development of the Barnahus online portal, participation from children with judicial system experience can ensure the digital platform truly serves its young users' needs. These children should be consulted on the design and functionality of the public-facing sections of the website. Their input would be particularly valuable in creating age-appropriate explanations of Barnahus services, developing user-friendly navigation systems, and designing visual elements that make the portal feel safe and supportive. Children's perspectives should inform how information is presented, what language is used, and what interactive features might make them feel more comfortable accessing and using the portal. This collaborative approach could extend to having children with relevant experience test early versions of the portal, provide feedback on its usability, and suggest improvements to ensure the digital space addresses the actual concerns and needs of children who interact with the judicial system.

## Table 3. Risk management for facility development

Risk	Mitigation Strategy
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State-owned property availability does not align with optimal location requirements; available state-owned properties may have fundamental limitations (e.g., poor layout, structural issues) that compromise Barnahus operational requirements	Early development of clear minimum requirements and criteria for property selection; proactive exploration of multiple property options
Construction / renovation delays due to unforeseen building conditions or permit issues	Include buffer time in project timeline; conduct thorough building assessment before beginning modifications
Sound-proofing and recording equipment installation complications in older buildings	Early technical assessment of building structure; consultation with audio-visual specialists during planning phase
Integration issues between new equipment and existing justice system infrastructure	Early consultation with relevant technical departments; compatibility testing before full deployment
Risk of unauthorised access to or loss of sensitive data, including interview recordings and case documentation, potentially compromising child privacy, legal proceedings, and institutional trust	Regular security audits; implementation of robust encryption, access control systems, and logging of all user activity
Space proves inadequate for concurrent activities (interviews, therapy, medical examinations)	Detailed space utilisation analysis during planning; flexible room scheduling system
Child-friendly adaptations fail to meet diverse age group needs	Consultation with child development experts and children themselves; modular design approach for adaptable spaces

## **Mobile teams**

Portable equipment damage during transport	Specialised transport cases; clear handling protocols;
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	comprehensive insurance coverage
Technical failures during off-site interviews	Backup equipment availability; regular maintenance schedule; technical support protocols
<b>Portal development</b>	
Initial portal design fails to meet accessibility requirements for different user groups (children, families, professionals), leading to poor adoption and utility	User testing with all stakeholder groups before launch; phased implementation approach with feedback integration
Security vulnerabilities in the public-facing components expose the internal professional network to potential breaches	Strict separation between public and professional sections
Training materials and resources become outdated, leading to inconsistent practices across professionals	Scheduled content review cycles; dedicated content management responsibility; version control system with backups
Insufficient internal technical expertise to maintain and update the portal, creating dependency on external experts	Staff training plan for basic maintenance and content updating; documented procedures; reliable technical support contracts

## Cost Structure Analysis for Facility Development

The development of Barnahus facilities represents a significant portion of the initial investment and continues to impact annual operational budgets. This analysis outlines the primary cost categories associated with facility development and maintenance, providing a framework for budgetary planning.

### Initial Facility Development Costs

The establishment of a Barnahus requires careful financial planning, particularly during the initial facility development phase. This analysis outlines the primary cost categories that need to be considered when budgeting for facility establishment and early operations.

**Table 4. Cost structure analysis for facility development**

<b>Cost Category</b>	<b>Components</b>	<b>Strategic Considerations</b>
Property Acquisition / Lease	<ul style="list-style-type: none"> <li>- Building lease</li> <li>- Legal and administrative fees</li> <li>- Insurance and permits</li> </ul>	<ul style="list-style-type: none"> <li>- Location accessibility</li> <li>- Size requirements</li> <li>- Future expansion possibilities</li> </ul>
Facility Modifications	<ul style="list-style-type: none"> <li>- Sound-proofing</li> <li>- Medical room requirements</li> <li>- Interview suite development</li> <li>- Child-friendly adaptations</li> </ul>	<ul style="list-style-type: none"> <li>- Local building regulations</li> <li>- Professional standards compliance</li> </ul>
Technical Infrastructure	<ul style="list-style-type: none"> <li>- Recording systems</li> <li>- Network installation</li> <li>- Security systems</li> <li>- Server infrastructure*</li> </ul>	<ul style="list-style-type: none"> <li>- Evidence collection standards</li> <li>- Data protection requirements</li> <li>- Future technology compatibility</li> <li>- Compatibility with other institutions</li> </ul>
Professional Equipment (Medical examinations)	<ul style="list-style-type: none"> <li>- Basic medical equipment, examination table, medical instruments, forensic evidence collection kits, colposcope with camera</li> <li>- Entertainment devices (tablet, speakers) for music / videos during examination</li> </ul>	<ul style="list-style-type: none"> <li>- Adjustable and suitable for children of various ages and sizes</li> <li>- Protocols for sanitising equipment and storing evidence</li> <li>- Child-chosen music / media to reduce anxiety during examination</li> </ul>
Professional Equipment (Interview) *	<ul style="list-style-type: none"> <li>- Interview room technology</li> <li>- Observation room systems</li> <li>- Remote participation capabilities.</li> </ul>	<ul style="list-style-type: none"> <li>- International standards compliance</li> <li>- Integration with existing systems</li> <li>- Maintenance requirements</li> </ul>
Interior Development	<ul style="list-style-type: none"> <li>- Age-appropriate furnishing</li> <li>- Therapeutic equipment</li> <li>- Office furnishing</li> <li>- Storage solutions</li> </ul>	<ul style="list-style-type: none"> <li>- Child-friendly design principles</li> <li>- Professional workspace needs</li> <li>- Accessibility requirements</li> </ul>

Barnahus portal	<ul style="list-style-type: none"> <li>- Development of user interface</li> <li>- Web page hosting fees</li> </ul>	<ul style="list-style-type: none"> <li>- Data security, accessibility, child friendliness.</li> </ul>
Mobile team**	<ul style="list-style-type: none"> <li>- Mobile interview room and observation room technology</li> <li>- Vehicle for transportation.</li> </ul>	<ul style="list-style-type: none"> <li>- Portability</li> <li>- Compatibility</li> <li>- Data security</li> </ul>

\* Please see Appendix 2 for an example of IT- and recording-equipment list used by Barnahus Ljubljana.

\*\* The Ministry of Interior can be asked to provide their recommendations based on the mobile equipment used by the police.

For reference, the Slovenian authorities invested approximately 500,000 EUR in renovation and establishment costs for the Barnahus in Ljubljana, including project documentation, construction supervision, and facility adaptation. Equipment costs for a comparable Barnahus facility in Slovenia amounted to approximately 228,000 EUR, covering IT infrastructure, video conferencing systems, furniture, medical equipment, and specialized audiovisual recording equipment.

## Facility Maintenance Costs

The ongoing maintenance of a **Barnahus facility** involves several cost categories that require regular budget allocation. These include routine building maintenance such as heating, ventilation, and air conditioning systems upkeep; regular testing and maintenance of specialised equipment including audio-visual recording systems and medical examination equipment; periodic updates to child-friendly furnishings and therapeutic materials; and regular security system maintenance. Professional cleaning services represent another significant ongoing cost, particularly given the facility's medical and child-focused nature. A substantial portion of the maintenance budget must be allocated to specialised software licensing, particularly for forensic audio-video evidence collection systems, which often carry significant annual licensing fees that can represent a major operational expense. The maintenance budget must also account for other technological updates, including general software licenses and hardware replacements for recording and communication systems. These maintenance costs typically require dedicated annual budget planning to ensure the facility maintains its high standards of operation and child-friendly environment while meeting all technical and legal requirements for evidence collection and storage.

A dedicated **vehicle**, if acquired to support mobile team operations and family transportation, requires budgeting for ongoing operational costs. These expenses include regular vehicle maintenance, fuel, comprehensive insurance coverage for both equipment transport and passenger liability, annual registration fees, and applicable road taxes. The vehicle's dual purpose of supporting mobile teams and providing transportation services should be factored into both operational planning and long-term budget allocation.

**Web portal** maintenance requires both technical infrastructure costs and staffing support. While technical costs cover hosting and security, staff expertise is essential because the portal needs regular content updates to stay relevant, technical administration to remain functional

and secure, and dedicated support to help users navigate and access resources effectively. Organisations can either develop these capabilities internally or outsource them to external providers.

## 6. Staffing and Training

### Staffing of the Zagreb Pilot Unit

The exact staffing requirements at the Barnahus are determined by the scope and types of services provided on-site versus those coordinated externally (such as certain treatments). Based on an estimated caseload of 200-300 cases (forensic interviews) per year, here is an overview of the minimum core staffing needs and their required professional qualifications.

#### Core Staff Structure of the Zagreb Pilot Unit

The unit is led by a director and supported by one or two administrative secretaries who assist the director and Barnahus team in managing daily operations. The primary professional team consists of child interviewers, family workers, and therapists. Among the child interviewers, a senior interviewer should be designated to oversee method development and coordination. Similarly, a senior therapist should be appointed to lead therapy development and coordination. Family workers serve as coordinators for the multidisciplinary/inter-agency network surrounding each case and act as the primary contact for adults, including caretakers and non-offending parents of children visiting the Barnahus. Current expert assistants may be qualified, given some additional training (e.g., on interviewing children under the age of 10), to serve as child interviewers and family workers. While these roles are typically distinct, some professionals may serve multiple functions if they possess the appropriate qualifications – for example, a child interviewer might also serve as a family worker in different cases. For the estimated annual caseload, 2-4 child interviewers and 2-4 family workers are required. In addition, the therapeutic team should consist of at least 2-4 therapists, depending on the estimated caseload of in-house evaluations and acute therapies provided at Barnahus. It should be considered that most forms of treatment are given by a pair of therapists: one assigned to the child and one to the family. Detailed roles and responsibilities for core staff are outlined in Table 5.

#### *Professional Roles and Separations*

It is crucial to maintain a clear separation between professionals involved in abuse investigations and those providing treatment, as these roles have fundamentally different objectives. Investigators must maintain neutrality and objectivity in establishing factual truth, while treatment providers focus on the client's subjective experience and narrative.

#### Medical Staff

Medical doctors and nurses for physical examinations can either be employed directly by the Barnahus or engaged on an on-call basis for non-acute examinations, depending on the unit's needs and available resources.

**Table 5. Roles and competencies of Barnahus core staff**

<b>Role</b>	<b>Primary Responsibilities</b>
Director	In charge of finances and day-to-day operations of the Barnahus unit
Secretary	Office management
Child interviewers	Carrying out forensic child interviews, using the NICHD protocol; experience in working with children in a trauma-informed way
Family workers	In charge of the contact with the caretakers of the families visiting the Barnahus; coordinating the MD/IA network around the child on a case level
Therapists	Carrying out evaluations and acute treatment of abused children and their families; coordinating with external service providers to provide ongoing treatment
Medical doctors	Perform medical examinations of the suspected victims of abuse, evaluate findings and write expert statements for the courts; consult the team on issues related to somatic health and abuse findings (on staff or on call)
Nurses	Main task is to assist with the medical examinations; experience with working with children (on staff or on call)

### Additional, Specialised Roles

Additional senior expert positions are needed to coordinate key functions such as treatment, training, research, and inter-agency cooperation. These specialised roles are detailed in Table 6.

**Table 6. Additional key staff roles needed for the operation of Barnahus**

<b>Additional Function</b>	<b>Primary Responsibilities</b>
Treatment Coordinator	Coordinate, clarify and strengthen the local treatment providers, to facilitate access to treatment for children and families
Training Coordinator	Professional development program oversight, training delivery coordination

Research Coordinator /	Academic partnerships, research project coordination
Quality Assurance Specialist	Service standard monitoring, protocol development and implementation
Inter-agency Coordinator	Stakeholder engagement, protocol implementation

## Required Competencies

The unit requires a range of professional expertise, which can be provided either through core staff or consulting arrangements. Essential competencies include:

- Psychological expertise (forensic, developmental, and neuropsychological)
- Social work and family work
- Legal knowledge
- Policing (pre-trial investigation of suspicions of crimes against children)
- Research (e.g., PhD)
- Child psychiatry
- Paediatric gynaecology and urology (for both male and female patients)
- IT expertise

These competencies can be available through either in-house staff or established consulting arrangements, depending on the unit's structure and resources. Proficiency in these competencies should be considered valuable in the recruitment process of the core staff of Barnahus.

## Child Participation for Staffing Considerations

The recruitment and presentation of staff at Barnahus should actively incorporate children's perspectives and preferences. Drawing from feedback in the training gap analysis, children have emphasised the importance of professionals having both experience and training in child-friendly communication. This insight should inform the recruitment process – when evaluating candidates with similar qualifications, additional weight should be given to those demonstrating expertise and previous experience in working with children.

To enhance children's comfort and preparation for their visits, Barnahus should consult with children, including those that have visited Barnahus about what information they found helpful to know about the professionals they met. This might include preferences about seeing photos, learning names, or understanding the professional's role. Their input can then shape the preparatory materials sent to children and families before their visits to Barnahus.

Within the facility itself, consideration should be given to creating a welcoming and transparent environment through visual staff identification. Taking inspiration from the British National Health Services (NHS) concept of "relational security," which recognises that familiarity between service providers and patients builds trust and security, Barnahus could install an information board displaying staff photos and names. Staff should also wear child-friendly name tags – likely featuring just first names – with the design of these tags potentially

incorporating feedback from children about what would feel most approachable and comfortable to them.

**Table 7. Risk management for staffing**

<b>Risk</b>	<b>Mitigation Strategy</b>
Not enough expertise available for hire	Advertise positions in a focused manner, advertise the available training to complement expertise
Not enough applicants	Appealing salary, advertise the positions through existing national networks of expertise (e.g., for expert assistants)
Staff retention	Secure adequate salary, provide for high quality initial- and follow-up training, provide for adequate supervision
Professional burnout	Implement structured supervision and support systems, maintain appropriate case loads, provide regular psychological support and counseling for staff, establish clear work-life boundaries (see: Training and supervision)
Geographic distribution of expertise	Develop remote consultation capabilities, establish mobile team protocols, create rotation systems for specialists, build partnerships with regional healthcare and social service providers
Documentation and reporting overload	Implement efficient case management systems, provide administrative support staff, develop streamlined documentation protocols

## Cost Structure Analysis for Staffing

Staff salaries represent the most significant long-term operational expense for Barnahus, once the facility is established and running. For reference, the annual operating budget for a similar facility in Slovenia is planned at 442,000 EUR for 2025, with personnel costs (including salaries and social contributions) accounting for approximately 75% of the total operational expenses. The final staffing costs are heavily influenced by key strategic decisions regarding service delivery: (1) which services to provide in-house, (2) which to outsource through external service providers (such as long-term therapy), and (3) which to arrange through on-call consultations (such as medical doctors for forensic examinations). For the pilot phase, with an estimated caseload of approximately 200-300 cases per year, the baseline staffing requirement includes 2-4 child interviewers and 2-4 family workers, depending on what other

tasks are envisaged for these workers. The core staff will also need to include at least 2-4 therapists.

When evaluating staffing costs, a key consideration is whether to maintain expertise in-house or through external consultation arrangements. While consultation might appear more cost-effective initially, it's essential to conduct thorough cost-benefit analyses based on service frequency and expertise type. In some cases, maintaining in-house expertise may prove more economical over time than relying on consultation services.

Particular attention should be paid to salary levels for professionals involved in child sexual violence investigations, especially those responsible for court-related child evaluations and interviews. Current feedback indicates that compensation often fails to reflect the position's demanding nature and emotional toll. Addressing this disparity is crucial for attracting and retaining qualified professionals in these specialised roles.

An often-overlooked aspect of cost efficiency is the value of adequate administrative support. Investment in sufficient secretarial staff for managing daily operations proves cost-effective by allowing specialised experts to focus on their core responsibilities rather than administrative tasks. This operational efficiency maximises the return on investment in highly trained professional staff while ensuring smooth facility operations.

## Training

The implementation of effective training is crucial for the success of the Barnahus model and requires careful consideration of several core principles. First and foremost, all training must be evidence-based, drawing from the latest and best available research in the field. The research needs then to be applied to the local context, utilising local expertise and experience of best practices. The need for systematic coordination of training activities has been strongly emphasised by central stakeholders and consulted experts throughout the planning process. This Barnahus central hub in Zagreb is proposed to function as the coordinator of the national training efforts.

A fundamental requirement for successful implementation is the establishment of formal legislation or clear high-level guidelines that mandate specific training requirements. This formalisation is essential for securing necessary resources, both in terms of funding for training provision and allocation of time for participants to attend. Particularly crucial is the establishment of defined minimum training requirements for professionals directly involved in case investigation and child interviewing, including expert assistants, judges, prosecutors, lawyers, and the police.

The training framework should maximise the use of existing national expertise, drawing upon the knowledge and experience of the expert assistants, trained police officers, the Child and Youth Protection Centre in Zagreb, and researchers from national universities. Additionally, existing training programmes and providers, such as the Judicial Academy, Police Academy, and the Social Welfare Academy, should be integrated into the framework that is coordinated at the Barnahus. While a significant proportion of the training likely is organised by the aforementioned national providers, Barnahus will oversee the coordination and development of the contents related to child sexual violence, child interviewing and the investigative process, ensuring that the national training providers have sufficient and updated expertise and materials on the key issues. Where needed, this national expertise should be

complemented by international knowledge through networking with experts in the field of child sexual violence investigation.

The training structure is planned across four distinct levels: basic awareness, specialised skills, train-the-trainers, and continuous professional development (see Table 5). A key feature of the training approach is its multi-disciplinary and inter-agency nature, with participants from different agencies training together. This integrated approach enables professionals to gain deeper insight into the perspectives, working methods, and challenges of other stakeholders, thereby facilitating more effective future collaboration in cases.

**Table 8. Breakdown of the different levels of training**

<b>Training Level</b>	<b>Target Group</b>	<b>Core Content</b>	<b>Duration</b>
Basic Awareness	All professionals who may interact with Barnahus (e.g. judiciary, police, social services, healthcare, education)	Barnahus principles, trauma-informed approach, inter-agency cooperation, working with children	2-3 days
Specialised Skills	Core Barnahus team members	Forensic interviewing, therapy approaches, medical examinations	1 year (16 days of seminars and supervision)
Train-the-Trainers	Selected experienced professionals from expert assistants, Child and Youth Protection Centre, etc.	Advanced methodology, latest research in the area, supervision skills, quality assurance	2 weeks
Continued Refresher / Update Training	Especially the child interviewers and the core BH team, but also other professionals	Feedback on interviews to uphold and develop the quality of the interviews, update on latest methods	2 weeks / year

## Basic Awareness

Basic awareness training targets a broad range of professionals who may interact with Barnahus, including those working in the judiciary, police, social services, healthcare, education, and foster care. Some of the basic level themes could be tailored to fit the specific needs of professional groups working with children, considering questions like “When to suspect abuse?” and “How to act when abuse is suspected?”, including reporting and documenting procedures. Selected training materials and content can also be adapted for raising public awareness, building upon existing materials on child sexual violence awareness, such as those developed by the Child and Youth Protection Centre in Zagreb and NGOs such as the Brave Phone.

Suspicion of child sexual violence is likely to awaken strong negative emotions in the public and professionals alike. This gives rise to the risk of confirmation bias: if one is only looking for signs of abuse, one is prone to ignore alternative explanations for the suspicion and may

see abuse where there is none. Therefore, an important starting point in recognising and investigating child abuse is to mitigate cognitive bias, through hypothesis testing.

The core content focuses on the Barnahus principles, child sexual violence, trauma-informed approaches, inter-agency cooperation, and working with children. To clarify the roles and responsibilities of different actors, short introductory videos could demonstrate each agency's primary functions, addressing questions such as "How does the police work with CSV cases?", "What does the child protective services do when suspicion of CSV arises?", "What does a child's visit to Barnahus look like?", and "How is a medical examination in association with CSV conducted?". These introductory packages also aim to strengthen inter-agency and multidisciplinary cooperation by increasing mutual understanding of each agency's work and field of expertise. The training packages should also clearly delineate the boundaries of professional responsibilities: for example, teachers and primary care physicians should understand that their role does not include thorough investigation of suspected abuse or interviewing the child - these tasks are mandated to the police and judicial system, requiring specialised training in child forensic interviewing.

The central themes of basic awareness training include:

1. Children's rights and the relevant international protocols and agreements
2. Barnahus principles and their practical implementation
3. Understanding child sexual violence (CSV): definitions, different forms, prevalence rates, online sexual violence, human trafficking, and sexual crime
4. Core principles for investigating child sexual violence: hypothesis testing and mitigating cognitive bias, the need for specialised skills for interviewing and therapy
5. Recognition and response to abuse suspicions: identifying signs, proper reporting procedures, legal requirements, consultation processes, police reporting, child protective services notification, and guidelines for discussing suspicions with children
6. Working with children: fundamentals of developmental psychology, child-friendly and empathetic approaches, trauma-informed interviewing techniques, and principles of communication with child victims and witnesses of sexual violence
7. Understanding of different agencies' roles and responsibilities in interdisciplinary cooperation during child sexual violence investigations
8. Basics of investigating suspicion of (sexual) abuse and documenting the findings for general practitioners (doctors)
9. Overview of the criminal process following abuse reporting
10. Support services for children and families during proceedings, including consideration of treatment needs during ongoing investigations

Many of these training components can be delivered through online platforms for independent learning. The training programme should be developed utilising existing national and international training resources, including avatar-based training programmes, which offer scalable, practical interview training supported by scientific evidence of improved interview quality. Additional training packages are available, e.g., through the Barnahus network<sup>6</sup>, providing valuable resources that can be adapted to the Croatian context.

### *Online training*

The Barnahus online portal should function as a knowledge hub and a repository of basic level training packages. At its simplest, the repository could include short, informative videos,

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<sup>6</sup> See: <https://barnahus.eu/category/training/>

presentations, links to existing official materials of other agencies, and other materials. In a more expanded and sophisticated iteration the repository could include personal logging of individual persons' achievements in the training, including knowledge tests, feedback on progress and suggested additional learning. One possible national system to model this after, could be the online learning platform available for medical professionals. Another example of an online learning platform can be found in the Finnish Barnahus web portal, where an English-speaking version is also available<sup>7</sup>.

## Specialised Skills

Specialised skills training targets core Barnahus team members, focusing on three main areas: forensic interviewing, therapy approaches, and medical examinations. A fourth specialised skills training is envisioned primarily for (youth) judges and lawyers and is focused on relevant research on decision making. Each area requires specific, intensive training to ensure high-quality service delivery.

### *Forensic interviewing*

The forensic interviewing training is built around the NICHD-R protocol and its online-abuse version. These trainings must be adapted to align with the national system and contextual needs of evidentiary hearings, drawing upon the experience and expertise of expert assistants and existing national training materials from institutions such as the Judicial Academy and the Police Academy. The Finnish model provides a valuable example of comprehensive training implementation, having maintained an active national basic training programme for 15 years. This multidisciplinary programme combines seminar days, supervision with feedback on actual child interviews, and independent study, and is mandatory for all professionals conducting forensic interviews with children. A detailed description of the scope, content, learning outcomes, and evaluation can be found in Appendix 3. The training is built on the core principles of hypothesis testing to mitigate cognitive bias, evidence-based methods for building rapport and motivating children to disclose as much information as possible, by asking open-ended, non-suggestive questions that minimise the risk of interviewer induced errors in the children's accounts, while also considering children's individual developmental needs in a trauma-informed manner.

Initial training of core staff and child interviewers should emphasize techniques for interviewing young children under the age of 10, as consultations revealed that expert assistants have very limited or no training in this area.

### *Therapy approaches*

Specialised training for therapists is essential for the mental health services-room of the Barnahus. This includes core staff working within the Barnahus, but also the providers of therapeutic services for the abused children and their families that provide these services outside of the Barnahus facilities. While several therapeutic interventions exist, their evidence-base varies widely. The model with the best evidence for its efficiency for traumatised children and their families is trauma-focused cognitive behavioural therapy (TF-CBT<sup>8</sup>), which has gained widespread international use through trainings facilitated by, e.g., the international

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<sup>7</sup> See <https://barnahus.fi/en/trainings/>.

<sup>8</sup> See, e.g., <https://tfcbt.org/>.

Barnahus Network. This certification programme spans one year and includes three seminar days and a year-long consultation period comprising 10-12 case consultation meetings of 1.5 hours each. On top of the training, resources need to be allocated for implementation; meetings with the therapists' organisations (when treatment is provided outside Barnahus) to ensure clear referral pathways and efficient utilisation of certified therapists within the larger network, effectively matching demand with available expertise. At the core of the TF-CBT model is support for non-offending family members, with a particular focus on strengthening parent-child communication about trauma symptoms and stressful events. The child's caregivers are taught skills to support their child's wellbeing and ensure the continuity of daily life and routines, while also learning to facilitate open dialogue about difficult experiences. Child and Youth Protection Centre in Zagreb has been offering TF-CBT to its clients alongside other therapeutic services and their expertise can be utilised in expanding the use of the model in Croatia.

### *Medical examinations*

Medical professionals conducting somatic examinations in child abuse investigations require specialised training in working with children, both in general practice and during medical examinations requested by the police or the court. This training emphasises child-friendly, trauma-informed approaches, the use of open-ended questions while avoiding suggestion, and basics of developmental psychology. Additionally, the training must cover the technical aspects of medical forensic examinations, including injury evaluation. A central component of the required skill set is proper documentation of findings and the preparation of expert court statements, emphasising hypothesis testing in evaluating findings and comparing them with relevant research literature on medical examinations of CSV.

Consultations with the Ministry of Health indicated that all gynaecologists in Croatia undergo identical specialisation training. Within the specialisation of gynaecology and obstetrics, content from paediatric gynaecology is covered, and all gynaecologists are trained in the field of paediatric and adolescent gynaecology. They have acquired extensive knowledge about normal and abnormal sexual development and about specific gynaecological diseases of childhood and puberty. While this provides them with basic skills in examining children and adolescents, no dedicated specialisation exists for these patient groups. Therefore, additional training in medical examinations, especially in the context of suspected CSV, would be beneficial to address the specific approach required by the Barnahus model for child and adolescent gynaecology.

### *Decision making*

Decision makers who evaluate child sexual violence allegations, primarily judges and judicial experts, require specialised training in evidence-based decision-making processes. This training focuses on understanding and mitigating cognitive bias through systematic hypothesis testing, whilst developing expertise in veracity judgement methods such as statement validity analysis (SVA; see, e.g., Wouters et al., 2024). It is crucial that decision makers are well-versed in the research literature regarding factors that influence the veracity of children's statements and those that do not. The training emphasises international evidence-based recommendations for veracity judgement, ensuring that evaluations of abuse allegations are grounded in scientific research rather than unfounded assumptions or personal beliefs about children's testimony.

### *Additional targeted trainings*

Additional tailored training packages are developed for other core partners, such as interpreters and social workers, who interview or discuss suspicion of abuse with children. These trainings focus on maximising information gathering while maintaining child-friendly, trauma-informed approaches to ensure the validity of children's accounts and avoid suggestion. For example, the Finnish model offers a three-day training programme for forensic interpreters working with child interviews, covering:

- Context of child sexual violence investigation and roles of police and judiciary
- Practical interview situations and authority cooperation
- Child interviewing principles, including memory function and question types
- Suggestion and suggestibility
- Hypothesis testing and managing cognitive bias
- Interviewing children with specific needs, including language and memory capacity assessment
- Professional well-being and coping strategies

Training interpreters is important in ensuring all children interviewed in the Barnahus are of high quality and that question types remain evidence based also in interpreter-mediated interactions.

## **Train-the-Trainers**

The train-the-trainers tier consists of two key packages: one for forensic interviewing and one for TF-CBT therapists, both designed to develop national expertise and ensure sustainable, high-quality service delivery.

### *Forensic interviewing*

The forensic interviewing trainer programme focuses on developing advanced expertise in both practice and supervision. Core elements include the practical application of latest research findings to continuously develop and update interviewing methods. The programme provides in-depth training on interview analysis, covering detailed examination of question types, evaluation of hypothesis testing within interviews, and qualitative analysis of interviewer-child rapport. A significant component focuses on developing supervision skills, particularly on providing precise and efficient feedback to interviewers on these analytical themes. A deep understanding of veracity judgement research is essential, as knowledge of factors that influence credibility - both positively and negatively - is crucial for both the investigative interview process and the gathering of background information prior to the interview. The programme also encompasses didactic training for both interview instruction and supervision, including practical exercises for interviewing techniques and supervision delivery.

### *Therapy approaches*

The TF-CBT trainer programme builds upon the basic certification, requiring participants to have substantial practical experience with TF-CBT treatment and previous experience in supervising other TF-CBT therapists. This year-long programme includes approximately ten monthly supervision meetings of 1.5 hours each. The success of this programme relies heavily

on establishing clear referral and coordination systems, alongside continuous supervision. It is recommended that Barnahus takes responsibility for coordinating treatment providers, clarifying referral systems, and managing the network of therapists through a designated treatment coordinator.

## Continued and Update Training

Continuous professional development and update training are essential components for maintaining and enhancing service quality as new research emerges, methodological advancements are made, and international practice recommendations evolve. For interviewing skills in particular, continuous feedback through supervision and interview analysis is crucial for maintaining high standards of practice.

A yearly national conference for Barnahus staff and key stakeholders serves multiple purposes: presenting the latest research findings, discussing legislative changes, addressing current hot-button topics and challenges, and facilitating experience exchange. This conference also plays a vital role in maintaining and strengthening the inter-agency, multidisciplinary network.

International engagement is equally important, particularly through participation in conferences focusing on child sexual violence, its investigation, and child interviewing, such as the EAPL<sup>9</sup> and iIRG<sup>10</sup> annual conferences. These international platforms provide access to cutting-edge research and valuable networking opportunities with international experts. Connection to the international Barnahus network further supports this professional development.

Given the limited availability of advanced national training in child sexual violence investigation and interviewing, particularly for professionals who have completed basic training and gained substantial experience, international seminars and training opportunities become increasingly important. Networking with international experts opens venues for further training, research opportunities, and supervision possibilities, especially beneficial for those seeking advanced professional development beyond the nationally available programmes.

## Supervision

Access to continuous supervision is an important addition to training in the upkeep and development of professional skills, and in maintaining wellbeing with psychologically taxing work, such as child sexual violence investigations.

### Interview Supervision

Research shows that even specialised training in child forensic interviewing is insufficient to maintain high quality interviews over time (e.g., Lahtinen et al., 2017; Lamb et al., 2002a; Lamb et al., 2002b). Continuous, precise and timely feedback on one's own interviews is needed to keep question types open-ended and in line with recommended standards. It is essential that this feedback is programmed into the upkeep training, with every child

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<sup>9</sup> See <https://eapl.eu/>.

<sup>10</sup> See <https://iirg.org/>.

interviewer adhering to continuous critical examination of their own work. This critical examination should include deliberate practice where interviewer questions are analysed for adherence to open-ended questioning recommendations, and specific rapport-building techniques are evaluated to identify opportunities for greater efficiency. Sufficient resources must be allocated in terms of time and money for trained supervisors to provide this comprehensive feedback.

## Therapy Supervision

Regular supervision is essential for therapists working with child sexual violence cases to maintain both professional effectiveness and personal wellbeing. The emotionally demanding nature of supporting trauma survivors, particularly children, can lead to vicarious trauma and compassion fatigue if not properly addressed. Monthly or bi-monthly supervision provides therapists with crucial opportunities to process their emotional responses, validate their clinical decisions, and receive guidance on complex cases. This professional support structure not only helps prevent burnout but also ensures the quality of therapeutic care remains high through collaborative problem-solving and ongoing professional development. Regular supervision also serves as a safeguard for maintaining appropriate therapeutic boundaries and objectivity, which can be particularly challenging when working with traumatised children and their families. Through this structured reflection and guidance, therapists can better navigate the intense emotional demands of their work while continuing to provide effective, trauma-informed care.

## Occupational Wellbeing

In several of the consultations, experts working with children brought up the psychologically taxing nature of the work, and a concrete need for support with this. Research also shows that working with investigating violent crime, especially sexual violence and violence perpetrated against women and children, elicit negative emotions in the professionals investigating them (e.g., Oxburgh et al., 2015). Unchecked, these emotions influence the work directly: interview quality worsens with more suggestive questions (Magnusson et al., 2021; Oxburgh et al., 2014) and poorer decision making (Ask & Pina, 2011, Magnusson et al., 2021). While it is important that sufficient occupational health services are secured for professionals working with child abuse investigations, it is crucial to also invest in pre-empting burnout, secondary traumatisation, and other work-related mental health problems that come with strenuous and demanding expert work such as the work done at Barnahus. For especially taxing cases, the professionals working at Barnahus should also have defusing and debriefing available to them on demand.

## Coordination

### Coordination of Training

The Barnahus hub in Zagreb will serve as the central coordinating entity for all training activities, maintaining active networks with major national training providers and advocating for the integration of Barnahus-related content into their curricula. A key responsibility will be maintaining and updating an index of training providers and their offerings for both interviewing and therapy services. Additionally, the continuous training for both medical doctors and social workers working with child victims of sexual violence will be coordinated by the Barnahus central hub in close cooperation with relevant training providers. The hub will provide clear recommendations on training requirements for different roles within the investigative and judicial process, therapeutic services, and child protection work, specifying the necessary

knowledge and competency levels for each position. The training coordinators of Barnahus will work in unison with the training providers to amend and develop existing curricula, providing access to relevant expertise related to violence against children. The hub will also track professionals' continued training, ensuring core Barnahus staff receive a minimum of two weeks of continued training annually, while working with other agencies to establish similar continued professional development structures for judicial, police, social work, and medical professionals. Through gathering feedback from professionals about their experiences and training needs, the hub will identify knowledge gaps and develop tailored training solutions. Additionally, the hub will maintain strong connections with university research to ensure training materials remain evidence-based and aligned with evolving international standards and recommendations.

## Coordination of Supervision

In regard to the supervision, the Barnahus knowledge hub could facilitate registry of trained supervisors, both for interview feedback and for occupational wellbeing, as well as experts on defusing and debriefing that can be called in on relatively short notice, when need arises. For quality assurance of the experts carrying out forensic child interviews, a system could be put in place, where each interviewer is required to submit an interview for review annually. If problems are noted in the quality of the interview (e.g., not adhering to the protocol, questions insufficiently open-ended), a second interview would be requested and upon persisting problems, measures could be taken such as additional training and supervision.

The expertise concentrated within Barnahus represents a valuable resource that extends beyond its immediate operations to benefit stakeholders, agencies, and other professionals working with children. By providing supervision to these partners, Barnahus creates an effective channel for disseminating specialised knowledge about child sexual violence, interviewing techniques, and abuse investigation protocols. Rather than simply providing ready-made solutions, this supervisory approach empowers partners to develop their own expertise and capabilities – teaching them to fish rather than merely providing the catch. This strategy not only strengthens partners' practical skills and understanding but also proves resource-efficient by building sustainable competence within the wider professional community working with child abuse cases.

## Child Participation for Training and Supervision

Children's perspectives have provided valuable insights through the training gap analysis for improving professional training, particularly highlighting the importance of child-friendly approaches and rapport building skills. These skills are often overlooked in professional training programmes, despite being essential for motivating children to talk and eliciting detailed narratives. Moreover, strong rapport building skills are fundamental to working in a trauma-informed way that minimises the risk of re-traumatisation. This feedback from children who have utilised services at the Barnahus should be gathered at regular intervals to identify emerging training needs of professionals as expertise and training programmes evolve.

The involvement of experience experts - young adults who have been through the investigative process - in training delivery provides particularly valuable first-hand perspectives on how children experience the process and their interactions with professionals. Their insights into what constitutes truly child-friendly approaches can significantly enhance professional understanding and practice.

To ensure continuous improvement, a systematic feedback loop should be established with university researchers to study children's experiences of their Barnahus visits. This research can directly inform the development of training materials, with a particular focus on enhancing child-friendly practices. This systematic approach to incorporating children's experiences ensures that training programmes remain responsive to the needs of the children they serve.

## Table 9. Risk management for training and supervision

<b>Category</b>	<b>Risk</b>	<b>Mitigation strategy</b>
Resistance to the new model being implemented	National expertise (e.g., police, Judicial Academy, expert assistants) overlooked or not utilised	Involving and utilising national expertise and existing training programs and materials from the start
Quality Assurance, Professional Development, Staff retention	Lack of clear understanding on why supervision of different types is crucial	Making sure decision makers understand the importance of supervision
Professional Development	Lack of access to specialised training opportunities for advanced practitioners	Establish international partnerships for advanced training programs; develop exchange programs with established Barnahus locations; create mentorship networks with experienced professionals
Quality Assurance	Inconsistent application of training across different professional groups	Establish standardised assessment criteria; implement regular peer review sessions; develop cross-professional learning opportunities; create feedback mechanisms for measuring training effectiveness
Resource Management	Insufficient budget allocation for ongoing training needs	Secure dedicated training budget lines; develop cost-sharing arrangements between participating agencies
Resource Management	Competition between service delivery and training time	Create structured scheduling systems that balance operational needs with training requirements; implement backup staffing arrangements; develop flexible training delivery methods
Interagency Coordination	Misaligned training priorities between different agencies	Create joint training planning committees; develop shared training objectives; establish regular stakeholder meetings to align priorities

Professional Support	Inadequate supervision structures for specialised roles	Develop role-specific supervision protocols; establish mentor networks; create specialised supervision training programs; implement regular supervision evaluation
Professional Support	Limited access to psychological support for staff	Establish regular debriefing sessions; develop staff support networks; create access to professional counselling services; implement wellbeing assessments
Knowledge Management	Loss of institutional knowledge due to staff turnover	Create comprehensive documentation systems; develop knowledge transfer protocols
Knowledge Management	Insufficient mechanisms for sharing learning across locations	Establish regular knowledge-sharing forums; create centralised resource libraries
Evaluation Systems	Lack of effective mechanisms for measuring training impact	Develop comprehensive evaluation frameworks; establish regular assessment periods; create feedback loops for continuous improvement; implement outcome measurement tools
Quality Assurance	Confirmation bias: raising awareness and having all focus on child sexual abuse, risks leading to false negatives on all levels (detection, investigation, decision making)	Evidence based training on decision making, and how to mitigate cognitive bias, through, systematic and active hypothesis testing

## Cost Structure Analysis for Training and Supervision

The cost structure for training and supervision varies across different training levels and requires both initial investments and ongoing operational costs. For basic level training, the substantial initial costs include developing an online platform and creating comprehensive training packages. Once established, these materials require periodic updates, approximately every second year, which should be budgeted accordingly.

Specialised skills training, encompassing child interviewing, therapist certification, medical examinations, and decision-making, requires annual provision initially, potentially moving to bi-annual delivery in the long term. When centralised in Zagreb, the budget must account for facilities, travel, and accommodation for participants from other regions. Initial costs are higher

due to curriculum and material development, with subsequent years requiring only updates. The cost distribution will depend on the training delivery model - whether provided directly by Barnahus and its expert staff (potentially with international experts), or through other stakeholders such as the Police Academy, Judicial Academy, or the universities. These expenses are likely to be shared among participating stakeholders.

The trainer training programme requires higher initial investment to establish a foundational group of trainers (approximately 10 for interviewing and 2-4 for therapy). This may require international expert involvement, particularly for therapy training if national expertise in specific models like TF-CBT is not available. Subsequent trainer training events might be scheduled biennially, depending on staff turnover.

For continuous professional development and skill maintenance, the budget should accommodate 10 training days per year for each core Barnahus staff member. Additionally, funding should be allocated for 2-4 staff members annually to attend international conferences (such as EAPL and IIRG) to stay current with research developments in child investigative interviewing and abuse investigation, while building international professional networks.

Supervision costs require careful consideration across three distinct streams, each serving different staff members and purposes. The first supervision stream focuses on child interviewing skills, providing feedback on interview performance and ensuring skill maintenance. This quarterly supervision (four times per year) can be delivered as group sessions for 4-8 child interviewers simultaneously. The second supervision stream is specifically for therapists providing TF-CBT treatment for children and their families, requiring monthly or at minimum bi-monthly sessions. The third supervision stream serves the entire core Barnahus staff, focusing primarily on mental wellbeing but also addressing systemic challenges and particularly complex cases. This team-wide supervision should be scheduled for 4-8 sessions annually. Each of these supervision streams represents a separate cost that must be accounted for in the budget, but all are essential for maintaining high-quality service delivery and staff wellbeing while ensuring long-term retention of expert staff.

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#### **Decision points:**

- **Is the core staff of Barnahus administratively under one institution (e.g., MoJPADT) or positioned at the Barnahus but employed by their respective stakeholder?**
  - **How are the costs for the training packages covered by the different stakeholders?**
-

## 7. Expansion to Other Sites and Clientele

The expansion of the Barnahus model beyond the initial Zagreb pilot unit will consider regional needs and existing resources. This expansion strategy will develop based on data and experiences gathered during the pilot phase, ensuring that lessons learned inform the establishment of additional sites.

During the pilot phase, the Barnahus will partner with academic institutions to collect and analyse data on service delivery and effectiveness. This research will examine factors such as service utilisation rates and outcomes for children, families, and professionals involved in cases. Key metrics will include case processing times, the effectiveness of interagency collaboration, and stakeholder experiences with the integrated service model. The analysis will particularly focus on how well different institutions work together under the Barnahus model compared to previous approaches, examining whether the model reduces case processing times, improves information sharing between agencies, and enhances service quality.

Unlike many other service models, Barnahus cannot be strictly manualised due to the complex, individualised nature of cases and the need to adapt to regional variations (e.g. Stefansen et al., 2017). However, ensuring equal access to high-quality services for all children involved in legal proceedings necessitates some degree of standardisation. The development of comprehensive Barnahus legislation will serve as the primary standardising mechanism, establishing core requirements for service delivery, professional qualifications, and interagency cooperation that all sites must meet. By creating this legal framework before expanding to additional locations, Croatia can ensure consistent implementation of essential Barnahus elements while allowing appropriate regional adaptation.

Regional considerations will play a crucial role in expansion planning. Population density, case volumes, and existing service infrastructure vary significantly across Croatia's regions. The implementation of satellite sites will require careful assessment of local resources and partnerships. Each region's existing medical facilities, mental health services, and child protection infrastructure will influence the specific service model implemented. Some regions may benefit from full-service Barnahus facilities, while others might be better served through modified service delivery models that leverage existing resources and mobile teams.

A particularly important consideration for future expansion involves the potential role of police interviews as evidence in criminal proceedings. The Croatian police force has made significant investments in training and facilities for conducting child interviews, with 348 specially trained youth officers and 60 child-friendly interview rooms across the country. While utilising these resources could potentially reduce the number of interviews children must undergo, this represents a sensitive modification to current legal practice that would require careful consideration. Any changes to current interviewing procedures must carefully balance several factors: the need to minimise trauma to children by reducing multiple interviews, the requirements for ensuring admissible evidence, and the fundamental rights of suspects.

To support ongoing development, the Barnahus network should establish mechanisms for sharing knowledge and best practices between sites. Regular meetings of professionals from different locations can facilitate learning from each other's experiences and maintaining consistency in service quality. The development process should include systematic evaluation of how different sites implement the model and adapt it to their specific circumstances. This

evaluation can help identify which elements of the model require strict standardisation and where flexibility benefits service delivery.

Throughout the expansion process, maintaining service quality will remain important. Each new site will need to meet established standards for facilities, professional training, and interagency coordination. Regular evaluation and monitoring systems will help ensure that all sites, regardless of size or location, provide high-quality, child-centred services that meet the Barnahus model's core principles while remaining responsive to local needs and resources.

## Minimum Requirements for Regional Units

Regional Barnahus units must meet specific core requirements in terms of staffing, facilities, and operational frameworks to ensure service quality and consistency with the Barnahus model's principles. While these units may operate on a smaller scale than the Zagreb hub, they must maintain essential elements that define the Barnahus approach.

Each regional unit should include the following core staffing:

- A unit manager responsible for daily operations and coordination
- At least two qualified child interviewers with forensic interviewing certification
- At least two family workers / coordinators who can facilitate multidisciplinary coordination and support families
- At least one therapist who can conduct initial assessments and coordinate with local treatment providers
- Administrative support for scheduling, documentation, and coordination
- Access to medical examination expertise, either through on-site staff or formally established arrangements with local healthcare providers

The facility requirements for each regional unit must include:

- A minimum of one properly equipped child interview room with high-quality recording capabilities
- One observation room with appropriate monitoring and communication equipment
- One therapy / assessment room suitable for mental health evaluations and crisis interventions
- A medical examination room meeting clinical standards (or formal arrangements with nearby medical facilities if space constraints exist)
- Appropriate waiting areas for children of different age groups
- Administrative and staff workspace
- Secure storage for confidential documents and evidence
- All spaces must be physically accessible and designed according to child-friendly principles

Operational requirements include:

- Formal agreements with courts, police, social services, and healthcare providers in the region
- Clear protocols for case referral and information sharing
- Established training and supervision arrangements for all professional staff

- Regular connection with the Zagreb hub for quality assurance and professional development
- Documentation and data management systems compatible with national standards
- Child participation mechanisms for service evaluation and improvement

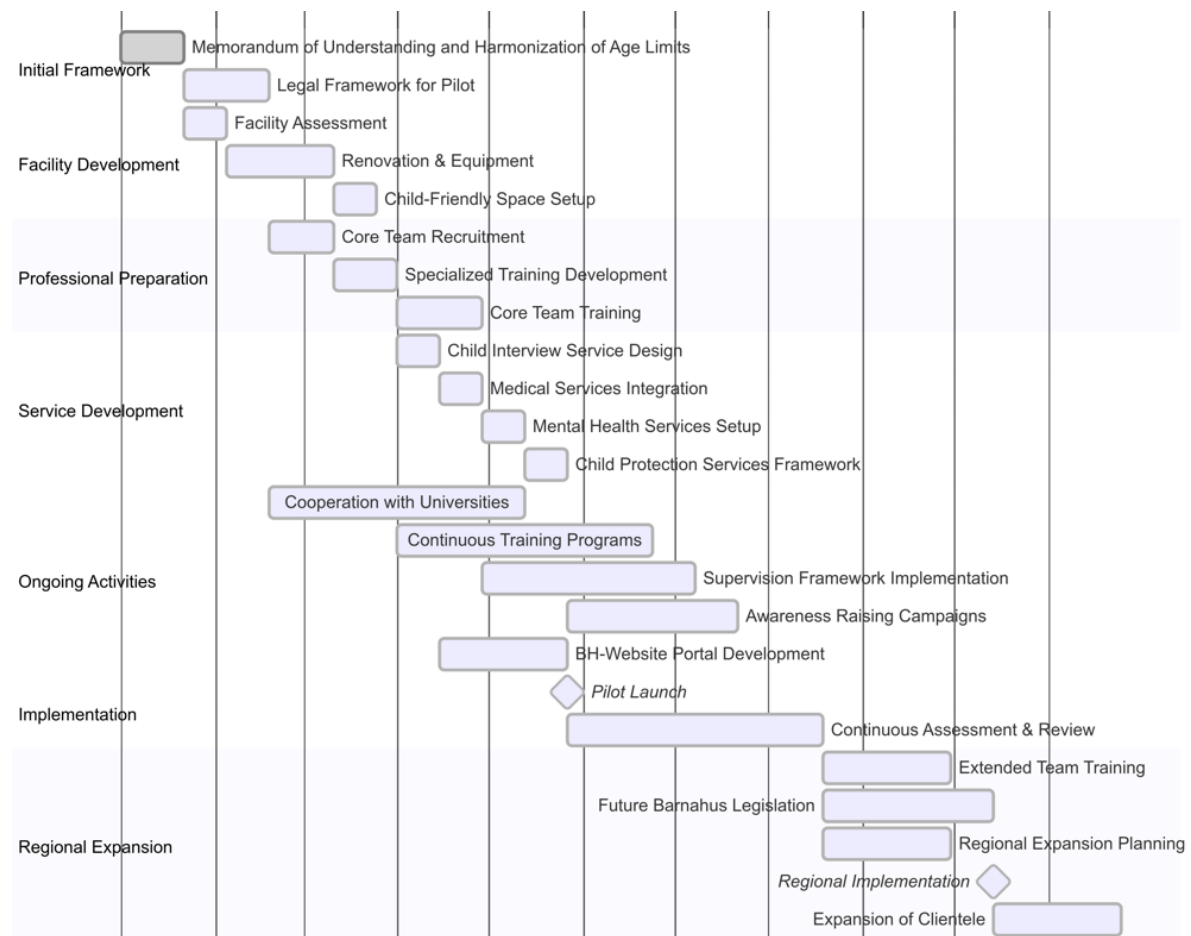
## Expansion of Clientele

The initial implementation of the Barnahus model in Croatia will focus on serving child victims of sexual violence below the age of 16 with the possibility of examining victims up to 18 years of age if necessary. As the model becomes established and operational capacities develop, a phased expansion of clientele should be considered. This expansion should be guided by clear criteria and careful planning to ensure service quality is maintained. The Advisory Group in close cooperation with the MoJPADT should establish formal referral criteria that consider: age ranges (potentially extending services to all children under 18 as advocated by the Ombudsperson for Children); types of cases beyond sexual violence (such as physical abuse, exposure to domestic violence, and human trafficking); the status of children involved (expanding from victims to also include witnesses and juvenile suspects when appropriate); and specific provisions for vulnerable groups with developmental or psychiatric needs who may require additional accommodations. Decisions regarding expansion should be based on data collected during the pilot phase, including service capacity analysis, outcome evaluations, and consultation with relevant stakeholders. Each expansion phase should be accompanied by appropriate training for staff, adaptation of facilities if required, and revision of interagency protocols to ensure all children receive services tailored to their specific needs while maintaining the core principles of the Barnahus model.

## Cost Structure Analysis for the Expansion

The cost structure for expanding Barnahus beyond the Zagreb pilot unit will be informed by both the pilot's outcomes and the specific needs of each satellite location. While the basic cost elements remain similar to those of the pilot unit, the scale and configuration of each facility will need to be tailored to local circumstances. Population density and geographic distribution will significantly influence case volumes – with Zagreb handling larger numbers compared to rural areas – directly affecting staffing and facility requirements. Satellite units will operate with smaller core teams of interviewers, family workers, and therapists, rather than the full coordination structure of the Central Hub in Zagreb. The scope of services at each location will also vary based on existing local resources; consultations have revealed that rural areas, which often lack child and family intervention services, may need to incorporate more comprehensive therapeutic services on-site. This variation in service provision across locations underscores the importance of using pilot phase assessments to determine the optimal structure for each satellite unit.

Figure 2. Gantt chart for implementation



## 8. Appendices

### Appendix 1. Review and synthesis of documents and consultations

Challenges identified in the **legal analysis** include all four Barnahus rooms (child protection, criminal justice, physical wellbeing, mental wellbeing) and the authors stress that especially an empathic encounter with the child, interviews with children utilising an evidence-based protocol, without undue delays and a limited number of interviews, and the provision of care and support are key. Systematic monitoring is important, a critical challenge to consider is the differing needs of rural vs. urban communities, and even though inter-agency cooperation is mandated, it is poorly implemented. The authors conclude that successful implementation "... hinges on bridging the gap between policy and practice" and that this can be achieved "... [by] enhancing inter-agency coordination, ensuring nationwide access to child protection services, and involving children in the process."

The **training gap analysis** likewise concludes that it is of critical importance to foster empathetic and respectful interactions when working with child victims and witnesses, and that the main challenges include weak intersectional connectivity and lack of coordination. "Improved collaboration and mutual respect between experts from various sectors are essential to ensure a comprehensive and integrated approach to child protection." The authors summarise that the main "training gaps primarily stem from the lack of comprehensive and sustained programmes, inadequate evaluation frameworks, and insufficient monitoring across all levels of prevention efforts." and their recommendations highlight the need for sustained collaboration between stakeholders and the introduction of specialised protocols (NICHHD) and training programmes.

An **initial consultation meeting was held with the authors of the Roadmap and representatives of the Council of Europe (CoE)**. It was agreed that the Roadmap would at least include short- and long-term priorities, the risks associated with implementation, and mitigation strategies for said risks. Discussions also covered unresolved issues such as whether pre-trial interviews with children conducted by the police could be used as evidence in court and whether the initial implementation should begin with one pilot unit or five sites.

The **second consultation was held with the Ministry of Justice, Public Administration and Digital Transformation (MoJPADT)**. Discussions centred on defining the future Barnahus model, including the type of entity it would be, who would work there, the premises needed, and the role of the Child and Youth protection centre in Zagreb in providing their expertise for the Barnahus. The Child and Youth protection centre had offered its expertise in these areas, and the MoJPADT welcomed their support. Regarding the cost structure analysis, it was agreed that while exact expenses were not required, identifying the key elements of expenditure would guide the MoJPADT's budget planning.

The **third consultation was held with the team that had authored the legal analysis**. Previous projects that had not succeeded were discussed in an effort to learn from them. The Ministry of the Interior's (MoI) substantial investment in police training for forensic interviewing was highlighted as a valuable resource to build upon. Legislative changes to use police interviews as evidence in court were recognised as complex and not feasible in the early stages. The initial focus of the Barnahus should be child victims of sexual violence, but could be planned to be expanded later on (e.g., to physical abuse and also youth perpetrators).

Planned services include interviews, treatment, training, and the availability of an on-call doctor.

The **fourth consultation was held with the team that had authored the training gap analysis**. The need for a coordinated approach to education and training was recognised and it was proposed that the Barnahus act as a knowledge hub. It was discussed how to utilise existing expertise, especially that of the expert assistants and the Child and Youth protection centre in Zagreb. Ensuring meaningful child participation at every stage was emphasised, with particular focus on involving children who have direct experience with the judicial and administrative system. This participation process should be carefully coordinated to gather valuable input from children whose experiences can directly inform service development, while the Network of Young Advisors established under the Ombudsperson for Children might serve as an additional resource. Supervision and training gaps were identified as priorities, with the recommendation to formalise training requirements in the Barnahus legislation. The importance of aligning research and practice was also underscored.

The **in-person meeting in Helsinki** in conjunction with the Croatian delegation's study visit to the Forensic psychology unit for children and adolescents focused on the implementation model. A proposal was made to establish a central hub with three satellite units. Participants agreed to include a risk assessment for implementation in the Roadmap. Several questions were raised for further exploration, including the number of police reports per area of child sexual violence, the proportion of acute versus historical cases, and whether the police currently use the NICHD protocol in their interviews.

The **Ministry of Interior's (Mol) written consultation response** demonstrated substantial existing capacity for supporting Barnahus implementation in Croatia. Their infrastructure includes 148 stationary and 145 portable audio-video recording sets, with 60 police stations already equipped with child-friendly interview rooms. The police have invested significantly in professional development, with 348 youth police officers trained in specialised child interviewing techniques in accordance with the PEACE-model and international standards. Notably, the Mol expressed willingness for certified officers to undergo additional Barnahus-specific training to ensure full alignment with the model.

Analysis of case distribution across Croatia's 20 police administrations revealed significant regional variations. Zagreb, Koprivnica-Križevci, and Split-Dalmatia regions show the highest concentration of cases (with 151, 128, and 111 offenses respectively), while regions like Dubrovnik-Neretva and Požega-Slavonia report much lower numbers (11 and 12 offenses). This pattern generally correlates with population density, though some regions show notable differences between the number of offenses and victims. This distribution suggests that Barnahus implementation should consider a hub-and-spoke model, with larger facilities in high-volume regions while ensuring accessibility for areas with fewer cases.

Mol notes that Article 292 of the Criminal Procedure Act currently requires investigating judges to conduct evidential interviews, preventing police interviews from being used as evidence. The Ministry suggests that amendments to the Law on Juvenile Courts could provide a legal basis for using properly conducted police interviews as evidence, which would support Barnahus principles of minimising repeated interviews.

The **fifth consultation was held with personnel at the Child and Youth Protection Centre of Zagreb**. The discussion revealed the centre's extensive expertise in child mental health care and protection, with a focus on working with children at risk of abuse, trauma, and high-conflict situations. The centre currently operates as a multidisciplinary health care institution that provides forensic interviews, counselling, and support for children and families, though

their interviews cannot be directly used as evidence in court. They highlighted key challenges in implementing the Barnahus model, including judicial reluctance to accept interviews carried out by the centre or the police as evidence, the lengthy legal process, and the need for improved inter-agency coordination.

The centre emphasised the importance of training professionals across multiple sectors, including medical doctors, police, and experts involved in the courts, to better recognise and respond to child abuse. They proposed mitigation strategies such as forming a unified climate with shared goals, conducting multidisciplinary roundtables, and raising awareness for child sexual violence and the Barnahus model. Several possible connections at the university were identified during the discussion that could collaborate on researching different functions and methods used at the Barnahus to ensure the models sustainability and evidence-based development. Brave Phone was highlighted as an NGO that can be useful during the Barnahus implementation process. The centre's existing strong connections with stakeholders, extensive experience in child trauma, and interest from local universities in researching child abuse provide a solid foundation for developing the Barnahus model in Croatia. After the consultation a written response was also received from the director of the Centre on the state of expertise and training available for doctors to do medical examinations in cases of suspected child abuse. The main observation being that expertise is scarce and training is needed for the doctors performing the examinations on a variety of topics including working with children, carrying out forensic examinations of children of suspected sexual violence, and child sexual violence more generally.

**The sixth consultation was prefaced by written responses by two expert assistants (a third response was obtained after the consultation)** on the expert assistants' role, the process of preparing and interviewing the child and challenges faced in their work. In the consultation with one of the experts, the written answers were elaborated upon. Croatian expert assistants, predominantly social pedagogues and social workers, play a critical role in interviewing child witnesses while minimising further trauma during legal proceedings. Their process involves a meticulous preparation phase approximately 10 days before the evidentiary hearing, where they meet the child to establish trust, explain court procedures, and assess the child's developmental level without discussing the suspected criminal act. The delay between the interview carried out by the police and the evidentiary hearing varies but is normally somewhere around 1-3 months long. In exceptional cases the delay can even be up to one or two years. Preparing the child for the interview, and the interview itself follows the stages of the NICHD protocol.

The expert assistants face significant challenges, including a lack of national coordination, limited ongoing training, and a lack of supervision. Most are trained professionals with backgrounds in social pedagogy, but they struggle with systemic issues like shorter practical training for new generations, low salaries, and an emotionally tasking job. The field suffers from an outflow of professionals due to the psychologically demanding nature of the work and inadequate recognition. To address these challenges, they advocate for standardised procedures, mandatory education for all court participants, systematic basic and continuous training, and better integration of academic research with practical applications. The expert assistants also highlighted the need for multidisciplinary and inter-agency cooperation and clear shared aim for all involved parties.

**A seventh consultation was held 31.1.2025 with Alma Bernat from the Ministry of Labour, Pension, Family and Social Policy** on the workings of child protection services in Croatia. Bernat highlighted several challenges in the current child protection system in Croatia. A key issue is the flow of information during criminal investigations, where child protective

services (CPS) often lack updates after the initial phase, complicated by heavy caseloads for social workers. The system operates on two levels of support measures, with notable regional disparities in service availability - particularly between Zagreb and rural areas. During the criminal investigation CPS must coordinate with both criminal and family courts while considering the needs of the entire family unit. The discussion emphasised the need for enhanced training on Barnahus principles, child sexual violence and child interviewing for all social workers and suggested that placing a dedicated social worker at Barnahus could improve information coordination between criminal investigations and child protective services. Additionally, the potential role of Barnahus in providing supervision and support for less experienced CPS workers was highlighted as an important consideration for implementation.

An **eight consultation was held 10.2.2025 with Professor Miroslav Rajter** (Department of Research Methodology in Social Work and Social Policy, University of Zagreb). The meeting began with an overview of the Barnahus-project, discussing its focus on evidence-based practices in child interviewing and trauma therapy, as well as the importance of connecting academic expertise with practical implementation of Barnahus services. The discussion covered training components and quality assurance measures across all four rooms of Barnahus.

Professor Rajter's input was particularly valuable, drawing from his experience in related projects. He highlighted his involvement in two significant previous initiatives: a 2014 project focusing on inter-agency cooperation and information triangulation, and the recent Euro-CAN-project examining multi-sectoral responses to child abuse across Europe. A third relevant project mentioned, was the ACTION Coordinated Response to Child Abuse & Neglect via Minimum Data Set, outlining a coordinated model for gathering data on child abuse in Europe.

Importantly, professor Rajter emphasised the need to avoid past pitfalls he observed at the Child Protection Centre, where valuable data went unanalysed due to resource constraints. He strongly advocated for early researcher involvement in planning data collection, analysis, and ethical considerations. Regarding potential challenges, Miroslav pondered at least three areas: securing adequate research funding (suggesting this component be firmly embedded in initial planning), managing time constraints for Barnahus staff participating in research activities, and establishing effective centralised data sharing systems.

The **ninth consultation was held 14.2.2025 with Professor Gordana Kerestes** (Professor in Developmental Psychology, University of Zagreb) and **Professor Linda Rajhvajn Bulat** (Professor at the Department of Social Work, Faculty of Law, University of Zagreb). The project was presented, including its main goals and current status. Both professors expressed interest in the project but requested additional information about its timeline and previous research in the field before committing to participation. They also suggested contacting a fourth researcher who has experience with similar studies. The professors noted the value of including researchers at this early planning stage, as it would facilitate more effective and rewarding research implementation in the future.

**On 20 February 2025, the Project Advisory Group convened via Zoom** to review the first draft of the roadmap and cost structure analysis, and the Memorandum of Understanding. Most stakeholders supported establishing four Barnahus units, with the MoJPADT acknowledging four units as the ultimate target while proposing a pragmatic approach due to resource constraints: launching a pilot unit in Zagreb, with phased expansion following initial evaluation. The meeting highlighted a strong commitment to a coordinated, multi-agency model, with the Zagreb Barnahus hub serving as the central coordination point. Discussions

centred on defining the primary target group, with varying stakeholder perspectives on age, crime type, and vulnerable victim categories. It was suggested to initially focus on child sexual abuse victims, with potential future expansion to broader groups.

Key operational considerations included the potential for mobile teams to reach children in remote areas or with special needs, and the capability to include participants in child interviews via video-link. Medical examination protocols were discussed, distinguishing between urgent cases (to be handled in hospitals) and non-urgent examinations (conducted in Barnahus units). A critical limitation was identified by the Ministry of Health, which confirmed the absence of specialisation in paediatric and adolescent gynaecology – a significant gap in current medical training. Participants in the meeting were given an opportunity to provide written comments on the first draft within a week. Readers are referred to the full meeting minutes by the CoE for a more detailed account of the discussions.

## Appendix 2. IT- and recording-equipment list used by Barnahus Ljubljana

### AVK equipment list

#### Meeting room:

- SHURE MX412D/C, "goosneck" (for audio communication between Meeting room and Control room).
- TV screen.
- JBL PSB-1/230, soundbar.
- Program (PC version) for communication between PC and tablet.
- TG LAB.GRUPPEN LUCIA 120/2, amplifier, 2×60W.
- BIAMP CM1008, white ceiling speaker (2 pcs).
- PC computer.
- Polycom camera and codec G7500.

#### Interview room:

- PANASONIC AW-UE50WEJ, camera 4K PTZ.
- PANASONIC AW-UE4WG, camera 4K wide angle.
- LENOVO Tab M10 HD G2, Tablet.
- SHURE MX202W-A/N, microphone.
- SHURE R183W-A, capsule for microphone.
- ART PHANTOM2PRO.

#### Control room:

- BLACK MAGIC Video Assist 7" 3G, portable screen/recorder 7".
- HEDBOX RP-NPF770, battery for screen.
- BLACK MAGIC ATEM Mini Pro, HDMI.
- BLACK MAGIC CONVCMIC/HS03G/WPSU, adapter HDMI to SDI.
- BLACK MAGIC CONVCMIC/SH03G/WPSU, adapter SDI to HDMI (2 pcs).

- ATEN VS182A HDMI ½.
- ATEN VS184A HDMI ¼.
- SOUNDRAFT Notepad-8FX, 8-canal audio mix table.
- JBL 104SET-BTW, set of desktop speakers.
- SHURE SRH440A-EFS, professional audio headphones.
- SHURE P300-IMX, multifunctional digital audio processor with Dante interface.
- SHURE ANI22-XLR, audio signal converter - analog input-Dante-analog output.
- TP-LINK TL-SG1008MP POE+, network switch.
- TP-LINK TL-SG1008MP POE+, network switch.
- TENDA TEF1106-4-63W, PoE switch.
- DIGITUS DS-40133, digital to analog audio converter (2 pcs).

Server room:

- SYNOLOGY DiskStation DS1821+, disk station.
- SEAGATE IRONWOLF ST8000VN004, hard drive for disk station (8 pcs).

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# Appendix 3. Scope, content, learning outcomes, and evaluation for the Finnish training on investigative child interviewing

## Scope

In 2025 the training takes place over an eleven-month period at the Police Academy in Tampere. It includes 16 face-to-face training days and independent studies, and encompasses a total of 136 hours of training, consisting of 80 hours of seminars, 20 hours of supervision, and 36 hours of independent studies, including 24 hours reserved for a final assignment (thesis). The training is delivered through a series of lectures and seminars, independent studies, reading of course material, small group discussions, familiarisation with case examples, giving and receiving peer feedback, supervision, and the completion of a final assignment.

The training is intended for police officers who investigate crimes against children and health care professionals and for healthcare professionals who provide official assistance to the police in investigating crimes against children (i.e., those in Finland that do the forensic child interviewing). Applicants must be working in the field of investigating offences against children.

## Content

The training gives police officers the skills to act as investigators in child crime investigations. The training will equip social and healthcare professionals to support the investigation of child abuse. Students will receive a certificate of completion of the training. The training corresponds to level 6 of the National Qualifications Framework (EQF level 6, higher education level).

Core content include:

- NICHD protocol training, use of the semi-structured child interview form
- Consideration of developmental and interactional aspects and suggestibility in interview situations
- Multi-disciplinary, inter-agency cooperation and approaches to investigating suspicion of child abuse
- Specificities of the pre-trial investigation of crimes against children
- Legislation relating to offences against children
- Forensic psychological assessments
- Maintaining one's professional skills and well-being

## Learning outcomes

A number of learning outcomes are set for the training. After the training the participants:

- Can reliably conduct interviews with children in pre-trial hearings in accordance with current guidelines, laws, scientific knowledge and national methods

- Recognise and be able to take into account specific situations and phenomena relating to interviewing children (e.g., custody disputes, developmental disorders, traumatisation)
- Be able to work in the multidisciplinary cooperation between authorities required for child criminal investigations, recognising the roles of the different stakeholders
- Be able to constructively evaluate their own and others' child interviews, with a focus on working in pairs and developing professional skills
- Be able to carry out forensic psychological assessments of children in accordance with their professional role, including assessing children's ability to partake in a forensic interview and assessing their veracity
- Be able to use a variety of methods to regulate psychological stress and care for their mental wellbeing at work

## Evaluation

The trainee is able to work in accordance with the learning outcomes and has successfully completed the required tasks included in the course. It is required that the trainee has attended and participated in the teaching and supervision days and has completed the independent study assignments and final assignment.

## Requirements for passing

- The trainee has reliably completed at least one interview with a child using the NICHD protocol
- The trainee has constructively evaluated his or her own and others' child interviews
- The trainee has participated in the teaching and supervision days
- The trainee has successfully completed the final assignment
- The trainee has completed the other independent assignments given in the course, based on separately give instructions

## Grounds for failing

- The trainee has not successfully completed the required tasks of the course
- The trainee has not participated in the teaching and supervision days
- The student has not successfully completed the final assignment

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