

**Norwegian parents' experiences, and professional responses, when a child has sexually
abused another child.**

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A thesis submitted for the degree of Professional Doctorate in Advanced Practice and
Research: Systemic Psychotherapy

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Date of submission for examination October 2025

Acknowledgements

I am grateful to have the opportunity to thank all those who have contributed to the completion of this research. The journey has been both challenging and rewarding, and I would never have arrived at this point without the academic and personal support that has been provided.

First and foremost, I would like to thank my main supervisor, Britt Krause, for invaluable support, academic supervision and inspiration. Your knowledge, patience and engagement have been essential to get me over the finish line. I would also like to thank my assistant supervisor, Lennart Lorås, for being there and for constant reassurance throughout the process. I would also like to thank Eva Mørch for her expert supervision and useful suggestions around harmful sexual behaviour. Your expertise has contributed to strengthening the quality of my work.

I would like to thank all the participants for their essential contribution: without you the project would not have been possible.

I would like to thank my employer at the *Barnahus* in Bergen for giving me the opportunity to carry out this doctoral work, through adjustments to my working situation and not least through their constant support.

Finally, I would like to send a warm thankyou to my family and my friends for their patience, understanding and encouragement over the years. A particular thanks to Ole, Tine, Synnøve and Martin for unconditional love and support, and not least my five grandchildren, Herman, Nikoline, Ole Nikolai, Hennie and Hedvig. You have been my biggest source of motivation.

To all of you, I am eternally grateful!

Abstract

This study uses a systemic perspective to investigate the experiences of families after the disclosure of harmful sexual behaviour in children and adolescents.

Qualitative methods are used, including field notes from ethnographic observations at one of Norway's *Barnahus*, semi-structured interviews with six parents, and focus groups with seven professionals from the Police, Child Protection Services, and *Barnahus* respectively.

The parents in the study had all experienced that their child was reported to the police on suspicion of having committed harmful sexual behaviour towards other children. The aim of the research was to further our knowledge regarding how parents experience and manage the situation when their child has committed harmful sexual behaviour, as well as to investigate how the various agencies involved can support them in the best possible way.

Reflexive Thematic Analysis was the chosen method of analysis. The findings show that the parents experienced disempowerment, fear and helplessness when dealing with the police, something which they also experienced as leading to negative responses from society, and which in turn reinforced experiences of shame and isolation. In addition, it also emerged that parents often experienced insufficient support and follow up from Child Protection Services and *Barnahus*, particularly regarding the relational and social consequences of harmful sexual behaviour, and that there still exist deep-seated and rigid attitudes in Norwegian society when it comes to dealing with sexuality, independent of the child's age, functioning or care situation.

The research points out the need to challenge ingrained and hidden mechanisms to support children and families in the best possible way, and there is a need for changes in both values and political priorities in a Norwegian context.

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Chapter 1.0 - Introduction to the study

For the past 13 years, I have worked as a senior advisor/family therapist at one of Norway's *Barnahus* Centres, which are a part of the Norwegian police service. Late one afternoon about ten years ago, I received a telephone call from a worried and desperate mother. Her son, a 13-year-old boy, was suspected of having committed harmful sexual behaviour towards a girl who was five years younger than him. He had been questioned by the police, and they had informed the mother of the possibility of contacting *Barnahus* for further help. The child victim had also been questioned by the police at the *Barnahus* and was the son of her ex-husband's new partner. After a long and emotional telephone call we agreed that she could come and talk to me a few days later.

I had mainly worked as a family therapist with children and adolescents with status as a victim or a witness to violence and/or sexual abuse and their family, and I never met those who had status as suspects in a criminal case. It was a new perspective for me, causing feelings of professional uncertainty; at the same time, I now see that this phone call was the starting point of a long-term commitment to the group of children and adolescents who have committed harmful sexual behaviour (HSB) as well as their families. Allerdyce and Yates (2018) highlight that professionals can often experience strong anxiety when dealing with such cases, while children who have committed HSB, and their families, are often characterized by feelings of shame and stigma. The authors emphasize the importance of acknowledging that these persons first and foremost are children.

In the course of my work over many years with children who have committed HSB and their family, I have experienced that parents react very differently. Some seem mainly characterized by shock, denial, shame and guilt, while others express anger, desperation, or become defensive. At the same time, most of the parents I have met have shown openness

and a willingness to cooperate even though the situation has been difficult, and my experience is that it is extremely important that professionals meet them with respect, understanding and a non-judgmental manner. This is essential to get into a position where we can help these families, and with a view to prevention, thereby stopping further acts of HSB in our society. Therefore, we need further insight into the experiences of parents as well as their needs for support at the level of the family, the local community and the wider society. The aim of this project is to seek a more thorough understanding and knowledge about how professionals can support parents to take the best possible care of themselves and their family when it has been discovered that one of their children has committed harmful sexual behaviour, approaching these issues using a systemic perspective.

1.1 Systemic perspective

This study takes a systemic perspective as its starting point. Grounded in the theories of Gregory Bateson, a systemic perspective emphasizes that behaviour must be understood in light of the relations and forms of communication in the system it is a part of, which means looking at families, social networks and society as inter-related wholes, where each part influences and is influenced by the others, and where meaning is created through interaction (Bateson, 2000). Within this perspective Paul Watzlawick argues that communication includes all behaviour in interaction between people, and it is impossible not to communicate. A systemic approach thus emphasizes wholeness, connections and mutual influence in human interaction, and small changes one place in the system can lead to big changes elsewhere in the system (Watzlawick et al., 1967). Based on Bateson (2000), communication can be understood as a multi-level process in which the message is conveyed both as content and as a relationship. The content shows what is said, while the relationship level expresses how the message should be interpreted, including through emotions, tone of voice and body language.

In addition, communication has consequences for the recipient's behaviour, in that it affects how the message is perceived and how the recipient responds.

When dealing with HSB, the experiences of parents should not therefore be seen in isolation but in relation to the rest of the family, the support systems involved and wider society; behaviour and identity are developed in interaction with other people, through our language, actions and the responses of those around us. Jensen and Ulleberg (2017) point out that we must move away from trying to understand people individually and in isolation and towards understanding people as agents, particularly regarding language, and that using a systemic approach allows us to understand and deal with situations in a more comprehensive way. A systemic perspective thus highlights how communication, relationships and context shape both the understanding of the event and the further consequences after the discovery of harmful sexual behaviour in children and adolescents.

1.2 The aim of the research

The aim of the research is to gain knowledge about how parents experience and deal with the situation when their child has committed HSB, and to investigate how support services can provide the best possible help. To explore these issues, I developed the following research question:

How do harmful sexual behaviour of children, and professional responses to it, affect families in Norway?

The following sub-questions were also formulated:

1. What experiences do the parents describe? 2. What help and support have they received/been offered? 3. What experiences and reflections are described by professionals?

1.3 Definition of harmful sexual behaviour

In this field of study in Norway we rely upon the British definition of HSB: “Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult” (Hackett, 2014, as cited in NSPCC, 2019, p.13). As I see it, we must place this definition within a contextual frame which takes into consideration social and cultural factors.

1.4 Use of concepts and role clarification

Harmful sexual behaviour, harmful sexual behaviour which has been committed/perpetrated and the short form *HSB* are all used interchangeably in this thesis, referring to the same thing. *Sexual act* and *sexual behaviour* are used interchangeably and refer to the same thing in this context. *Suspected children* are used when a child has been reported to the police. *Children, children and adolescents, children and young persons* and *young persons* are used interchangeably, referring to the same thing. *Barnahus* and *Barnahus Centres* are used interchangeably and refer to the same thing. I could have used HSB throughout, but the occasional use of harmful sexual behaviour provides increased readability.

The police who participate in the focus group often work at the *Barnahus*. The police who the families refer to in the interviews work operationally/at the front.

1.5 The structure of the thesis

The thesis is divided into seven parts. The first chapter is an introduction to the thesis with a description of the aims of the thesis and the research question. In the second chapter, the reader is informed about the research-based understanding of HSB in a Norwegian context. The third chapter presents relevant literature which discusses the perspectives of parents and

professionals after the disclosure of harmful sexual behaviour in children and young persons.

In the fourth chapter, the methodology used in the thesis is explained, and the fifth chapter refers to the findings of the study. The sixth chapter is concerned with discussion, and the seventh chapter provides a conclusion.

Chapter 2.0 - HSB in a Norwegian context

In my view, it is necessary to understand HSB in a Norwegian context, as attitudes towards children's sexuality, as well as interventions, prevention and terminology, are embedded in legal, professional and cultural factors. In this thesis, I contrast Norway with other Scandinavian countries, the UK and Ireland, both in reviews of studies and in the thesis generally. In this chapter, I will describe the Norwegian context in which the research has been carried out.

2.1 From being secret, to being recognized – a journey in modern times

Araji (1997) notes that when a child commits sexual abuse, this is not a sign that society is falling apart, but rather a reminder that this is a phenomenon that has always occurred in all societies. Ericsson (2013) discusses the reports of official inquiries into abuse and neglect in Norwegian child welfare homes, special schools and similar institutions in the twentieth century, and she looks closer at changing views of sexual abuse and children's sexuality. She writes that in these reports a tendency emerged to minimize the problems associated with child sexuality, and that sexual risk related to children was not regarded as threatening to society, something which may have hindered the uncovering of abuse. She writes that knowledge existed that sexual abuse against children did occur, but it was not placed on the public agenda before the beginning of the 1980's. Ericsson points out further that there was a lack of Norwegian research on young sexual offenders before a self-report study in Norway from Mossige & Stefansen (2007) showed that the most typical victim/perpetrator combination was that a girl of 10-14 years was abused by a boy of 15-19 years (Ericsson, 2013, p.62). In addition, she refers to Kruse (2011), an official Norwegian report

commissioned in 2011 looking at current knowledge on children who commit sexual abuse (Kruse, 2011, as referred in Ericsson, 2013, p.62). Ericsson concludes by asking the following question: can we support both the child victim and the child perpetrator of abuse, or will the tensions between these two perspectives be oversimplified as “the sexually aware child as an evil perpetrator on the one hand and the innocent child as a victim under threat on the other?” (Ericsson, 2013, p.64).

Ericsson (2021) has also written an article which looks historically at frameworks of understanding and practice within the Norwegian Child Protection Services when dealing with problematic sexuality, and various dilemmas they experience when they encounter children and adolescents who commit HSB. The author noted that earlier, at the start of the 1900’s, it was girls who were viewed as posing a sexual threat to society, which involved “sex trafficking, the spread of sexually transmitted diseases, having children outside marriage, being a burden on society, seducing married men and destroying families. Institutions for girls can thus be seen as having a role in the protection of society” (Ericsson, 1997, as cited in Ericsson, 2021, p.240). She further observed that this was not a special view carried by the Child Protection Services, but a more general cultural view, in which behavioural problems in boys related to sexuality were not central. From the 1980’s, a transformation took place, resulting in women more often being seen as victims rather than perpetrators, something which influenced the perspective of Child Protection Services in their work. According to the author, in the period when focus was directed at the problematic sexuality of girls, a lot happened in welfare homes which involved boys, and in the early 2000’s an historical investigation was carried out into several children’s welfare homes in Norway. In this investigation, it emerged that there was a high prevalence of HSB committed by children in these homes towards other children, most often younger children who lived in the same home. Ericsson summarizes by saying that the sexuality of boys has historically

been somewhat outside the field of vision of Child Protection Services, only recently coming onto their agenda. This has led to many new and challenging questions, such as what is regarded as problematic and harmful sexual behaviour and what guides the understanding of those working in Child Protection Services, and other services, when it comes to HSB? The author concluded that it is important that victims are taken seriously, but that workers in Child Protection Services also have a responsibility to help children who commit HSB (Ericsson, 2021).

Over the last two decades, research work related to this target group gradually increased in scope and significance in Norway. *Ressursenheten V27* [Resource unit] was established in the early 2000's as a part of *Barne- og ungdomspsykiatrien* [Child and Adolescent Mental Health Services (CAMHS)], an out-patient clinic at Betanien hospital in Bergen focussing particularly on children and adolescents who have committed problematic or harmful sexual behaviour. The unit has carried out groundbreaking work aimed at this target group and the professional community in Norway still relies on their ongoing work. In a national Norwegian 'improvement plan' focussing on violence and abuse it was emphasized that children and adolescents who commit sexual abuse should have a guarantee of follow up and support (*Opptappingsplan mot vold og overgrep, 2017-2021*).

Shortly after, a report was published entitled "Behandlingstilbudet til barn og unge med problematisk eller skadelig seksuell atferd" [Current treatments for children and adolescents with problematic or harmful sexual behaviour], which provided an overview of knowledge and experience from the Nordic countries of Norway, Denmark, Sweden, Finland and Iceland, as well as the UK. In addition, the report provides suggestions for how to organize the work, spanning all of Norway (Askeland et al., 2017). In 2018, the report "Tverretatlig samarbeid om barn og unge med problematisk eller skadelig seksuell atferd" [Multi agency cooperation for children and adolescents with problematic or harmful sexual behaviour] was

released, and with this attention was directed at the work of local services working with this target group (Vorland et al., 2018).

In recent years, several professional networks have been established with a view to improving competence and the availability of qualified help to professionals and families who are dealing with harmful sexual abuse. The *RVTS* [Regional resource centres for psychological traumas and suicide prevention] and the resource unit *V27* have an important role in the development of this field in Norway. Also, a national project organised by *Helsedirektoratet* [Norwegian Directorate of Health] has been established across several sectors, including directorate for children, youth and family affairs, directorate of justice and directorate education and others, with the aim of improving interdisciplinary cooperation, as well as how to prioritize and adapt measures relating to the target group. The project is ongoing, and no official report is currently available.

In addition, doctoral dissertations have been written focussing on concepts, characteristics and evaluation in a Norwegian context (Jensen, 2023), and supporting teachers in their capacity to both prevent and deal with harmful sexual behaviour in a school setting through multi-agency cooperation (Draugedalen, 2023). Further Norwegian literature is available focussing on treatment, the school setting and restorative work, and there are master's theses, reports and net-based resources all directed at this group.

2.2 The *Barnahus* setting – children as suspects

The first Norwegian *Barnahus* Centre started up in 2007, and in 2025 there are 12 in total, including one in each police district in Norway and two subdivisions, geographically distributed across the country. *Barnahus* Centres in Norway are organized as part of the

Politidirektoratet [National Police Directorate]. The *Barnahus* model is organized as regional multidisciplinary centres, where all aspects of work with cases involving violence or abuse committed against children or highly vulnerable adults is carried out. In 2015, it was legally regulated that the police should use a *Barnahus* Centre in these cases (Forskrift om tilrettelagt avhør [Legal Regulation on Police Questioning of Vulnerable Groups], 2015).

The model uses the principle of ‘one door in’, which means that the child or the vulnerable adult can meet all relevant professionals at one *Barnahus* Centre. There are two main groups of professionals who work at *Barnahus*. The first group consists of professionals who are employed at the centres and have responsibility as child experts linked to the cases. This group includes health and social workers, where many have relevant further training, as well as psychologists. The other group consists of external agencies or persons who participate in connection with specific cases. Among these are specially trained investigators from the police who carry out child questioning, social paediatricians who carry out medical examinations, dentists who carry out examinations of oral health, and workers from *barneverntjenesten* [Child Protection Services] when these are involved in the case (Bakketeig et al., 2021, p. 22).

Øverlien et al. (2024) investigates the experiences of young persons who have been the victim of sexual violence, as well as young persons who have perpetrated sexual violence. The authors point out that Norwegian law provides children and adolescents with a special protection against sexual abuse, and it also states that children under the age of 16 are not considered capable of consent in relation to sexual acts. The protection of children under the age of 14 is considered absolute, regardless of their role in the sexual act, where responsibility is placed singularly with the eldest person. However, the law does allow for dropping charges in cases where there has been sexual experimentation among equal parties.

Child suspects do not come within the Norwegian Legal regulation for questioning of vulnerable groups (2015), something which *Barnahus* have been working to alter over the last decade. In the last two years, guidelines have been issued from the national Police Directorate in 2024, and from the *Riksadvokaten* [Director of Public Prosecutions] in 2023, regarding the best way to approach the issue of child suspects in Norway, and which also signal a wish to protect the rights of children and comply with international agreements.

The United Nations convention on the rights of the child points out that children in trouble with the law are given special protection under article 40. No. 1 (Barnekonvensjonen [The convention on the Rights of the child], 2020). It is pointed out that the duty to treat children with respect and dignity also involves a duty to ensure that treatment of children in the legal system takes the child's age into consideration, as well as the need for reintegration into society to continue their development. At the current time, the questioning of children and adolescents by the police mainly takes place at a *Barnahus* Centre.

In Norway, the age of consent (to sexual activity) is 16 years, and the age of criminal responsibility is 15 years, while at the same time a child under 15 years can be investigated if they have carried out an act which otherwise would have been punishable by law. When children under 15 years commit criminal acts, the prosecution could refer the case to the local Child Protection Services. Studies suggest however that it is only in the most serious cases that children are referred, so that cases involving children under the age of criminal responsibility are mostly dropped without further follow up (*Riksrevisjonen* [National Audit Office of Norway], 2024-2025). Øverlien et al. refers to SBB [Statistics Norway], and in Norway 456 persons between 15-17 years were accused of sexual offences in 2021, and in 2022 the figure was 384 (SSB, 2023, as referred in Øverlien et al., 2024, p.47).

In many cases sexual violence and associated offences are not reported to the police, and there has been increased attention on the challenges relating to how the police and the legal system deal with such cases (NOU 2024:4, as cited in Øverlien et al., 2024). In a recent report from the National Audit Office of Norway, it is stated that the police have a duty to prioritize the investigation of cases where the suspect is under 18 years. However, the combination of a continuous and challenging resource situation, combined with a marked increase in the number of such cases, has resulted in strains on capacity. In 2023, nearly all police districts in Norway reported low or critically low investigation capacity, both generally and within the prioritized case areas (*Riksrevisjonen*, 2024 -2025).

To join the police in Norway, a three-year bachelor's degree is required in police training from the *Politihøgskolen* [Norwegian Police University College]. Most will specialize further after graduation within their main field of work, e.g., the questioning of children and young persons, where a new professional development programme has recently been established, which is based, among other things, on a case review that was completed in 2022. A critical analysis was carried out of the criminal case documents relating to a case in 1994, where a 5-year-old girl named Silje was killed. After just one day, the police declared that the case was 'solved', and that it had been her playmates of 4, 5 and 6 years of age who had caused her death. After the review, the author wrote "it is my clear view that manipulative methods of questioning, focussing on eliciting a confession, have created a situation where there is an overhanging danger of false confessions (Rachlew, 2022, p.8).

The *Norsk lov om barnevern* [Norwegian Child Welfare Act] of 2023 provides a clear mandate for the child welfare service to safeguard both the vulnerable child and the child who has engaged in harmful sexual behaviour, cf. Section 1-3 of the Child Welfare Act on the best interests of the child. The Act is intended to ensure that children and young people who live in conditions that can harm their health and development receive the necessary help,

care and protection at the right time. It will also help children to be met with security, love and understanding, and to ensure that they have good and safe conditions for growing up. Those who work directly with families in Child Protection Services in Norway have at least three years training at bachelor's level (or higher) in health and social care.

2.3 The child within the family

According to Inges and Kleive (2011), most children and young persons who commit sexual abuse in Norway have a background with risk factors. Jensen et al. (2016) carried out a study in which they looked closer at the characteristics of children and adolescents in Norway who commit harmful sexual behaviour, and the study showed that young boys who commit sexual abuse often come from families at risk and have difficulties in several areas. The data was collected from journals in the period 2004-2013. All the included children had been patients at the V27 out-patient clinic. The sample consisted of 56 boys with an average age of 14.1 years at the time of their first contact with V27. The majority were Norwegian born and lived with at least one biological parent. By the end of the study, there was a small increase in the number who had been placed in a foster home or a welfare home. The support provided by guardians and parents varied widely, and many families had a need for comprehensive help. Over half of the children functioned cognitively under average, and most of them had a worrying level of social functioning or were socially isolated. Several had experienced physical, psychological or sexual trauma. The average age for the initial abuse was 13.2 years, and the majority had started before the age of 15 years. Most had acted alone, often towards younger girls. The abuse had taken place mainly in or close to the perpetrators home. The relationship to the victim was usually within the family or the local community. The abuse was usually of a serious sexual nature (Jensen et al., 2016, pp.370-372). Even though a

significant proportion of children who commit HSB have documented risk factors, there are still some children in this group who lack any identifiable risk. These children seem to function normally in relation to most developmental areas and belong to families with socio-economic resources, and typically their behaviour can be more difficult to discover and to understand (Andersen, 2025).

Askeland (2017) points out the importance of a thorough assessment to identify and fully understand the needs of the individual child or adolescent, including psychosocial functioning, causal factors underlying the behaviour, the child's life situation, available resources, strengths and protective factors. Such an assessment aims to interpret the child's behaviour considering the environmental and cultural context of which it is a part. Jensen (2023) emphasizes the importance of a comprehensive approach, where attention is directed at primary carers, siblings, the wider family and other arenas which the child is a part of. Øverlien et al. point out that HSB is perpetrated both on digital platforms as well as physically, and the young person's themselves describe challenges relating to low self-esteem, relationship problems and the problematic use of pornography (Øverlien et al., 2024). A Norwegian study has shown that half of Norwegian 13-18-year-olds have viewed pornography online. The proportion increases with age and is significantly higher among boys than girls (Barn og Medier [Children and media], 2020).

The World Health Organization (WHO) definition of sexuality is important, and helps to place harmful sexual behaviour in a wider perspective of understanding:

‘Sexuality is an integral part of every person's personality, whether man, woman or child. Sexuality is a basic need and constitutes an essential aspect of being human, which cannot and should not be separated from other aspects of human life. Sexuality is not the same as intercourse or the ability to achieve sexual orgasm; neither is it the

sum of the erotic parts of our lives. These things can be a part of our sexuality but are not essential aspects. Sexuality encompasses much more: it is present in the energy which drives us to seek love, contact, warmth and closeness to others, it is expressed in our feelings, our bodily movements, how we affect others and how others affect us. Sexuality is about humans as sensual beings as well as sexual beings. In sum, sexuality affects our thoughts, feelings, behaviours and our interactions with other people [WHO, as quoted in rvts-helsesykepleier.no part 1.1]

In this definition, it is emphasized that sexuality is also an important part of children's lives, not just adults, and that it drives many aspects of human life, including love, contact, warmth and closeness to others.

2.4 Social and cultural aspects

In a Norwegian societal context, in which openness, equality and the rights of the child are valued, HSB can generate strong reactions and considerable attention (Øverlien et al., 2024), and typically the responses seen in society involve issues of stigma, power and taboo, which influence at many levels, both in relation to the victim, the perpetrator and their families.

Goffman (2019) described stigma as a characteristic of a person which strongly deviates from the norms in a society leading to a loss of social status, something which can spread further to family, friends and colleagues of the stigmatized person, which he refers to as a 'courtesy stigma'.

Foucault (1988) claimed that "Unlike other interdictions, sexual interdictions are constantly connected with the obligation to tell the truth about oneself" (Foucault, 1988, p.18).

Foucault is also later quoted by Hall (1997):

Truth isn't outside power [...] Truth is a thing of this world; it is produced only by virtue of multiple forms of constraint. And it includes regular effects of power. Each society has a regime of truth, its 'general politics' of truth; that is, the type of discourse which it accepts and makes function as true, the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned ... the status of those who are charged with saying what counts as true (Foucault, 1980, as quoted in Hall, 1997, p.77).

Foucault's reflections on truth as a product of power and social practices provides a useful perspective on how the disclosure of HSB is understood and regulated in a society, and he also made clear that "No power is practiced without a number of motives and aims [...]. Neither the class, which is in power, the groups which control the state machinery, or the persons who make the most important economic decisions, control the entire network of power which functions in a society [...]" (Foucault, 1999, p.106).

Kjersti Thorbjørnsrud, researcher at the Institute for Social Research in Norway, has written a chronicle for the Norwegian newspaper *Morgenbladet* (2024) in which she asks the question whether we have sufficient focus on the legal rights of young men in Norway. In the chronicle she refers to a young man of 22 who has been found guilty of the rape of a sleeping victim resulting in sexual intercourse; he was accused of using the hand of the victim, while she was sleeping, for sexual gratification. He received an immediate prison sentence.

Thorbjørnsrud notes that current law, based on changes between 2000 and 2010, does not give room for alternative punishments, something that otherwise is common when young people have committed a crime. She further writes that the current law has received a lot of criticism from legal representatives, who have pointed out, for example, that it does not distinguish between the severity of various sexual acts. Thorbjørnsrud makes it clear that while she understands the motivation behind the changes in the law, she feels that they break

with basic principles such as the idea of proportionate punishment and the possibility of rehabilitation for the person who has broken the law (Thorbjørnsrud, 2024).

Foucault (1988) studied how people construct themselves as subjects and focussed among other things on technologies relating to power and the self. *Technologies of power*, including ‘disciplinary technologies’, refers to how persons are formed through social structures, social rules and norms, control and surveillance; *technologies of the self*-refers to how the individual works with him or herself to form identity, ethics and lifestyle. Foucault’s concepts concerning technologies of power and the self can shed light on how children and adolescents who commit HSB, and their families, are regulated by society’s disciplinary structures through various measures, diagnoses and control, and at the same time are expected to reflect over and change themselves and their family.

In 2021, a study was carried out which investigated the attitudes of Norwegian prison officer students towards sexual offenders. The study showed that over the course of their studies the students developed less punitively orientated attitudes related to sentencing and sanctions. At the same time, their attitudes regarding risk remained unchanged, and their tendency to support stereotyped views about persons convicted for such offenses increased (Friestad et al., 2021). This cast some light on how attitudes towards sexual offenses are developed and maintained and has relevance for the understanding of how society deals with children and adolescents who commit HSB.

Bourdieu (1980) developed the concept of *habitus* to explain how our attitudes, habits, preferences and ways of being are formed in the social environments we grow up in and participate in. He described how social institutions, such as the family, though appearing as ‘natural’, are in fact socially constructed and are a result of symbolic power and habitus. The

concept provides a useful framework to understand how attitudes and behaviour, including HSB, are formed in social contexts over time. Some of these, if not all, are outside awareness.

In Norway, as elsewhere, taboo issues are often met with silence, avoidance and tacit knowledge/beliefs. This means that socially sensitive themes are often not regulated by laws but by unspoken norms and feelings of displeasure (Gullestad, 2002).

As a professional person, I feel as strong commitment to children and adolescents who have committed HSB, as well as their families, and strive to meet them with understanding and professionalism. Through my experiences in the field, I have become increasingly aware of how power, language and taboos affect both the understanding and treatment of the children and their families. At the same time, my understanding of how I am a part of and am affected by the Norwegian context has developed, and I can see more clearly how this influences my values and decision-making, both personally and professionally.

Chapter 3.0 - Literature review

3.1 Introduction

The aim of this literature review is to provide an overview of what previous research tells us about the experiences of parents and the responses of professionals when a child has committed harmful sexual behaviour (HSB). The studies I have included as central will be presented from two different perspectives: the experiences of parents and the responses of professionals. I have included relevant studies between 2015 and 2025.

3.2 Search strategy

Aveyard (2014) writes that the inclusion and exclusion criteria define the range of studies of a systematic literature review.

The inclusion criteria for this study are as follows: studies in the period 2015-2025 from Scandinavia (defined as the countries Denmark, Norway and Sweden), the UK and Ireland. Scandinavia is included as these countries have close geographical, political and cultural ties. The UK and Ireland are included as the Norwegian professional community mostly bases its work with children and adolescents who have committed harmful sexual behaviour (HSB) on knowledge developed in the UK, as well as on Ireland's increased focus on the area (Reynolds, 2023). I chose the period 2015-2025 to acquire an up to date and relevant knowledge base which reflects recent research, developments in practice and changes in wider society related to this field.

The exclusion criteria for this study are as follows: meta-studies, review (a review was described as a systematic analysis of studies), books, treatment programmes, assessment

tools, conditions such as neurodevelopmental disorders and developmental delay, and studies looking at schools or other institutions as these were not my area of focus. In addition, foster homes were excluded as only biological parents had consented to participate in my study.

In selecting the literature, I have prioritized, wherever possible, research that is inspired by a systemic approach. The main reason for this is that a systemic perspective provides a holistic understanding of harmful sexual behaviour in children, considering the individual's in the relation to family, professionals and wider environment. Systemic research emphasizes interactions, relationships and context, which are essential for understanding how behaviour is shaped. This is different than an individual perspective because an individual perspective would seek the causes and the maintenance of sexual behaviour in a child as an individual issue, which can only be corrected by correcting or treating the child.

Databases which were used:

Psychology databases: APA PsycINFO; PEP archive; Psychology and Behavioural Sciences Collection; APA PsycArticles; APA PsycExtra.

Social care and Sociology databases: SocINDEX with Full Text.

Education databases: Education Source; ERIC; Oria (Norwegian studies); Google Scholar.

Aveyard (2014) points out that to acquire the best possible answer to the research question; a systematic and open search method must be used. Search words used during the process were:

<p>What are the experiences of parents of children who have committed HSB?</p> <p>Search combinations:</p>	<p>How do professionals understand and reflect on the issues when working with families?</p>
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1. Experiences AND Parents AND Harmful Sexual Behaviour	10. Reflections AND Professionals AND Harmful Sexual Behaviour
2. Harmful Sexual Behaviour OR Children OR Parents	11. Harmful Sexual Behaviour AND Children AND Professionals
3. Experiences AND Parents AND Sexual Abuse	12. Harmful Sexual Behaviour OR Children OR Professionals
4. Research AND Parents AND Experiences AND Harmful Sexual Behaviour	13. Research AND Professionals AND Reflections AND Harmful Sexual Behaviour
5. Parents AND Sexual Offend	14. Research AND Professionals AND Experiences AND Harmful Sexual Behaviour
6. Parents AND Experiences AND Sexual Offend	15. Harmful Sexual Behaviour AND Children AND Professionals AND UK and Ireland
7. Qualitative AND Research AND Parents AND Harmful Sexual Behaviour	16. Qualitative AND Research AND Professionals AND Harmful Sexual Behaviour
8. Quantitative AND Research AND Parent AND Harmful Sexual Behaviour	17. Quantitative AND Research AND Professionals AND Harmful Sexual Behaviour
9. Experiences AND Parents AND Child Sexual Abuse	18. Experiences AND Professionals AND Child Sexual Abuse

In addition, reference lists from identified articles were investigated, and throughout the entire process I engaged in discussions with colleagues and other professionals.

When the literature search was completed, I carried out a selection of studies, which meant deciding which studies to include and which studies to exclude. Selection was carried out by reading abstracts and summaries of articles and doctoral theses, and this resulted in 18 studies in total. I read all of these studies, and after a new selection process using the above-mentioned criteria, I was left with a final list of five studies concerning the experiences of parents and five studies focussing on the responses of professionals after the disclosure of HSB, the aim being to identify relevant and solid research which could shed light on the issue of how parents and professionals deal with HSB. The selection is not exhaustive but is an informed choice in terms of both theory and research strategy, has relevance for the current research questions and is methodologically sound (Aveyard, 2014).

3.3 Strengths of the study

The three Scandinavian countries have similar welfare models, systems for Child Protection Services, legal frameworks and professional disciplinary approaches in the case of children and adolescents who find themselves in stressful life circumstances. Askeland et al. (2017) writes that there are similarities across the Scandinavian countries in the way that issues related to HSB in children and adolescents are approached, and they note that the UK has invested much effort in services and professional training in this area, providing valuable insights for professionals working in Norway, both in terms of theory and methods of approach. Experiences from these countries highlight issues and practices which are relevant and transferrable to a Norwegian context. In addition, the review of studies is limited to the

last ten years, which is a strength as this includes only newer research, recent developments in practice and current trends in society. This provides a strong position for identifying gaps in our knowledge and what is needed of further research in a Norwegian context.

3.4 Weaknesses of the study

As the literature review includes only studies from Scandinavia, the UK and Ireland, this may lead to certain types of bias in the understanding of the subject matter. The Scandinavian countries have relatively similar welfare models and professional frameworks, so it is possible that cultural, legal and other systemic features unique to other countries, especially outside Europe, could have provided other perspectives on parents' experiences and professional reflections, thereby providing a wider understanding. Mead (1928), in her book *Coming of age in Samoa*, described a culture in which mutual sexual exploration was understood from both a ritualistic and developmental perspective. We must consider that social norms in Samoa regarding ritual sexual exploration will have changed over time, and equally that only limited investigations of cultural differences can be made based on the criteria from my study.

In addition, the exclusion of English-speaking areas such as North America and Australia may have limited the access to relevant information, while the countries included are to a certain degree similar in terms of culture, geography, legal and other structural systems, particularly in the case of the Scandinavian countries. The age of criminal responsibility is different in several of the included countries, something which can affect how the behaviour is understood, regulated and described in research and practice. Jensen (2025) writes that the age of criminal responsibility is 10 years old in England and Wales, 12 years old in Scotland

and Ireland, and 15 years old in the Scandinavian countries. At the same time, all the included countries have special arrangements for the punishment of children and young persons, such as in England and Wales where the absolute lowest age of criminal responsibility is 10 years, but there is a differentiated system beyond this, where young persons between 10-17 years are treated differently to adults in the criminal justice system, both in terms of the legal process and methods of custody (Reian, 2023).

Furthermore, limiting the inclusion of studies to the last ten years can also involve certain weaknesses, particularly when it comes to understanding of the development of the field or providing deeper insights into phenomena which may be addressed in a limited way in newer research.

3.5 Review of studies of parents' experiences

Westergren et al. (2023, pp.343-358): Living through the experience of sibling sexual abuse: parents' perspectives

In a Swedish context, Westergren et al. studied the unique experiences of parents when it had been disclosed that their child had committed repeated HSB towards siblings. Five parents, four biological parents and one stepparent, were recruited from therapists who worked in specialist services for children who had committed HSB, both out-patient clinics and institutional settings. There were three mothers and two fathers. All the children who had committed sibling incest were under 15 years old. Two of them were between 7-10 years, and three between 11-14 years. The affected siblings were two girls between 4-6 years and three boys between 7-10 years. The authors write that weaknesses of the study include the small sample of five participants and the fact that the children were not included.

The interviews were conducted using a semi-structured interview guide. The interviews were arranged so that the participants could tell their stories as freely and comfortably as possible, and the focus was not on the actual abuse. All three authors had experience with social work and guidance, and two of the three had clinical experience from working with children and adolescents who had committed HSB, experience which they regarded as an advantage in the interview situation.

The study used a systemic approach, in which the focus is directed towards the dynamics of relations, the context in which the communication takes place, and the mutual effects on relations resulting from interactions (Johnsen & Torsteinsson, 2012). Interpretative Phenomenological Analysis (IPA) was used in the study, and according to the authors a small number of participants and a relatively homogenous group is preferable when using this method, allowing the phenomenon to be studied. They write:

IPA is idiographic and “wants to know in detail what the experience for the person is like, what sense this particular person is making of what is happening to them” (Smith et al., 2009, p.3). In addition, IPA is phenomenological as it is concerned with lived experience as well as interpretative as the analysis goes deeper than the person’s statements and expressions (Smith et al., 2009, as cited in Westergren et al., 2023, p.346).

Four themes were identified:

1. Parenting insecurity and new parental challenges (Westergren et al., 2023, p.348). In this theme, the authors describe new and difficult challenges for the parents after the disclosure of HSB, as the parents had to manage and take care of the family’s emotional reactions after disclosure and, not least, ensure the protection of all the children. *2. Family – the loss of the family as a unit and the family as you knew it* (Westergren et al., 2023, p.350). Here, the authors describe how parents must acquire new skills in their role as parents, as changes

occur in the family system linked to the person who has committed HSB, the victim of the abuse, siblings who were not abused, as well as to the wider family system, where they use example situations such as holidays and special occasions where grandparents can be strongly affected by the events. 3. *The couple's life – the loss of the love relationship and the fight for keeping the bond* (Westergren, 2023, p.352). Here, the authors cite how the parents' personal lives and the relationship between the parents almost disappear or must be down prioritized as child protection and the welfare of the children must be foremost. 4. *Adaption – a new way forward* (Westergren, 2023, p.352). The fourth theme includes the parents' positive experiences associated with increased feelings of closeness between family members and the development of the children's ability to deal with emotional and relational issues after the disclosure of sibling incest. One of the examples they refer to is where both the abused child and the abuser seek out more physical proximity with the parents in the aftermath of disclosure, which they experienced as a positive change.

This study addresses sibling incest and has provided insight into parents' descriptions of the challenges of the immediate and wider family after the disclosure of intra-familial abuse. Typically, extra-familial HSB seems to have different characteristics, often leading to stronger reactions from the local community and not subject to the same 'secretiveness' which sibling incest often is. This was the only Scandinavian study which was concerned with the perspectives of parents. The authors used interviews of parents as a method of data collection. In my view, the inclusion of an ethnographic study as well as interviews of both parents and professionals would have led to greater insights into the daily lives and practices of parents and professionals after disclosure. IPA was the chosen method in this study. Using Reflexive Thematic Analysis (RTA) would possibly have enabled the identification of patterns across the participants' experiences, something that could have been useful and

shown us how individual statements are connected in a wider context (Braun and Clark, 2022).

Reynolds (2023): “Suffering in silence”: A Foucauldian discourse analysis to explore the parental experiences of having a child who has sexually harmed another child in an Irish context

In his qualitative study, Reynolds explored the experiences of parents who have a child that has harmed another child sexually in an Irish context. The study used a systemic approach and was designed within a paradigm of social constructivism and critical realism. Reynolds carried out five ethnographic observations in parent groups and interviewed six parents who were recruited through a public initiative to provide support to children and parents in cases where the child had committed HSB. Recruitment to the study requested of parents to take part in both ethnographic observations and interviews. Five women and one man consented to be interviewed, and they participated in the groups that were observed. The study included an analysis from sections of the Irish printed media, to understand how the phenomenon of harmful sexual behaviour (HSB) is constructed through these media. Six articles were reviewed in this part of the study.

The data were analysed using Foucauldian Discourse Analysis (FDA), which the author describe as a framework for analysing how language, knowledge and power are interrelated.

Four themes were identified from the interviews:

1. *“Ssshhuuuusssh – let’s not talk about it”* (Reynolds, 2023, p.58). The author describes how across all the parent interviews it emerged that they wished to keep a secret of the disclosure of HSB, sometimes from family members, sometimes from those outside the family and sometimes both. The parents tied this to wanting to protect their child.
2. *Parental guilt – taking responsibility for their child’s transgression* (Reynold’s, 2023, p.62).

According to the author, this theme related to the parents' descriptions of feeling to blame for or feeling responsible for the events. 3. *Perceptions of children as adults* (Reynolds, 2023, p. 66). The author noted that most parents described their child's sexual behaviour in the same way as if an adult had carried it out. 4. *Love and understanding shows the way* (Reynolds, 2023, p.69). The author observed: "Post all HSB becoming known, all the parents described identifying responses that included love and understanding in addition to anger, shock etc."

From the review of the media, two themes were identified: 1. *Children who engage in HSB as criminals* (Reynolds, 2023, p.74). 2. *Digital immigrants. Parents, technology and HSB* (Reynolds, 2023, p.78).

The study focussed on parents using data collection methods such as interview and ethnographic field study within a systemic approach. Reynolds looked closer at parents of children who have committed HSB, as well as discourses in society based upon descriptions by the media with a view to understanding the construction of the phenomenon. The study was less focussed on the perspective of professionals based on their own experiences and reflections from working with the families after disclosure. Compared to Westergren (2023), Reynolds' study includes to a greater degree attitudes and reactions at a societal level. Both articles focused on the experiences of parents after the disclosure of HSB using interviews. Reynolds also carried out ethnography through which he observed and came close to the parents, could feel their emotion and was able to have personal experience of being in their place in the moment as much as possible, whereas IPA relies on what persons say in words. And then there is the power aspect and the wider context which Reynolds had insight into. I would say that while the IPA study relied on a limited amount of data, Reynolds used two approaches to understand the predicament of the parents and their societal context better, through greater presence to what he was studying.

Archer et al. (2020, pp.363-366): Parents perspectives on the parent-child relationship following their child's engagement in harmful sexual behaviour

Archer et al.'s study focussed on parents' perspectives on the parent-child relationship after the child had committed harmful sexual behaviour in a British context. The authors wrote that the aim of the study was to provide a stronger knowledge foundation so that professionals can help and support parents to take care of their child and meet their needs in the best possible way.

This is a qualitative study, and semi-structured interviews were carried out with six biological parents who had recently participated in follow-up support in the aftermath of the disclosure of HSB. Foster parents were excluded from participation. Five mothers and one father were interviewed. The involved children who had committed HSB were boys between 9 and 16 years of age. The first author is a professional psychologist and was responsible for carrying out the interviews. The authors noted that one limitation of the study was that all participants were recruited through interventions already in place for the target group; the only participants they could reach were those that were aware of existing support measures.

Data was analysed using Interpretative Phenomenological Analysis (IPA), and according to Archer et al. the sample was of an appropriate size for the use of this analysis method where depth is prioritized over breadth. Four main themes were identified:

1. *Feelings evoked: "It's disturbing to be honest"* (Archer et al., 2020, p.363). The authors observed that all participants expressed that the phase immediately after disclosure was extremely demanding, and they described a wide range of feelings that arose at this time.
2. *Searching for meaning: "Where is this coming from?"* (Archer et al., 2020, p.363). This referred to the parents' need to understand what had happened.
3. *Child's identity as fragmented: "You never knew what you got"* (Archer et al., 2020, p.364). The authors discuss

here the parents' experiences of seeing their child in a fragmented way after disclosure and they offered an example where there was ambivalence between 'the guilty one' and 'their kind little boy'. 4. *Wanting distance: "I just couldn't bear to be around him"* (Archer et al., 2020, p.365). Here, the authors noted that parents withdrew from their child, both emotionally and physically, after the disclosure of HSB.

Archer et al.'s study directs the attention to the relational implications for the family, but the study did not focus on the consequences at the level of communities or wider society, or the experiences and reflections of professionals when meeting families after disclosure.

Furthermore, only biological parents were included which may lead to the loss of valuable information by excluding foster parents. Archer et al. used interview in their data collection, but I suggest it would have been useful to carry out an ethnographic study together with the parents in their follow-up work with professionals, something which may have provided the authors with a greater degree of understanding of contextual factors affecting parents and professionals, as well as a greater opportunity for the authors to make use of their own reflexivity. The authors used the analysis method IPA, as in the study by Westergren et al. (2023), and again this provided them with insight into the experiences of individual parents, whereas ethnography would have provided access to another kind of depth, especially within a systemic frame in which we consider that relationships and context have a formative impact on individual persons.

Hackett et al. (2015, pp.243-254): Community reactions to young people who have sexually abused and their families: "A shotgun blast, not a rifle shot"

In this study Hackett et al. explored the reactions of local communities to young persons who have sexually abused and their families in a British context, and I have included the study

here to highlight the reactions in society towards children who have committed HSB as well as to their families.

Data on 117 young sexual abusers were examined to investigate the nature of community response to HSB. This study contrasted with the other included studies as the number of participants is larger and based on data. The authors themselves described the study as a qualitative study based upon reports from nine separate treatment facilities, they were a part of in the period 1992-2000. They wrote that there are three main limitations of the study: First, case files are written from a particular standpoint and cannot represent an objective reality. Thus, secondly, it may well have been more young people experienced negative reactions than were reported in the files. The third limitation concerns the time period covered by the files. Some files covered a period of a few weeks, whereas others covered many years of interventions (Hackett et al. 2015, p.251).

The authors read the data of the 117 files and made detailed notes. These notes were then analysed using standard qualitative thematic analysis (TA) through which five main themes were identified:

1. *The contagion of community responses* (Hackett et al., 2015, p.247). The authors noted that 21 of the young persons had experiences of negative responses from the local community after the abuse had become known, they felt stigmatized, and a significant ‘contagion effect’ was present in all these cases.
2. *Courtesy stigma* (Hackett et al., 2015, p.248). The authors referred to how nine young persons described that a family member had experienced stigma or been discriminated because of having a child or a sibling that had committed HSB. For example, several of the families had been forced to move because of the events.
3. *Information leakage* (Hackett et al., 2015, p.248). The authors point out that it is of interest to know who has leaked the information; in four of the cases, it was the mother of the injured

party who revealed information to others, in one case it was the police, and in three cases it was the social services (who revealed information without consent). 4. *Impact of community reactions on young people* (Hackett et al., 2015, p.249). The authors described that the negative responses from the local community resulted in negative consequences for the young persons who had committed HSB. Some became frightened and paranoid in relation to the reactions of others, and withdrawal became a strategy they used. 5. *Longer term consequences for young people* (Hackett et al., 2015, p.249). The authors referred her to the fact that nine of the young persons had experienced long term consequences, for example not being able to get a job several years after the abuse had taken place.

This study included experiences written in reports by professionals, and therefore the data is not first-hand information, and it contrasts with the other studies in this literature review in that it includes many 'participants.' The data in the study derived from a time-period in the past not considered in the other studies, and this may be a weakness, though the article is published within the time-period for inclusion and discussed in the light of newer and relevant literature. The study also contrasts with the other included studies in that it examines the field from a different perspective, which in my view enriches the review. The study does not use a systemic approach but looks at a broader sociological perspective. As I see it, it would have been of great value if interviews with the families and the professionals had been carried out, providing more authentic and valid first-hand information. In addition, an ethnographic study with the professionals and families would have provided important insights and a possibility of coming closer to the objects of study. The authors use TA, where themes are considered as findings in the data, and TA can be regarded as a forerunner to RTA, where the themes are understood as patterns of meaning across the data (Braun & Clark, 2022).

Ward (2023, pp.1616-1623): A parent's experience working with professionals following disclosure of sibling sexual abuse/trauma

Ward's article discussed a parent's experiences working together with professionals after the uncovering of sexual abuse involving siblings in British context. Ward, the author of this article, is the mother of the abused girl and the stepmother of the boy who has committed sexual abuse towards his younger half-sister. He is the son of her husband and lived together with his biological mother when the abuse was disclosed. Ward described how they had a good life prior to the disclosure, with secure finances, good jobs and a normal family life. The mother worked part-time in the field of mental health. Ward referred to failures in follow-up from the public support systems in the initial phase, both to the child who had committed the sexual abuse, and to the victim of the abuse and them as a family. In the initial phase, they were aware of one sexual act committed against their daughter, and they informed the authorities and asked for help. They felt very alone and experienced poor access to information. They had to initiate contact with private treatment options, and as Ward explained, they were lucky to have the finances and resources to make this happen.

After two years, the daughter revealed that there had been multiple episodes of abuse prior to the first disclosure. They informed the authorities, which resulted in the stepson being reported to the police and having to move out of the mother's home to relatives who had no children. Ward experienced that they were excluded from the processes relating to the stepson, and that this led to an increased distance between them. In addition, Ward writes that the sexual abuse had several relational consequences for the family. A distance emerged between her daughter and her husband, with her daughter accusing her father since it was his son who had committed the abuse. Additionally, Ward and her husband experienced problems in their marriage and as noted above there was minimal contact with the stepson. As a result, they contacted a specialist who could help the family. After a long period, a

social worker from the local authority contacted them and offered help. They refused this, which the social worker fully understood. In her concluding comments, Ward offered several suggestions for parents and professionals based on her own experiences.

The article is included here as it provides valuable information from a parent's viewpoint after the disclosure of HSB, and it touch upon HSB from an intra-familial perspective as in Westergren et al. (2023). Ward's article is based upon a biographical narrative and the researcher's proximity to the study is quite unique. It also provides a useful supplement to the range of included studies; because of the way it combines both the personal and professional perspectives of the author.

3.6 Summary of reviewed literature - parents' experiences

The studies which are included in this section of the review have a qualitative design and build upon interviews with parents, observations of ongoing cases, data from conversations with parents, and a parent's experiences communicated through article writing. The important issues which emerge are the immediate reactions to disclosure, changes in family relationships, social isolation and stigma, the need for support versus the lack of available help, and the long-term consequences for the family. In their study, Westergren et al. (2023) provided descriptions by parents of the challenges arising in both the immediate and wider family after the disclosure of sibling incest. Reynolds (2023) explored the experiences of parents when their child had harmed another child sexually and discourses in society which can be seen in Irish media on this subject. Archer et al. (2020) focussed on the parental perspective on the parent-child relation after the child had committed HSB. Hackett et al. (2015) explored the reactions of local society towards young persons who have committed

sexual abuse as well as reactions towards their families, and Ward (2023) shared her personal experiences after the uncovering of intra-familial sexual abuse in her own family. In most of the above studies, interviews were carried out with parents, except for Hackett et al. (2023) who used reports based on information from the families, and Ward (2023) who shared her own experiences.

The studies show that families are hit hard by HSB, and that disclosure sets in motion difficult processes carrying emotional, practical and relational consequences, both internally for the family concerned but also at a societal level. In other words, these studies agree that a gap exists between the actual need for help and support and that which is made available by the professional support systems. Against this background, there seems to be a clear need to include the responses of professionals in further work and research in this area, something Ward (2023) mentions in her article. In addition, I would argue that the use of ethnographic approaches, such as that used by Reynolds (2023), may be particularly useful, because these approaches provide a deeper understanding of the families, as well as the professionals who are in contact with them, who all relentlessly face these challenges from day-to-day.

In this literature review, I have paid particular attention to studies with a systemic approach, based on an understanding that attitudes and behaviours are formed in a complex interaction between social relations and dominant discourses in society, as the studies of Westergren et al. (2023), Reynolds (2023) and Archer (2020) point out. I chose to look closer at these studies, together with the remaining two, as there was a high degree of relevance when it came to the shared experiences of parents in the aftermath of disclosure, contextualized at a family, community and societal level. My review shows that there are several similarities across the different countries from which the studies originated: Sweden, the UK and Ireland, though it is also the case that Ireland has more religious elements compared to the more

secular countries of the UK and Sweden.

3.7 Review of studies of the responses of professionals when dealing with families

Heron and Black (2023, pp.2922-2939): The role of uncertainty in professionals thinking about children who harm other people

In the British context, Heron and Black investigated the uncertainty expressed by professionals when they discuss children who pose a serious threat in relation to harming others. The quality of this uncertainty is regarded as important when it comes to the successful management of extremely complex cases. Data was collected from a project in Scotland, which offered specialist mental health and social work services for children who had committed HSB, and in which these children were considered at risk of harming themselves. Meetings typically involved five to ten professionals, including three from the project, a social worker and a psychologist, and usually two or more professionals who had referred the case to the project (e.g., social worker, teacher, police, nurse etc.). The meetings lasted for about two hours and involved 75 professionals in total. A total of 207 meetings were carried out over a period of five years. The authors acknowledged that their study design had limitations related to the stages of identification and interpretation, during which possible errors could have arisen relating to the coding of ‘meaning’ and ‘intention’.

Discourse analysis was used to examine the data from 20 of the meetings, which were audio recorded. They found two main themes:

1. The domain of professional uncertainty (Heron and Black, 2023, p.2929). In relation to the child, most of the professional uncertainty was related to behaviour and feelings towards others, vulnerabilities and experiences of abuse, and relations to the family. Regarding the

family, the uncertainty was related to relations and abuse, for example physical abuse. When it came to the professionals, the uncertainty was related to other professionals or organisations, i.e., whether they carried out a good enough job in these cases. 2. *Linking the past, present and future* (Heron and Black, 2023, p.2932). Here the authors suggested that the child's experiences in the past influenced the uncertainty of professionals regarding the future. The authors concluded that there was a wide variation in the way that professionals expressed uncertainty, and in most meetings, uncertainty was not apparent to any great extent. Most of the uncertainty emerged in response to questions from other professionals, which could be regarded as a positive aspect of professional cooperation, to generate opportunities and ideas for the child's future based on their past or present. However, they also suggested that finding such a low level of expressed uncertainty in these complex cases is problematic, as it reflects limitations among professionals. The study referred to four factors which limited the way professionals expressed themselves: a lack of curiosity, incompetence, bureaucratic work processes, and systemic forms of pressure (Heron and Black, 2023, pp.2933-2934).

This qualitative study was aimed at exploring the uncertainty of professionals when dealing with children who are at risk of harming others. Uncertainty here should be regarded as a positive indicator of high professional standards. The article highlighted perspectives that are important for professionals to consider in relation to the families at an individual, family and societal level, as they are complex cases to deal with. demanding a reflexive and accessible practice. In their study, Heron and Black (2023) took audio recorded meetings with professionals, but in my view, it would have been an advantage to observe the participants in meetings to achieve even greater proximity to the objects of study. A further advantage could also come from interviewing the professionals in addition to the sound recordings, providing a possibility for them to reflect on their own observations. Discourse analysis is a method

described by Kvale and Brinkmann (2018) as an investigation of the interaction between people, was used. In my view, using RTA as a method of analysis could have created a wider range of patterns of meaning across the participants' experiences (Braun and Clark, 2022), though it is important to emphasize the power aspect, which is a positive gain from discourse analysis, also the FDA used by Reynolds (2023).

Yates (2020, pp.222-245): "It's just the abuse that needs to stop": Professionals' framing of sibling relationships in a Grounded Theory study of social worker decision making following sibling sexual behaviour

In a British context, Yates investigated the decision-making of social workers in cases which involve the sexual and/or violent behaviour of siblings, and he observes that the starting point for his study was that information relating to sibling incest is often ignored or minimized by professionals working in schools, health services and social work services. Yates wrote that it is a limitation of the study that only social workers were interviewed.

Yates' study is qualitative in design, and twenty-six semi-structured in-depth interviews were carried out, covering twenty-one cases which involved twenty-one families. In the chosen cases, only boys had been perpetrators, and the victims were biological full or half siblings, the majority of whom were boys. The author used Grounded Theory as a method of analysis. This method involves explaining processes and developing new theories through comparison of different shorter datasets. Burck (2005) notes that "...grounded theory has had a huge impact on qualitative research interviewing, with its notion of using the data analysis of the first interviews to modify the interview format in order to explore certain concepts in more depth" (Burck, 2005, p.244). Data was analysed using the NVivo10 program tools which

“...support qualitative and mixed methods research and organize and analyse unstructured information” <http://download.qsrinternational.com/Resource/NVivo10/nvivo10-overview.pdf>

Yates identified seven categories through his analysis:

1. *Sibling behaviours as non-abusive* (Yates, 2020, p.231). The author found that professionals were reluctant to describe behaviour between siblings in terms of abuse and presented an example in which physical violence committed by an elder sibling is talked about within a framework of equality. 2. *Differentiating normal from concerning sibling sexual behaviour* (Yates, 2020, p.232). The author identified here an underlying perspective in which the professionals differentiate sibling incest from normal sibling behaviour. 3. *Doubting what happened and resisting labelling the behaviour as abuse* (Yates, 2020, p. 232). Here, the author writes that even when they believed that the events may have happened, they were not seen as abusive. 4. *Looking for reasons* (Yates, 2020, p.233). The author highlighted here that professional explanations often included hypotheses that the perpetrators of abuse have themselves been traumatized or had other serious challenges in life. 5. *Requiring a second incident* (Yates, 2020, p.233). Here the author referred to the fact that professionals found it difficult to conclude a case of sibling incest based on one single incident. 6. *Focussing on safety* (Yates, 2020, p.234). The author highlighted here that the focus was on safety, rather than the emotional implications of abuse. 7. *Challenging the perspective of sibling abuse as non-abusive and of intrinsic value* (Yates, 2020, p. 236). The author referred here to challenges when decisions are made based upon intuitions and are not based on qualified and documented information.

The study emphasized that abuse between siblings is minimized by professionals, and that it is handled in a very different way to extra-familial cases of abuse. This study has explicit focus on the experiences of professionals and their attitudes when dealing with intra-familial

violence and sexual abuse, and it does not include an extra-familial perspective. Interviews were used as the data collection method, and many families were interviewed. The author pointed out that a weakness of the study was the fact that only social workers were interviewed, which indicates that the perspectives of other professionals may be useful, for example using ethnographic methods in which a range of professionals including social workers could have been interviewed. With respect to Grounded Theory (GT) Mitchell and Noble (2024) write that “one of the most important features of GT is the constant comparison of data, meaning that new data is compared with data previously collected to identify patterns and develop concepts” (Mitchell & Noble 2024, p.360). The method is contrasted with discourse analysis used by Heron and Black, in which investigations of the interaction between people, how the conversations are constructed and their effects on power relations are emphasized (Kvale & Brinkmann, 2018). The latter method may have given a deeper insight into what ‘lies behind’ the tendency of professionals to minimize abuse between siblings.

Øverli, I.T., Vorland, N., Kruse, A.E., Hjorthol, T., & Blix, I. (2018): “In the best interests of these children too”. Working with children and adolescents with problematic or harmful sexual behaviour in municipal Child Protection services

The main aim of this research project was to gain a better overview of “how employees in municipal Child Protection Services carry out their work when a child or adolescent shows signs of concerning sexual behaviour and how they assess whether it is age appropriate, problematic or harmful” (Øverli et al., 2018, p.9). This the only study which takes a developmental view whether it is ok for younger children to explore. The study was based on the use of three focus groups, in which all participants were employed in the Norwegian Child Protection Services and representing different disciplines. Each group consisted of

seven to nine participants. According to the authors, the method was used to gain insight into group interaction, to make available a lot of understanding in a short time, and to achieve the effect of sharing knowledge across different disciplines (Grøvdal et al., 2014, as cited in Øverli et al., 2018).

A Thematic Analysis (TA) was carried out, and the analysis arrived at five main themes, each with sub-themes at different levels which I have placed in parentheses below:

1. What characterizes problematic or harmful sexual behaviour? What is natural curiosity and what is abuse; are there any typical characteristics of children and adolescents who commit HSB; what are the causes of problematic or harmful sexual behaviour (can these be found in the child's family background for example)? (Øverli et al., 2018, pp.37-46). *2. How do Child Protection services get to know about HSB cases? HSB cases are rarely referred to Child Protection Services (due to lack of competence, fear of making a mistake, or because maintaining good relations with parents takes precedence); the need to build trust and good cooperation with referring services* (Øverli et al., 2018, pp.46-53). *3. How Child Protection Services try to establish what has happened in these cases. Knowledge about available tools which can aid conversations; assessment and uncovering of HSB; lack of competence about HSB and children's sexuality; what can have a detrimental effect on working well in these cases? (e.g., one's own hang-ups and limitations when talking about sexuality)* (Øverli et al., 2018, pp.54-63). *4. The responsibility of Child Protection services when dealing with the local community and parents. Advising parents, local communities, schools and nurseries when local services and the neighbourhood turn against the child (taking care of both the victims and perpetrators of harmful sexual behaviour); experience of placing children in emergency care homes, foster homes and welfare homes* (Øverli et al., 2018, pp.63-71). *5. Cooperation with the police and Barnahus. The need of Child Protection Services to discuss cases with the police; reporting children and young persons to the police (or keeping the case*

internal); Child Protection interventions prior to police questioning; the role and mandate of *Barnahus* in HSB cases; a shortage of treatment options for children and adolescents who commit HSB (Øverli et al., 2018, pp.71-85).

Øverli et al. looks at workers in Child Protection Services in a Norwegian context and examines closely their knowledge and experience in relation to children and adolescents who have committed HSB. This is relevant to the present study and highlights the need for further focus on this area across different professions and with parents in a Norwegian context.

Øverli et al. used focus group interviews in their study, “which is an appropriate method when we wish to investigate questions about common experiences or attitudes but is less suitable to illuminate individual stories or experiences which are private in nature” (Solbjør & Skolbekken, 2024, p.161). As I see it focus groups is a quick method to gather quite a lot of material but at the same it can be difficult to get professionals together. In addition, in these cases it would have been useful to know more about how parents experience cooperation with Child Protection Services after the disclosure of HSB, which the study does not focus on. The study was carried out in 2018, and therefore the TA does not include the reflexive aspect that modern RTA provides, with a greater opportunity for deeper analytical understanding (Braun & Clark, 2022).

Andersen, L.C. (2025): A new target group for Barnahus and possible challenges: vulnerable suspects in sexual offence cases and the non-vulnerable ‘normals’

Andersen has written a chapter in the book ‘Et voldsfelt i bevegelse’ [Advances in studies of violent behaviour], and the theme of this chapter is children who are suspects in sexual offence cases, as these children have become an important new target group for *Barnahus* in Norway. The author notes that the material includes an interview study with advisors from

Barnahus which was carried out in 2022, and which was part of a larger project. In the interviews, the advisors were asked about the characteristics of the young persons who had been interviewed as suspects in sexual offence cases. In addition, they were asked how they worked in such cases where young persons were suspected.

Andersen interviewed nine advisors from five *Barnahus* Centres via the digital platform *Teams*. Three of the interviews were carried out as group interviews, with 2-3 participants, and two advisors were interviewed individually. The analysis was based on the descriptions by advisors of young people suspected of HSB who have been questioned by police at a *Barnahus* Centre and “...is based upon characteristics of the adolescents, their situation and/or their social network and what kinds of sexual abuse they were suspected of having committed” (Andersen, 2023, p.126).

Andersen constructed four main groups which were assumed to have different requirements for support at both the *Barnahus* Centres and more generally in society (Hellevik et al., 2023, cited in Andersen, 2025). She described characteristics of the first three groups: 1. *Young persons with specific vulnerabilities*. 2. *Children with cognitive impairments and younger children*. 3. *Socially isolated children*. All three groups thus refer to vulnerabilities in the suspected child. Group 4 was the ‘*non-vulnerable normals*’. Andersen analysed this group more thoroughly, because there was a lack of known vulnerability factors. Some of the themes which arise in the last group were: children who explore sexuality in a complex modern culture; possible vulnerabilities associated with stigma after being identified as an abuser; these are all children who need support measures; advice to parents and school; a risk of seeing too much vulnerability and providing too much support (Andersen, 2025, pp.155-156).

I feel that the study has weaknesses in that it does not describe the analytical process thoroughly, but at the same time focusses on an important area: employees at *Barnahus*, their way of understanding and their way of working with the target group, in a Norwegian context. Yet it seems to me that the author makes no attempt to place the findings in a broader context, something that could have been useful to better understand how the different systems influence each other.

Melsom, T.M., Sørheim, B., Mentzoni, R., and Mørch, E. (2023): Therapists' thoughts on the restorative process when children and adolescents commit sexual abuse: a qualitative study

Melsom et al.'s study aimed to explore therapists' reflections on how a 'restorative process' method affects participating children after being the victim of, or after having committed, harmful sexual behaviour. This method they described as "...a structural form for restorative process where there are two parties, a child perpetrator and a child victim, who meet face to face in a supervised meeting with professionals present" (Melsom et al., 2023, p.545).

Melsom et al. notes that they used qualitative methods, with a hermeneutic-phenomenological approach. They recruited participants by contacting places of work which have contact with the target groups, victims and those who have committed HSB, mainly from Child and Adolescent Mental Health Services (CAMHS) and *Barnahus* Centres. Twelve therapists were interviewed, four men and eight women, and the interviews were semi-structured. In addition, 74 professionals responded to an electronic questionnaire about how they carried out a restorative process and what they thought about the outcome of the method. Thematic analysis (TA) was used, and the data programme NVivo was used in the coding process, in which they identified three main themes:

1. *How the participants can emerge stronger, looking at the thoughts of the informants on potential advantages of using the method* (Melsom et al., 2023, p.549). The authors present here two sub-themes: the possibility for processing and repair, and the individual as part of a larger system. 2. *How a restorative process can make matters worse, where the informants highlight possible unwanted/harmful consequences of the method* (Melsom et al., 2023, p.549). The authors referred to the following sub-themes: balance of power, subtle communication, and pressure to participate. 3. *Prerequisites for the meeting, in which the basis of successful use of a restorative process emerges* (Melsom et al., 2023, p.545). Sub-themes referred to here were preparations on the victim's terms and acknowledgement from the perpetrator. The authors pointed out that different views emerged among the therapists, and they saw a tendency that those without experience of the method were more concerned that it might be harmful, while those who had experience focussed more on its usefulness. They further pointed out that with "a more heterogenous group and a larger sample the picture would probably been more detailed and realistic" (Melsom et al., 2023, p.551).

The study points to an important perspective in that the therapists who have used/not used the method emphasize different views. The authors point out some weaknesses in the study. In addition, it would have been useful to interview some of the families that took part, and/or include an ethnographic study when the method is being practiced. In my view, they have used thematic analysis to successfully identify several patterns.

3.8 Summary of reviewed literature - professionals' experiences

In this section of the literature review, the included studies are from the UK and Norway. The majority have a qualitative design. Most of the studies involve a limited sample, focussing

based on professionals' understanding when dealing with HSB. Heron and Black (2023) pointed to an emerging need for greater competence among professionals to meet the needs of the target group at an individual, family, community, and societal level. Abuse between siblings seems to be minimized by professional social workers, something which according to Yates (2020) has consequences for the entire family system. When we suspect that a child is being abused, this can be difficult to fully assimilate/accept, and perhaps even more so when this is within the family: "to protect ourselves, we can create distance, trivialize, or explain away what we see" (Søftestad, 2019, p.12). Øverli et al. (2018) looked closer at the knowledge and experience of employees when dealing with HSB. Andersen (2025) looked at the way employees at *Barnahus* describe child suspects in sexual offence cases, while Melsom et al. (2023) focused their attention on the attitudes and experiences of professionals using the method of restorative processes.

These studies provide useful insight into how specialist services, social workers, Child Protection Services and *Barnahus* understand and interpret situations where children and families are affected by HSB. Jensen and Ulleberg (2017) emphasize that the understanding and attitudes of professionals are affected by both professional and personal experiences, as well as awareness of one's own reactions and understandings, and that more research on this subject is needed. Surprisingly, the studies direct little attention to the reflections of professionals on the reactions of families after disclosure, even though knowing something about this is extremely important if professionals are to help families in the best possible way. It is my view that there is a clear need for systemic research which highlights how professionals are affected and interact after the disclosure of HSB, and that more knowledge in this area is essential to develop a well-coordinated and effective practice.

3.9 Conclusion

In this chapter, I have provided an overview of existing research and relevant theory which informs area of practice after disclosure of harmful sexual behaviour by children. I have designed my research to build further on this and in addition provide a deeper and broader perspective to add to the reviewed studies. The studies show that different methodologies can be used with different results. Thus, little attention has been given to the experiences of families when meeting professionals, few interviews focussing on the family's experiences were conducted, and the possibility of gaining this kind of information by using a focus group of professionals to reflect on parents' experiences after meeting them as professionals was overlooked. I believe that using such a three-fold methodology including a systemic perspective, will provide a wealth of new and useful information from the involved parties. Lorås et al. (2023) note that employing a systemic perspective allows challenges to be seen in relation to the various agents who interact with each other, something which is particularly important and relevant after the disclosure of HSB. In summary, I would suggest that research with a systemic perspective is important in the field of HSB in Norway.

Most of the included studies are qualitative, and I believe that this is correct as a quantitative study would have been less useful to understand in depth the experiences of families with professionals in the aftermath of their child committing HSB. Seikkula and Arnkil state that "...when settings are reduced to single out the effects of measurable variables, the research reveals lineal rather than reciprocal causations" (Seikkula & Arnkil, 2006, p.174). One of the studies was carried out using information from previously written reports and therefore the data was not based on first-hand information. This study could therefore not add to closer insight into the families' experience of the situation, in the contemporary context. I included

this study only because as it provided a complementary perspective to the other studies, in which focus is mainly on internal implications for the family system.

Several of the included studies conclude with a need for greater competence among professionals, and Heron and Black (2020) point out how uncertainty can influence how professionals manage with cases, how they can show more vulnerability and be less inquisitive and exploratory when dealing with HSB. Parents' experiences after the disclosure of HSB constitute an important area of knowledge, both in terms of understanding the family's situation in a wider perspective and to develop improved casework and support from professionals.

The literature review shows that important and recent research exists dealing with this subject, but that there are several gaps in our knowledge, and the review has helped in the formulation of the following research questions:

How do harmful sexual behaviour of children, and professional responses to it, affect families in Norway?

With the following sub-questions: *1. What experiences do parents describe? 2. What kind of help and support have they received/been offered? 3. What experiences and reflections in relation to the parents' experiences are described by professionals?*

Thus, my research question shed light on a subject which affects many people, contributing new knowledge about HSB, and building further on existing knowledge. The child or young person who commits HSB lives in a context, and it is important to explore the consequences of attitudes and behaviours, both for child themselves and for others around them in the family, as well as in the local community and wider society.

Chapter 4.0 - Methodology

Guba and Lincoln point out that “Questions of method are secondary to questions of paradigm, which we define as the basic belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways” (Guba & Lincoln, 1994, p.105).

In this study, my starting point is *critical realism*. Bhaskar (2008, pp.1-5) writes that critical realism involves an ontology which claims that an objective reality exists independent of human consciousness. This reality consists of both visible and invisible structures and mechanisms. The visible phenomena are an outer manifestation of underlying, often hidden mechanisms that we can understand through scientific investigation. Reality consists not only of things we observe directly, but also of underlying structures which influence what we can observe. Epistemology in critical realism recognizes that our reality is always incomplete and coloured by the researcher’s perspective and context. Even though we cannot acquire completely objective knowledge about the world, through reflection and analysis we can improve our understanding of the underlying mechanisms that influence phenomena (Bhaskar, 2008 pp. 5-8).

Bhaskar (2008 p. 2) introduces a multi-levelled view of reality consisting of: 1) The Empirical level. This level is one we can observe, and this is where we gather data about events, though not always gaining insight into the underlying causes. 2) The Actual level. This level includes events that occur independently of whether they are observed. 3) The Real level. Here he refers to the underlying structures and mechanisms which cause the events we observe. In this way Bhaskar (2008) argues that research should not only focus on what is observable, but also on the underlying mechanisms which create and form observable events.

By using this as a starting point, a researcher can not only determine that something has happened but also identify *why* it happened. Pocock states that “Critical realism reserves the term real, not for experiences or events, but for interacting forces, powers, mechanisms, sets of relationships, and relationships between relationships” (Pocock, 2013, p.9).

My place of employment is at a regional *Barnahus* Centre which is organized as part of the Norwegian police, though most people employed at these centres have an educational background in health and social care work and a workload that reflects their professional background. When we normally discuss the position of the police in a society, we often refer to how they function as an institution with specific structures, values, norms and practices which affect the interaction between individuals and groups or in society generally, and the context which the police operate in is affected by a legal framework, expectations in society, historical circumstances and power structures (Finstad, 2013). I suggest that we can apply a multi-level view of critical realism to achieve a deeper understanding of the complex factors that affect families after the disclosure of sexual abuse carried out by children. This perspective not only casts light on the immediate reactions but also the underlying mechanisms and structural conditions that shape the families’ experiences and strategies for dealing with the situation, including how to interact with various agencies (such as the police) and how to deal with reactions in society. Hacking (1999) emphasizes that the existence of a problem does not necessarily constitute a problem but rather refers to something that has been decided upon previously in a certain way.

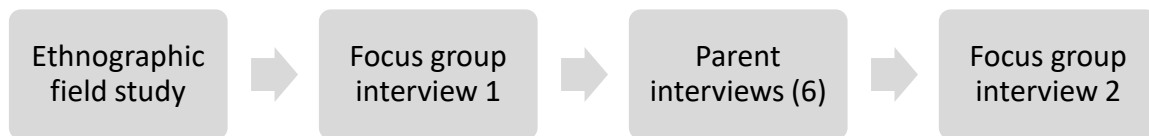
This study is a qualitative one, and qualitative methods such as field study notes and interviews are used to cast light on the qualitative aspects (Brinkmann, 2024). The study also uses a systemic approach. Jensen and Ulleberg (2019) write that a systemic approach builds on the assumption that the individual cannot be understood in isolation from his or her relations and contexts, but by looking at the interactions between individuals and the social

systems they are a part of, and they emphasize the importance of paying attention to how communication develops, the relations that influence the process, which systems are involved, and in which context the communication takes place. Context is taken to mean any set of circumstances in which a message or an event or a behaviour takes place, and “in a sense, one can say that communication *is* – or is an expression of – this relation to the outside world, where Bateson’s use of *relation* refers to such things as love, hate, fear, trust, respect, dependency, dominance and much more” (Ølgaard, 2001, p.63). According to Bateson, relations between living creatures can have different dynamics, and he distinguish between complementary and symmetrical relations, complementary relations referring to a system in which the parties complement each other, having different roles or positions usually involving different levels of power and responsibility, and a system in which symmetrical relations involve equality and mutuality (Ølgaard, 2001). Considering Bateson’s systemic perspective, HSB can be understood as a part of a bigger picture, in which communication, relational and contextual factors play an important role to promote a safe and balanced interaction between the parties involved.

A qualitative approach enables me to go deeply into the experiences of both parents and professionals, and the systemic perspective sheds light on how the various levels, individual, family and society, mutually influence each other and these experiences.

4.1 Description of the study

In this study, a three-fold set of methods was used to investigate the experiences of professionals and parents after the disclosure of HSB by a child.



At the start of the study, I carried out a four-day ethnographic observation at one of the *Barnahus* Centres in Norway, with the aim of finding a new position in relation to the children and the families who are the participants in my research, seeing things more from their perspective in addition to finding an opportunity to be more self-reflexive. After this, I carried out a focus-group interview together with professional participants from local authority Child Protection Services, the Police and from *Barnahus* to understand their experiences and reflections about what the children and their families must deal with after the disclosure of HSB. The next stage was to interview parents of young persons who had committed HSB about their experiences after disclosure, before finally carrying out another focus group interview with the same group, only this time focussing mainly on the information that had come forward in the parent interviews.

The in-depth interviews in this study have a limited number of participants and therefore cannot necessarily be transferred to a broader population. At the same time, I believe that the three-fold approach has allowed an understanding which is close to practice, shedding light on the research question through a systematic and reflexive acquisition of knowledge. I have tried to move continuously between the research question and systematic methods for data collection with a view to developing a specific and detailed research question. In addition, I believe that the methods used for data collection are consistent with my epistemological stance and the methodological approach in the analysis (Frith & Gleeson, 2012).

4.2 Ethics

In qualitative research, I regard ethical considerations to be paramount. “In qualitative studies the collection of data often has a personal aspect where the dialogue between the participant and the researcher is predicated on mutual trust and respect” (Malterud, 2021, p.2011).

Malterud describes how this relationship is essential to create an open and honest dialogue, that not only promotes a more authentic understanding of the participants’ perspective but also strengthens the quality of the research.

Simon is quoted in Helps (2017) and shows how research influences the objects of study no matter which research approach is taken:

Simon (2014, p. 23) reminds us that: all research constitutes an intervention in lives of the researcher, the research participants and the audiences or witness to this research. Each act of inquiry invites, mindfully or otherwise, the possibility of an implicative force which changes lives (Simon, 2014, quoted in Helps, 2017, p.362).

As mentioned, ethical guidelines are highly important, and in this study, I used a clear and precise information and consent form (Appendix 6, pp. 172-173), in which the participants are given information about their rights throughout the entire process. Participation was voluntary, and the participants could withdraw from the study at any time without negative consequences. Thompson and Chambers (2012) point out that the participants should receive a new opportunity to confirm (or not) their participation throughout the entire process, not just at the start, something which I addressed both before, during and after the interview.

They should remain anonymous, in that they should not be recognizable in publications of the material, sound recordings should be erased, and transcriptions should be destroyed within a certain date, which should be specified for the participants. The parents and the professionals who were invited to participate in the study all had previously been in contact with *Barnahus*

Centres. Throughout the study, parents who participated were reminded of the opportunity for further follow up/consultations at the *Barnahus* they belonged to, if needed. The following authorizations/approvals for the project have been received: the regional ethics committee in Norway (REK) has authorized the project without reservations or need for further evaluation (Appendix 2 pp. 154-158); the ethics committee (TREC) at the institution of study in England has approved the project (Appendix 1 pp. 152-153); recruitment to the project through the Norwegian *Barnahus* has been approved by the office of the Director of Public Prosecutions in Norway (Appendix 4 pp. 160-161); the Norwegian research data service *Sikt* (Appendix 3, p.159); Chiefs of Police in 10 of 11, in 2021 it was 11 *Barnahus*, police districts in Norway approved recruitment from *Barnahus*. (Appendix 5, pp. 162-171); the relevant police district for the research, have accepted the application regarding the safe storage of data (Appendix 5, p.163).

I chose not to recruit participants from the police district where I work, with a view to having as little previous knowledge as possible of the cases and avoiding as far as possible having close familiarity with the families and colleagues in the *Barnahus* Centre, including the police and the Child Protection Service that has worked together with them.

I have tried as far as possible to be transparent in relation to the research process with a view to improving the generalizability, reliability and validity of the research. This involves investigating only what is meant to be investigated, and that collected data has relevance for the research question and can be generalized. According to Malterud (2002), it is important to make the whole research process as clear as possible.

“Qualitative research methods build upon well-known principles from scientific approaches, including the systematic and reflexive accumulation of knowledge, where the process should be transparent and available to inspection and challenge, and the

results should be generalizable beyond the immediate context of the investigation”
(Malterud, 2002, p. 2468).

4.3 Reflexivity

In this study, I aim to reflect critically on my own position as researcher, something which entails an awareness of how my own attitudes, experiences and views influence various relations and the interpretation of situations. Adopting a systemic perspective entail recognising the researchers as inherently embedded in the system being observed and drawing on Humberto Maturana`s (1988) understanding of the observer, knowledge is not seen as objective, but as constructed through the researcher`s participation in the system. Consequently, the data produced emerged through the relational process between me as researcher and the participants. Krause notes that

[...] reflexivity is assessing your own perspective, while, at the same time, developing the perspective which the other comes to have of your perspective against their own perspective. This means that we are always representing our relations to others, and we cannot do so independently of perspective (for perspective, read assumptions, history, theory, or epistemology (Krause, 2012, p.20).

Pillow (2003) argues that reflexivity is often used as a methodological tool for creating transparency, but that this does not always challenge power relations or reveal the researcher`s own position in a critical way. For the past ten years, I have mainly worked with children and adolescents who have committed problematic or harmful sexual behaviour, together with their families, and have thereby accumulated considerable familiarity and knowledge of the area. Through data collection and analysis, I have also become aware that I have been personally affected by reading about, writing about and listening to stories which

have been told, and through the ethnographic field study I experienced meeting my own vulnerabilities in relation to being a child, being a mother facing challenging life events and wanting to escape from difficult and shameful situations, something which in turn gave me a greater opportunity to empathize with the experiences of the child and his or her family. In addition, there were two comments/perspectives that made a great impression on me. The first was when a parent said “There’s barely anything worse a child could do from the point of view of society. Well, maybe murder, but that’s extremely rare”. This is a dramatic comparison, but at the same time quite descriptive of what a mother feels like after the disclosure of HSB. The other perspective which struck me was that parents who participated in the research, to a great degree protected their child after the disclosure. This is not something to be taken for granted, at least not when the sexual behaviour has been towards another of their own children. I was moved by the unconditional care they described, and my thoughts returned to my own childhood, recalling how safe and comforting it was when my own parents protected me when things were difficult. Once again, this reminded me of how research affects us as researchers and that we influence our research. It demonstrates how we will always be a part of what we are observing, and our emotions dictate whether we are “within or without the parenthesis” (Maturana, 1988).

Qualitative research recognizes that I as researcher influence and shape the research process, both as a person and as a scientist through my ‘punctuations’ of reality, and Maturana (1988) writes that as a researcher one must be aware of oneself, as we are a part of what we observe. Only a small part of the contact is mutually understandable, and there will always be a gap, as there is always something left out when we punctuate and “the observer becomes linked as a part of a sequence” (Luhmann, 2013, p.101).

Madden (2010) claims that we see others in the light of our own story, social positions, culture and power, something which is recognizable in my own work. In my own practice,

which is within the police system, I have regularly experienced not being heard in relation to my arguments that children with status as suspects of sexual offenses should be taken to a *Barnahus* for questioning. The usual practice has been that the police questioned the suspected children at the police station in the same way as adults with suspect status, while the *Barnahus* argued for questioning at a *Barnahus* Centre so that professional support was on hand for the families after disclosure. My colleagues and I were barely understood on this point by the police prosecutors, the legal representatives in the police who have the authority to make decisions in the individual cases investigated. The prosecutors argued that they were waiting for a national change in the law, even though their own police district had opened for assessing whether certain cases could be better suited for questioning at their *Barnahus* Centre. I felt angry, desperate, fed up and surprised, and several times I asked myself what this was about. Why was I reacting so strongly, and why was it such a demanding process to change this practice?

Fangen (2020) is concerned with how feelings can unconsciously affect a research project, and that it is therefore important to take a thorough look at oneself before the project starts in order to determine one's own defences, one's positivity towards the chosen research and also the persons who will be taking part (Fog, 1994, as cited in Fangen, 2020). This has been a central focus throughout the research process, with the aim of reducing biases in the study. Guillemin and Gilliam (2004) point out that the researcher in qualitative research is an active participant in the data collection process, and it is therefore important to be aware of how one's own background, perspectives and relations can affect the interpretation of data, interaction with participants, interview questions or the analysis of the data.

Through the different interviews and the ethnographic observation, I consciously aimed to listen as openly as possible, but at the same time knowing that my own experiences would be an integral part of my interpretation. According to Gadamer "it is important not to let prior

assumptions go unheeded ...” (Gadamer, 1996, as cited in Fangen, 2020, p.50), something that required me to remain open to what was being said or done, and what it meant, never limiting myself to my own pre-suppositions. The subject of my research is strongly value-laden, and it was important that I as researcher was aware of my own attitudes and was able to judge what significance these may have for the data collection or the interpretation of the data. I am strongly engaged in my work for these children and their families, and wanted to be a spokesperson for them, while at the same time I needed to be aware that I knew only a little about them, as like everyone else they had different backgrounds, value systems and views of the world.

I found that my experience as a therapist, in addition to having a good knowledge of HSB and its consequences, contributed towards a safe atmosphere for the participants in the research work. At the same time, I was aware that even though these skills were relevant, both the context and my position as a researcher was very different from my role as a therapist.

During the interviews, many of the parents talked about difficult life events, and in those situations, I found it challenging not to enter the role of therapist, and occasionally I could not quite manage to keep the different roles apart. Guillemin and Gilliam (2004) emphasize that the researcher needs to be aware of the ‘ethically important moments’ which can arise during interaction with participants, and how these moments can challenge the researcher’s objectivity, relationship with the participants and the ethical integrity of the research. They write further that the researcher’s reflexivity, which is the ability to be aware of one’s own pre-suppositions and bias, and the effects that these can have, is an important part of ethical practice.

Throughout the entire process, I was aware of my own position as a researcher and as a professional practitioner, and how my own values, attitudes, experiences and position could affect the research questions, data collection, analysis, and not least my relationship to the

participants. “Those who are in a potential position of power, as a result of their social, historical and individually determined situation, are less likely to abuse their position if they are aware that it exists” (Kingston, 1982, as quoted in Jones, 2001, p.155). I was aware that our relationship was based on an imbalance, and that I as a professional researcher sat in a position of power in the context, as “... the interview is not a conversation between equal partners, as it is the researcher who defines and controls the conversation” (Kvale & Brinkmann, 2018, p.22).

I kept a diary throughout the study, and here is a short extract from the notes:

Interview with a mother to a 17-year-old boy today. After a long and somewhat tedious journey, I sat and waited for her. She did not arrive as agreed, and I began to worry that she had forgotten me. What an expensive and time-consuming journey it would have been without completing the interview, I thought to myself. I rang her and it transpired that she had in fact forgotten, but that she could drop her plans and arrive around 20 minutes late. The interview was carried out as planned, but I felt a degree of stress throughout. Next time I need to send a SMS a little while before as a reminder. Through the interview, the mother expressed several times that she remembered little from the various events; it was difficult for her to separate them as there were several occasions when her son had committed/been suspected of HSB. For a while I was concerned that nothing useful would come out of the interview. After some time, the mother began to organize her thoughts about the events, and several of them surprised me. Was this HSB or was it experimental behaviour? The mother believed that young people who knew about the case(s) and adults around them had lowered their own threshold for what they considered to be abuse, as the boy had committed sexual behaviour towards a younger sister in late childhood, and according to the mother these stories had pursued him. The mother used humour and

laughter during the interview, and I think she kept difficult feelings under control in this way. I had trouble in putting my role as therapist to one side today but tried as hard as possible. I think it's something to do with my worry that the boy did not get enough help after the first disclosure of HSB between siblings?

I experienced the diary as useful as it gave me a greater opportunity for reflection and increased awareness throughout the entire research process, and it was particularly useful after a long break from the project, not least to gain proximity to the data again. I think that taking notes during fieldwork, writing a research diary as well as critical discussions with others during the research process have all contributed to augmenting the quality of the research.

4.4 Ethnographic observations

4.4.1 Recruitment

In practice, it was difficult to carry out ethnographic observations at one of the *Barnahus* Centres in Norway, and I think there were several reasons for this. We were at that time in the middle of a global pandemic during which it was difficult to focus on routine activities at the *Barnahus*. In addition, I fully understood that it could be difficult to arrange observations at a busy workplace, not least having a colleague present (myself) when carrying out daily work. When it was raised with the national leadership of *Barnahus*, however, the application was successful. All the participants in the study consented to my being present. No consent was sought from participants who presented cases for the consultation team, as these were anonymous discussions. There were male therapists working with the target group at the *Barnahus* Centre. The consultation team was a mixture of women and men. Only mothers accompanied the young persons to the conversations.

4.4.2 The ethnographic observation

At the start of the data collection, I completed a four-day ethnographic observation at one of the *Barnahus* Centres in Norway. In her book, Fangen writes that modern sociologists tend to describe their research as ‘ethnography’, and that also shorter studies in their ‘own culture’ go under the label of ‘ethnographic studies’ (Fangen, 2020, p.13). Throughout the observations, I participated in activities that were related to children and adolescents who had committed HSB. We had planned that I should participate in conversations with staff, with the young persons and their families when they were there, and with the consultation team, who professionals working with the target group who can contact the team and discuss cases when needed. Madden (2020) writes that ethnographic studies are studies of human interactions, in which the researcher takes a note of behaviour and events in the light of context and time. The purpose of my observations was to acquire a deeper perspective at the outset of my research project.

I participated in meetings, followed staff throughout the day, asked the staff several questions, and participated in conversations through an observer role. A non-participatory observer implies that one observes the participants without taking any part in the interaction. Fangen (2020) notes that if one takes the position of a pure spectator this is not participatory observation, but rather a pure observation. He believes that a degree of participation can be less stressful for participants, and that participatory observation can open for asking questions. Krause writes: “...sometimes it is not possible to genuinely participate to any great degree, but even the fact of being present in a setting which is not one’s own, and follow the conversation and talk to those who are more ‘at home’ there, can be useful to provide new research perspectives” (Krause, 2024, p.197).

Through an excerpt from my notes, I will describe some perspectives from a conversation with a boy who had shown harmful sexual behaviour:

In the conversation the boy had a friendly and calm manner, and he seemed attentive and interested when he was supposed to be listening and responded appropriately. I thought about how we usually see more signs of vulnerability in boys who have committed HSB, such as in the form of poor level of functioning, a challenging care situation and other risk factors, but this boy came across as a well-functioning boy from a resourceful family background. At the same time, I wondered whether there might be other things that might lie behind his manner in the situation. In my thoughts I started to compare two boys from two separate conversations, a boy of 17 years and this boy of 13 years. I thought in this case, the voluntary nature of the follow-up support was more obvious than in the case of the 17-year-old, who had been given a youth sentence by the courts, something which can affect the person's motivation and how secure they feel in relation to participating in a conversation. My thoughts flew to an experience I had at an earlier place of work. I worked at a welfare home for adolescents, in which we experienced that staff allowed themselves to be influenced by the appearance and status of these young people. They realised that they were giving more positive response to those with a more pleasing appearance and higher social status. I believe that this is something that happens within many professions, and indeed in society in general, but it made me sad when I thought about it. Tender feelings came over me for this rather restless boy from the previous conversation, with his oversized jeans, his black hoodie and sitting there in his outdoor coat. I couldn't see the therapist showed different attitudes towards the two boys, but he seemed calmer and more comfortable in this conversation. I think it might have something to

do with that he got more response from the younger boy, and that in addition he has become more used to having me present in the room (Appendix 7 pp. 174-195).

Through my ethnographic observation at the *Barnahus* Centre, I was invited to participate in the regional consultation team with whom professionals can discuss cases when children and young persons have committed problematic or harmful sexual behaviour, bearing in mind that “all research that involves observation of events and behaviour in natural situations, and which recognize the mutual relationship between theory and practice, can according to Silverman be called ethnographic” (Silverman, 1985, as quoted in Fangen, 2020, p.13). The participants in the team come from different agencies who work with the target group and have different roles and tasks in their daily work, and *Barnahus* is also represented in the team. The team normally has a practice where they are physically present in the meetings, but because of the Covid risk the team met via the electronic platform *Teams*. Through my own practice at a *Barnahus* Centre, I was already familiar with the consultation team model, and had a degree of competence in this area, though this was a new context and new people I had to relate to. It was arranged beforehand by the leader of the meeting that I should take the role as observer during the discussions but having opportunities to share my reflections with the team after discussions were finished. The leader presented the structure of the meeting, and he started by welcoming the consultees and presenting the structure for the meeting. After this, the consultees were asked to present the case they wished to discuss with the team, starting with the child’s level of functioning, background factors, situation, and the issues to be resolved. The team at this point was in a listening position and made notes based on the question “How can we understand this?”. The consultees were then placed in a listening position as the team discussed with a view to opening a range of understandings, and they were given the opportunity to respond after the team’s discussion. Finally, the team reflected upon possible further actions, in which the consultees are expected to make their own

choices. The cases are discussed anonymously. There were three case presentations, one from a welfare home for adolescents, one from a foster home/foster mother and one from a municipal Child Protection Service. All the consultees were professionals. I had previously asked for consent to participate in the team through the *Barnahus* Centre, but I had not asked for individual consent from those who presented the cases for discussion. For this reason, I have chosen not to present the cases in detail in my notes from the field study. The consultees were informed of my participation before they presented their cases for the team.

I experienced participation in the team as professionally useful. Through an excerpt from my notes, I will describe some perspectives that emerged from my participation in the team:

I was reflecting about how the participation in the team might affect the consultee. In the first discussion, there were five professionals presenting the case, in the next there were two and in this final case there was only *one* professional from Child Protection Services presenting the case for the consultation team, which consisted of six professionals and me as the observer. 'What must it be like for her', I asked myself, and had extra focus on this through the discussion. After my observations, the consultee appeared outwardly calm and relaxed, so perhaps it wasn't so important for her that she was alone, and we were so many. She presented the case by describing the boy's functioning, his background, the situation he was facing and what she/Child Protection Services needed help with from the consultation team. The team then started their discussion while she was required to take a listening position. I observed how the communication had a very predictable form which is followed by all the members of the team. I started to question again what it might mean for the consultee that the team had a very structured round of reflection, in which each member talked in turn instead of the more usual dialogue in which people build on each other. In the latter, it is possible to be aware of other people's verbal and non-verbal signals and

then respond to these, without having to wait for one's turn to speak. Is it possible that this affected the communication, limits the possibilities for reflection and maybe did something with the motivation of the participants when things are so tightly structured? It certainly seemed to have this effect on me, this level of rigid structure where people had to wait their turn. Maybe I was just a person who found it difficult to wait for my turn? (Appendix 7, pp. 174-195)

As mentioned earlier, I took notes regularly in the various settings, and I also wrote field notes after each day, where the aim was to be honest, reflexive and transparent in my descriptions and observations, reflections and interactions.

The ethnographic observations provided me with many opportunities to investigate complex phenomena from the inside. Humans are meaning-seekers, and never understand things in isolation, and having the opportunity to be present several days at another *Barnahus* Centre, with a greater opportunity to be open and curious, trying to gain deeper insight into social phenomena, a better understanding of context and to discover possible new and unexpected perspectives, was to me a very valuable way to start the study. Krause writes that

[...] the ethnographer focusses our attention on things to which we are normally blind. This perspective can uncover new dimensions relating to the object of study, whether this be villages in Nepal, hospital wards, stock exchanges, local councils or peoples' homes. It is perhaps this perspective, rather than how much time one uses, which is decisive in an ethnographic approach (Krause, 2024, p.195).

The method nevertheless demanded considerable time and patience, and a great degree of ethical reflection, but also gave in return unique and valuable experiences and data. The ethnographic observations impacted on my reflexivity. Through the close interaction with the participants, I became more aware of how my own experiences, perspectives and values

could affect the data collection and the interpretation of the data.

4.5 Focus group interviews with professionals

4.5.1 Recruitment

It turned out to be less demanding for myself as researcher to recruit to the focus group interview. I had through my practice/career many contacts at the *Barnahus* Centres in Norway, and one of the centres volunteered to organize this. It was agreed that participants should be invited from the police, local Child Protection Services as well as from *Barnahus*, and the participants needed experience from working with harmful sexual behaviour in children and young people. We agreed that it was sufficient with two participants from each agency/service and a time and framework for the first interview was agreed. It was further agreed that the same participants should meet in a new focus group interview after the parent interviews. In practice, it turned out to be 5 months between the two focus group interviews, and one of the participants from *Barnahus* had changed their place of work, and a new participant came from there to the last interview. The focus group had only female participants.

4.5.2 Focus group interview

According to Puchta and Potter (2004), the aim of focus groups is to elicit the feelings, attitudes and ideas of the participants in relation to a specified theme. In my study, I wished to gain insight into the experiences, attitudes and reflections of professionals regarding the experiences of parents after the disclosure of HSB, and it seemed clear that this

methodological approach was appropriate. The setting for the interview was a meeting room at one of the *Barnahus* Centres in Norway. The participants were from the *Barnahus* Centre, the police, local Child Protection Services, a Child Protection trainee/student and me as moderator for the interview. A student participated as an observer at her own request. The participants from Child Protection Services were present via the Teams digital platform, due to time restraints. Skilbrei (2023) writes that an advantage of digital platforms is the access it provides to many participants, though this proved to be challenging in the present study due to problems with sound quality and the greater number of focus areas to be managed by me as the moderator. The role of the moderator was to ensure that all the participants were drawn into the discussion, in addition to making sure that the questions to the group were being addressed. According to Malterud (2021), a moderator in a focus group interview has the responsibility to steer the conversation so that the issue is illuminated widely and from many angles. Putcha and Potter (2004) write that the most important aspect of being a moderator is that they “like the rest of us, are people who have spent their lives developing a huge and sophisticated native competence in interaction”

In the first interview, we focussed on the experiences professionals have from working with HSB, and a short interview guide was prepared with five main questions, intended to explore beliefs, experiences and attitudes (Appendix 8, pp.196-198). In the second interview with the focus group, information from the interviews with the six parents were presented, followed by listening to the reflections of professionals on this new information.

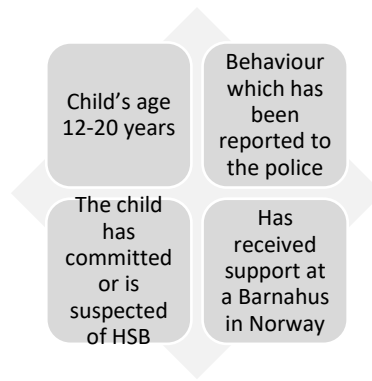
In my study, the participants in the focus group had previously worked in cases involving children who had committed HSB, and the majority had met each other in professional contexts earlier, something which probably influenced how they communicated with each other. “In a focus group design, we use group interviews to develop qualitative data on a theme, and the interaction between the participants is central (Malterud, 2018, p.18).

Challenges directed at each other, or to the institutions where they worked, were rare, something which I recognized from my previous experience with multi-agency cooperation in a Norwegian context. The discussions generated a lot of feeling, but at the same time there was little or no disagreement to be seen in the group. All agreed that the target group had a strong need for support, while at the same time the participants showed great respect for the fact that the various agencies involved met hindrances in their work in the form of inadequate legal frameworks, other priorities and lack of resources, especially in connection to police work. Puchta and Potter (2004) maintain that attitudes, rather than being an independent idea, are in fact produced during discussions, and Skilbrei refers to Branth in which write that “when the informants in a focus group hear about each other’s experiences and reflections, this affects what they remember and think themselves” (Brandth, 1996, quoted in Skilbrei, 2023, p.68). Some of the participants talked more, and in more depth, than others, but everyone was given room to speak during the discussion. The participants tried to be considerate towards each other, which could be observed in that they regularly referred to other participants and their perspectives, and tried to invite others in. The participants gave feedback that participation had been educational, and not least that it had been useful to listen to others’ perspectives through reflection and sharing experiences. The focus group interview was a useful method to collect rich and detailed information on the theme, and the reflections of professionals in the wake of the parent interviews provided particularly useful insights which may not have been elicited using other methods (Appendix 9, pp.199-203). All participants in the focus group were women.

4.6 Semi-structured interview with parents

4.6.1 Recruitment

Recruiting participants to the parent interviews turned out to be very challenging. It was agreed that colleagues at the different *Barnahus* Centres would recruit participants, but in the first round there were several cancellations. As mentioned, Norway was affected by the pandemic, and several limiting regulations were in place. Many people protected themselves from unnecessary risk long after society had been ‘re-opened’. Of course, in any event it may have been difficult to recruit parents as it would have been a particularly challenging subject for them to talk about, involving a lot of shame and guilt. As time passed, I grew a little anxious, but fortunately several positive responses were received eventually. I changed some of the inclusion and exclusion criteria (see below) to push forward, something which I later realized had a positive effect on the research, as it helped to widen perspectives. Individual participants were widely spread across Norway, which meant travelling by plane, train, bus and car across very large distances to carry out the semi-structured interviews. Regional variations in the data were not an aim of this study, but I wanted to ensure that long geographical distances were not a hindrance to participation and should not exclude anyone. I was also concerned to meet the individual participant in person to ensure the best possible contact during interviews, which involved difficult themes. Inclusion criteria were parents of children who:



In this study, six parents were interviewed who had experienced the disclosure of HSB from one of their children within 1-3 years prior to the interview (five of the cases were within the last year). Originally, I had excluded HSB between siblings from the study, but it became apparent that half of the children involved in the study had carried out sexual behaviours with their siblings/half-siblings. The background for the exclusion was based on experiences in which HSB between siblings often contrasts with other types of cases in that they lead to a greater degree of secretiveness in the family and a lower degree of professional involvement. Westergren et al. (2023) refer to the fact that sexual abuse against siblings has a tendency not to be disclosed, or that it is minimized by parents and professionals. In addition, I had originally decided to include children up to 18 years but included a developmentally delayed boy of 20 years old at the time of disclosure. He lived with his father but had his own accommodation at a secondary education institution at that time.

Five mothers and one father participated in the research. Three of the women were still married to the father of the child. Five of the children had one or more diagnoses and one of the children had been the victim of HSB committed by a boy of the same age (See model pp. 72-74).

4.6.2 Semi-structured interview with parents

Most of the interviews were carried out at a *Barnahus* Centre in Norway, except for one interview that took place at home. The participants themselves decided the context for interview. The interview that was carried out at home lasted much longer than the others, which I put down to the fact that in that context I as researcher was a guest in a family home and the participants was in their usual surroundings, serving me food among other things. The parents were divorced, and the children were with their father when the interview took place. The mother expressed that she had isolated herself to a great degree after the disclosure of HSB, but a Friday evening where she could be interviewed in her own home was something she was happy with. The interview was unique in that the mother wished to tell her story, though allowing for a few questions at the beginning and the end. I am unsure how the context for the interview may have affected what information came forward, but at the same time I can imagine how it was easier for the mother to speak more boldly and clearly in her own home.

In advance of the interviews, I had produced a semi-structured interview guide which was used (Appendix 8, pp.196-198), and the questions were constructed based upon my experiences from my own practice, theoretical considerations and my ethnographic observations. Kvale and Brinkmann (2018) write that a semi-structured interview is a qualitative method using a pre-defined interview guide with open questions, but in which there is at the same time room for flexibility to investigate new themes which emerge as one goes along, and the method therefore combines structure with openness, which is particularly useful for understanding the experiences and perspectives of participants. The interviews were designed with a view to allowing the participants to tell their stories in as free a way as possible, and in one of the interviews the interviewee experienced that the questions disturbed

her story, and we then agreed to let her speak freely with the possibility of going through the interview guide before we finished to ensure that we had looked at all the central questions. I found the interview guide, combined with active listening and room for adjustments provided a solid foundation for the semi-structured interviews. During some of the interviews, participants expressed that they had made new discoveries, and that they had put earlier thoughts and understandings into new perspectives, which shows that "... the research interview, in much the same way as the therapeutic conversation, can be seen as the exploration of meaning structures and connections, where both the interviewer and the interviewee are active explorers" (Fog, 1994, as cited in Fangen, 2020, p.49).

Fog (1994) writes that it is not given that a good researcher is a good interviewer, and that the quality of the interview forms the basis of scientific knowledge. I worked as a therapist in my daily work, something that I found useful for carrying out research interviews. However, this also necessitated an increased awareness on my part of boundaries for confidentiality in the role of researcher, in other words an awareness of my different roles. The parents spoke about challenging life events, often going way beyond the questions they received, which I believe was due to the fact that they were given the opportunity to talk, and when events from the past are opened up in this way, other details also come to mind and they have a need to try to make connections. Several of the parents expressed that it had been good to be allowed to talk about the situation they and their family had been put in. They hadn't been able to talk so much, as they had tried to protect their children from the responses of society as far as possible.

Interview	Gender	Age at first disclosure	Diagnosis	Event	Gender of victim	Outcome of case
Father (parents divorced)	Boy	20 years	Developmentally delayed (rare syndrome)	Reported online abuse (1) (sharing pictures, unknown minor). Storing images of sexual abuse of children.	Girl (1)	Case closed. Telephone seized (and tablet)
Mother (parents not living together). Shared parental responsibility.	Boy	13 years	ADHD (diagnosis currently being reviewed)	Reported 3 cases of HSB (2 female friends and younger brother) Reported for violent behaviour (1)	Girl (2) Boy (1) Boy (1) (violent behaviour)	Case closed: below age of criminal responsibility Arbitration (for violent behaviour)
Mother (parents married)	Boy	14 years	ADHD Hearing loss Dyslexia	Reported 4 cases of HSB (female friend, girlfriend (2), male friend. Also, HSB between sibling, not reported)	Girls (3) Boy (1) Girl (1)	Case closed (under the age of criminal responsibility and mutually consenting parties (both 16 years)

Mother (parents married)	Boy	17 years	ADD Ability level in normal range but under average	Reported for rape. Girl was 12 years. Same social group.	Girl (1)	Court decision: Arbitration at Conflict Council; therapy at <i>Barnahus</i> , meetings with the youth team (mother's stepmother and sister attend)
Mother (parents not living together). Sporadic child access.	Boy	17 years (10-11 years episode with half-sister at father's home)	ADD Impressive language disorder Court expert witness assessing ASD	HSB against half-sister. At mother's home. Also, earlier episode(s) uncovered with half- sister at father's home.	Girl (1) Girl (1)	Court decision: Youth sentence. Arbitration at Conflict Council, therapy at CAMHS, meetings with the youth team (mother attends)
Mother (parents married)	Boy	18 years (15 years when the episode happened)	Previously victim of sexual abuse from boy of same age	HSB towards mother's girlfriend's son (13)	Boy (1)	Case closed: below age of criminal responsibility

- Five of the families had been in contact with Child Protection Services previously.

- Three of the boys had committed HSB against siblings previously/as first episode.
- One of the boys, on one previous occasion, had been in contact with the police (for driving a moped without a licence).
- Four of the boys had special needs provision in relation to school or training.
- The episodes had primarily taken place in the family home. In addition: family second residence, private party and at a local cultural centre.
- All information is based upon the parents' understanding of the situation.

4.7 Data analysis using Reflexive Thematic Analysis (RTA)

I used Reflexive Thematic Analysis (RTA) in my study. RTA is a qualitative analysis approach developed by Virginia Braun and Victoria Clark, and it emphasizes the active role of the researcher in interpreting data and creating meaningful themes (Braun & Clark, 2019). These authors write that the approach emphasizes how the researcher him- or herself is involved in the creation of meaning, how themes are developed through a dynamic and flexible process, that the researcher must continually practice reflexivity, showing how his or her own preconceptions, experiences and theoretical perspectives influence the analysis, and further how the analysis is not just about identifying themes but also understanding the meanings behind them in the context of the research question (Braun & Clark, 2019). The analysis is grounded in a systemic perspective, which means that I have not examined the children's behaviour in isolation, but included perspectives from parents, professionals and community to understand the system, which influences as well as shaped by the individual persons. By combining thematic analysis with systemic theory, I have been able to focus on the interactions between actors and contexts, and how actions and reactions mutually influence one another. The research experiences indicate that harmful sexual behaviour in

children cannot be seen as an isolated phenomenon, but rather as a part of complex, relational process.

Braun and Clark (2022, p.269) have developed a 15-point checklist for good RTA. The five main points in the checklist are: transcription; coding and the development of themes; analysis and interpretation; holistic understanding; and summary in a written report. My description of the process of analysis is based on these five main points.

A robust analysis of the interview data begins with a transcription which preserves the basic dialogue between the researcher and the interviewee (Holstein & Gubrium, 2012, as cited in Silverman, 2017). In my view, I have transcribed the interviews, which took place in Norwegian, to an optimal level of detail. I have listened to the audio recordings and read through the material several times with great interest and inquisitiveness to adequately familiarize me with the data ahead of the analysis. I wrote notes during the interviews and afterwards wrote general notes on the data set before undertaking the analysis.

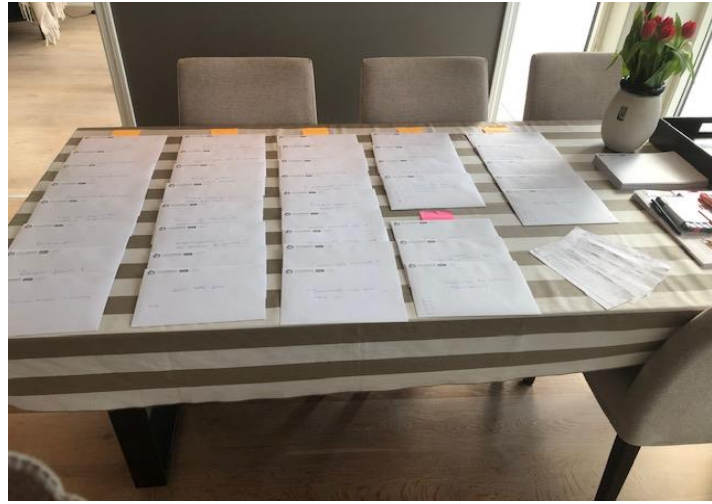
I have tried to ensure that all parts of the data set received equal attention, and the themes were selected based on a thorough coding process during which all relevant selections for the themes were grouped. The themes were checked against each other and against the original data set. In my view, the themes are coherent, consistent and distinct, and they systematically identify and label features of the data which are relevant to the research question. I made markers which could be used for sorting phenomena and for identifying patterns in the data material with a view to making a solid foundation for thematic development. My analysis was based on a 'latent' approach, which means concerning oneself with the underlying meanings and assuming that the informants are not directly aware of their own meanings and themes (Braun & Clark, 2022).

I have tried to code with a view to capturing what was essential and important, aiming not to construct new codes if an existing code could be used. Further, codes were grouped to create main themes and to shed light on the research question based on the informant's narrative.

Through this process, I discovered that the search for themes was not a matter of 'discovering' them, as they did not reside in the data waiting for discovery, and I experienced several times that coding and the formation of themes sometimes felt like going back and forth and not really getting anywhere. Here are some examples of coding and the development of themes:

Sample of text after review of the material	Coding 1	Coding 2	Development of theme:
B p.26 "Nobody is being prosecuted, but we feel it was very unfair because no point in time was ever given for the supposed crime [emotional voice]"	Mother experiences a lack of fairness	Failures by the police	1 Parents experience the lack of a fair legal process for children under 15 years
B p.31 "Lack of evidence or, as we prefer, no criminal act has been proved".	According to the mother, the reason for closing the case is wrong	Criticism of police work	1 Parents experience the lack of a fair legal process for children under 15 years
B p.41 "Yes, I feel we are in the thick of it [breathes heavily]. How should I say it. When I go to the shop, I prefer to go at seven o' clock [in the morning]"	Mother is afraid of meeting someone in the shop	The police case is affecting the mother	2 Consequences for mother after disclosure

<p>B p.46 I always go to the car park and check if a car with a particular number plate is there. If so, I choose another shop or drive to (place, ca. 10km away) [breathes deep and long]”.</p>	<p>Mother checks number plates in the car park</p>	<p>The police case is causing avoidance behaviour in the mother</p>	<p>2 Consequences for the mother after disclosure</p>
<p>B p.48 “We’ve received no help, not from anyone. I’ve rang the police, who have asked me to contact Child Protection. If I go to Child Protection, they want to send me to the police, if I contact the school they ask for help from the police and Child Protection. There’s nobody, nobody, who does anything [breathes deeply]”.</p>	<p>According to the mother nobody does anything</p>	<p>Failures on behalf of professionals</p>	<p>3 Lack of support from professionals</p>



I have analysed, understood and extracted meaning from the data with the intention of constructing a narrative with the data which addresses the issue raised in the research question(s). The themes are presented using short summaries and quotes from the interviews. The direct quotes are presented to let the informant be heard without me as interpreter standing in the way, while at the same time I am aware of how I as researcher actively create meaning from the data. As I see it, this provides a framework to organize the analysis, which is sorted according to importance and significance to shed light on the research question. Further, I have made a more comprehensive analysis of the themes, how they relate to each other and construct a wider narrative. All information and names are anonymized.

The final point in the checklist from Braun and Clark (2022) is the preparation of a written report. This is an important part of the research process and as the researcher I have tried to present the findings in a reflexive, interpretive and coherent way.

After finishing the data analysis, I took a break from the study because my husband got severe cancer and died two years after. When I started up again, I went through the data material, the process of analysis, my diary and notes once again, in addition to writing a note on reflections concerning any new thoughts after my re-reading and listening again to the sound recordings after a two-year break. This work contributed towards re-establishing my

engagement with the research process and opened for further exploration and critical appraisal.

All interviews and observations were carried out in Norwegian, and quotations and notes were later translated to English.

4.8 Summary

In this study, I have used a qualitative research design to explore how we can understand the experiences of Norwegian parents, as well as the experiences of professionals in relation to children who have committed harmful sexual behaviour. This approach was chosen to capture the depth of the parents' experiences, and to investigate the complex meanings relating to various institutions and at the level of society.

The methods of data collection include ethnographic observations, focus group interviews and semi-structured interviews with parents. The ethnographic observations provided an opportunity to gain deeper understanding into the social and cultural factors that may affect young people and their parents. Focus group interviews provided room for professionals to explore their own and parents' experiences after the disclosure of HSB, while the semi-structured interviews offered a flexible but focussed approach to the individual perspectives of parents. The combination of observation, interview with parents and a focus group with professionals enabled methodological triangulation, through which the phenomenon of child sexualised behaviours was illuminated from multiple perspectives.

The study is placed within a paradigm of critical realism, and as discussed earlier, this view of science recognizes that reality is both complex and hierarchical, and our understanding of it is dependent upon both empirical observations and underlying structures that influence our

experiences (Bhaskar, 2008). Bhaskar further observed that this ontological view allows for a deeper investigation of the structural conditions which may be underlying the phenomena, in this study the perspectives of parents and professionals, and how experiences can either challenge or maintain existing practices.

To ensure the quality and transparency of the study I have emphasized reflexivity and ethical reflection.

The data has been analysed using Reflexive Thematic Analysis, and this approach enabled the identification of patterns and themes which were not pre-defined, but which emerged through continuous reflection and interpretation of the data. The analysis accommodates both the expressed views in the interviews as well as the underlying, often invisible structural relationships which affect the formation of parents' experiences (Braun & Clark, 2022).

In summary, the aim of this study was to shed light on how we can understand Norwegian parents' experiences, and professionals' reflections about these, when a child has committed harmful sexual behaviour. The qualitative approach gave a deeper insight into the personal and social dimensions of the parents' experiences, and the scientific framework/paradigm of critical realism, in which the study took place, acknowledges that both individual factors and broader societal structures influence how parents experience interactions with specific institutions, as well as society in general.

Chapter 5.0 - Findings

In this chapter, I will present findings from the ethnographic observations, the semi-structured interviews of six parents and the focus group interviews of six professionals concerning their experiences after the disclosure of harmful sexual behaviour (HSB) in children and adolescents. The themes identified will be presented and further developed using quotations from the participants, with a view to providing a deeper understanding of how the participants construct meaning around these themes. The findings will be presented in a way that both provides an insight into the participants' experiences, as well as some wider issues in society.

5.1 Summary of the ethnographic findings

Before presenting the findings in further depth, I would like to present some of my ethnographic observations, in particular a summary of a therapeutic conversation between a therapist and a 17-year-old boy with impaired cognitive functioning. The boy was followed up over time at one of Norway's *Barnahus* as part of a juvenile punishment order, Juvenile punishment orders and youth follow-up are punishment orders adjusted to the needs of adolescents between the ages of 15-18, organized by *Konfliktrådet* [The Norwegian Mediation and Reconciliation Service]. The boy was convicted for sexual relations with a girl under the age of 14.

The boy and the therapist carry out an activity where the boy is encouraged to explore the short-term and long-term consequences of various behaviours. The therapist firstly demonstrates an example to ensure as much as he can that the boy understands the task, before he then starts asking the boy questions about the advantages and

disadvantages of behaviours in a variety of situations which they create together, and the therapist writes these up on the whiteboard. The boy sometimes uses a long time before he responds to the questions and replies very briefly, even though it seems that he understands the task and his answers are relevant. Earlier in the session the boy was more verbal than he is during the activity, and I notice that his body language is more restless: he tips his chair back and forth, turns towards me several times and seems a little more flushed during the activity. I give him a small smile each time he turns towards me, thinking that he needs this type of response from me when the activity is more focused on performance, something which may have created some uncertainty in him and a need to check my reactions. On the other hand, he may have found the teaching activity uninteresting and boring and thereby lost his concentration, or perhaps he didn't understand the task properly and became more interested in what was going on around him in the room.

They continue with another activity, and the same pattern repeats itself with the boy. I notice that the therapist also on several occasions becomes more flushed and seems a little tense when carrying out the activities. I think that this is understandable in the same way as for the boy, as there is more of a focus on performance during these activities than in other parts of the session. I reflect on the fact that it is quite a stressful situation to have a colleague from another *Barnahus* present in a therapeutic setting, particularly one who is also researching into the area, and he may experience that he is being scrutinized in terms of his professional skills. Another perspective is that he may have noticed that the boy's attention and concentration changed when his own position changed from therapist to teacher, and that this will have placed demands on him.

At the end of the session, they discuss what the boy will be doing afterwards. When they leave the room, I stand up once again, thank the boy for allowing me to participate and wish him all the best for the future. The boy responds by saying that he hasn't thought about me being there, and that he hasn't felt stressed by my presence. As previously mentioned, during the activities I noticed that the boy turns several times towards me and is more restless and flushed. I think about the fact that he may be unaware that this can be caused by increased stress and insecurity, and that these may be unconscious reactions that he is unable to access or explain due to his age and level of maturity. He may also well be right that he would have shown the same reactions whether I had been in the room or not. The situation is presumably stressful, and possibly tedious, in any case (Appendix 7, pp.174-195).

During the entire process, I regularly shifted position during observations between insider and outsider. I asked reflexive questions, thought about my positioning, and was self-reflective and aware of my shifting feelings, enabling me to discover what was there rather than what I thought was there. When the observations were completed, I had more questions than at the beginning, and I was eager to know more while I was completing the questions for the semi-structured interviews of parents and professionals.

5.2 Parent interview

5.2.1 Identified main themes and sub-themes from the parent interview

Main themes:	Sub-themes:
Fear and helplessness	Dealing with higher authority Lack of a fair legal process

	Fear for the child's mental health
Violence, abuse and harassment	Strong reactions in the local community The worst aspects of social media Negative influences of the media
Shame and feeling lonely	The reaction of parents Relational implications and feeling unsupported
Good support persons	Close family and the wider family were there for each other The importance of professional helpers

5.2.2 Theme 1: fear and helplessness

This main theme strongly characterized several of the participants throughout the entire interview process. They described contact with police as overwhelming and shocking, and they ended up feeling helpless and humiliated.

Dealing with higher authority

In those cases, in which the police carried out a police raid where no one were informed before the action, the participants have described the actions of the police as highly dramatic and intrusive, with the parents and the young person having felt completely trampled on without any possibility of being heard.

Adam, father of a 20-year-old boy, questioned whether it was necessary that five uniformed police in three police vehicles turned up where they lived to take his son in for questioning. It

was understandable that they had to retrieve the boy's digital devices, but he believed this could have been carried out in a more considerate and gentle manner. According to Adam, this experience resulted in his son being afraid every time he saw uniformed police or a police car:

You know, it was the police who turned up. They came to our house in three police cars, five men in all, er... really over the top. Er...you know, of the whole process it was probably the first days that were the worst. [...] You know, for a long time afterwards, if he saw a police car, I could see his whole body start to shake.

Dora, mother of a 17-year-old boy, together with her family, had a similar if not even more dramatic experience of a police raid during which the police refused her entry to her own home and refused to give her any information about why they were arresting her son:

We came home from work one Friday afternoon, in fact er...it was a year ago now, on the 18th or 19th of February. Er...and then my mother-in-law rings, you know, as we all live on a farmstead. "There are so many police here," she says, there are three police cars and dogs all over the place. I thought "What on earth's going on?" He [boy] and his dad had been in [the nearest town] because he was taking a driving theory exam and they were on their way home. I come home and see that there are some police who rush into the house and lock the front door so that I cannot get in. Then they say that they cannot tell me anything, but they are going to arrest my son. "My son? What has he done?" No, they couldn't say anything about that [breathes heavily]. So, they had obviously been given an order to arrest him [...], but it was almost as if he had killed somebody. I don't think it would have been a bigger thing if he had [...]. And then there were the neighbours who stood and watched, as we live on a farmstead, so there aren't as many neighbours compared to living in a housing

area. Our nearest neighbours are out a lot. He's a very down-to-earth chap, our neighbour, and he says to me it looked just like an American film.

The experiences of Dora and her family made a lasting impression on them, and Dora says that the boy's attitudes to the police have changed in a negative way after the police raid.

Barbro, mother of a 13-year-old boy, informs us that her son was suspected of HSB towards a girl of the same age, and that a boy in the neighbourhood was violent towards him as a result.

The mother asked for help from the police, but according to her they wanted to wait and see:

On Saturday we were on our way out, because he was on his way to football training. It's 12 o'clock and then the biggest police car you can imagine comes reversing down our driveway. Three uniformed police officers appear, saying they wish to question [boy] right here. I felt like exploding, I was so angry, because we'd been asking for help for so long, and why couldn't they just ring us? It would have been no problem for us to go down to the police station. Do they have to reveal everything to the whole neighbourhood?

Barbro is critical of the way the police handled the case. They asked for help from the police to deal with a situation when their son had been violently attacked and harassed after he had been accused of sexual abuse, and the police react by coming home to them and questioning the boy. The mother felt that this was a total lack of consideration on behalf of the police.

Several of the participants talked about how the police reacted in an extreme way, without consideration of the consequences for those involved.

Lack of a fair legal process

Some of the participants expressed that the police investigation in relation to their child's case had been inadequate.

Barbro started the interview by saying very clearly that she did not regard her son as guilty, as in her view the police had not carried out an adequate investigation, and the reason for closing the case could not be considered a fair legal process for the boy:

When I think a bit more about being asked to participate in a study about children who have committed HSB, it must be said that I consider my son as completely innocent. [...] This is very, very important for me to point out. There is no forensic evidence, er...everything that has been said can be proved chronologically, to put it that way, I mean the cinema tickets and the telephone conversation. You know, everything actually strengthens my son's case [emotional voice]. But we feel that the police opened an investigation, he has been questioned, and then they have decided to close the case, but on the grounds that he was under 15 years old at the time of the offence [...]. We want it to be 'no criminal offence has been proved'.

Barbro believes that the legal code used for closing the case will influence her boy's future, because his status as 'suspect' will stick with him. She is upset by the fact that the coding was based upon him being below the age of criminal responsibility (in Norway), when in her view it would have been correct to state that 'no criminal offence had been proved':

They could have found so much evidence. They haven't taken account of the telephone calls. It's like they thought: "Let's open an investigation, [boy] will give us his version and then we can close the case. Then we can just say that he was under 15 years at the time of the offence." When they use this code to close the case, they can

explain to me as many times as they like that this is just the code they use, but with that code you give the suspect the role of scapegoat anyway.

Adam believes that the police raid has affected his son a lot, and that it has also affected his meetings with the police when questioning took place later. He believes his son is honest with the police but wonders whether he feels safe enough to talk with them due to the way they handled things on the day of the raid. According to the father, this may have undermined the fairness of the legal process, because it is important that he can explain his side of the story:

It felt like I had one job, and that was to protect him from the system, it all became so stressful. [...] I also had to get him to understand that it's important to be open and to talk. [...] I wanted him to show trust to the persons around him.

These descriptions by the participants demonstrate how parents can feel that their child has been incorrectly treated by the legal system, and that this may have influenced the fairness of the legal process in a negative way.

Fear for the child's mental health

Several of the participants expressed that they had been concerned about the child's mental health after HSB had been disclosed. They experienced the situation as extremely demanding, both for them as parents and for their child, and that it was difficult to know how to best support their child in the situation.

Celine, mother to a 14-year-old boy, told us that in the aftermath of the disclosure of HSB there had been some tough periods where she feared it might be too much for the boy to handle:

[...] but he had extreme mood swings. He was really down, and my friends sometimes sent me messages, they said to keep an eye out for him as they were worried what he might do in the night. So, there were quite a few tough days where I didn't know whether he would make it through to the next day.

Even though Celine's son was getting help from professionals, she was concerned that it might be too difficult for him to cope with.

Gina, mother to an 18-year-old boy, as well as her husband, had similar experiences of great concern for their boy as it was difficult to know his state of mind after the disclosure. He was questioned by the police a couple of weeks before his 18th birthday, and he did not give his consent to the release of information to his parents in relation to the further process with the police and the support from the *Barnahus*. It proved to be difficult for the boy to tell his parents what was going on inside his mind, with the result that they became very worried:

Yes, we started to worry. [...] He's a very sensitive boy, and very caring towards other people. Er...but he's a boy who finds it very hard to talk about feelings, and many other things. He's not very open. [...] What we were worried about was, we live in such a small place. What does he get exposed to on the internet, what are people saying to him? We don't have a clue. He won't say anything to us anyway. So, it's fair to say that for a period we were concerned for his life, we really were.

Dora expressed her desperation about her son's situation after the disclosure of HSB. She told us that there were some strong reactions from people in the local community on social media, and that the time just after the police raid had been particularly difficult:

He had nightmares at night about the police, and he didn't say anything. I looked at his phone and saw all the rubbish that was being posted. "This will be too much for

him to take”, and then you’ve got to somehow be a mother in all this too. I’m no expert, we’re not experts, in all of this.

Dora expresses here her concern for her son and the situation he has found himself in, but at the same time how they as parents lack expertise in how to help him, and that the whole situation becomes too much for them to handle as a family.

The descriptions of the participants reflect the parents’ uncertainty regarding the best way of supporting their child in this demanding life-situation, which highlights the need for support and guidance to parents from professionals after HSB has been disclosed.

5.2.3 Theme 2: violence, abuse and harassment

The participants describe extremely challenging responses from those around them, and several of them described experiences that led to withdrawal and isolation after the disclosure of HSB.

Intense reactions in the local community

Barbro describes how her son was met with strong responses from the local community after the disclosure of HSB. One day her son came home with a large bruise on his forehead. His mother asked how he had got the bruise, and his explanation was that he had fallen off his bike. It was later apparent that he had been subjected to a violent attack by students of a similar age at school. In addition, there was a lot of negative activity on social media:

[...] there’s so much happening. So much graffiti and horrible stuff, especially when you think we only see a tiny fraction of it. I know that the daughter of a friend of mine

had said hi to [boy] at school, and their friends had only said “Yuk, what are you saying hi to him for?” It seems that everyone knew. [...] Yes, and they ring from hidden numbers and hang up. In addition, there’s a boy at school who has really been hateful, and it turns out that this injury was from a group of boys who had followed him, and one of the boys had taken a stick and hit him across the head with it. [...] a friend of one of his friends set up a Snap-group called “Is [boy] a rapist?” Then anyone and everyone had been invited to join it.

Dora experienced that her son was exposed and harassed in the harshest way on social media and subjected to a violent attack from persons in the local community:

Dora: [...] but first he is punished by having to take in everything that’s happened, and then he must contend with the local rabble. There were complete strangers who set up a paedophile page on Facebook with his picture, someone grabbed him by the neck from behind, he hardly has any social contact anymore, he is referred to as a paedophile. He’s tried to go back to school twice, to college, but just can’t manage it because of all the name-calling. [...] He isolated himself.

Most of the participants had similar experiences in that the child/young person was subjected to intense and negative responses from the local community after disclosure of HSB. The reactions of the local community were in some cases referred to as “the local rabble”, or *bygdedyret* in Norwegian, which means literally ‘the village animal’. This is a well-known Norwegian expression which refers to the negative aspects of small communities, especially in rural areas, where social norms and rumour-spreading can be very constricting for residents and can lead to a great deal of shame and feelings of isolation.

Negative influences of the media

One of the participants experienced that the negative responses from the local community had calmed down by the time the case was due in court. At that time, however, the case appeared in the local newspaper, and violence, abuse and harassment led to a very challenging life-situation for her boy:

Dora: [...] the worst rumours weren't at the start, there was a bit in relation to a Facebook group, a few ugly comments on the bus, but then it all calmed down right up to when things started to appear in the newspaper. "The accused boy can receive up to 15 years in prison, with today's maximum sentence [Norway], the newest maximum sentence is 15 years in prison." [...] After that, things escalated, and it's still completely hopeless. Then there were reprisals, for example at parties, where someone took a stranglehold on him, he was beaten up. [...] Why is it in the paper when they are under 18 years, when they have no chance of dealing with it? [...] When it was put in the paper, the whole thing became a disaster.

The mother is very sceptical as to whether cases where the accused is under 18 years of age should be discussed in the media, especially as she is aware of the consequences it had for her son when information from the court trial was published in the newspaper.

5.2.4 Theme 3: shame and feeling alone

Most of the participants expressed a great deal of shame and desperation after it had been disclosed that their child was suspected of HSB. The shame led to increased social isolation, which then led to increased feelings of loneliness.

The reactions of parents

The participants experienced different reactions after the disclosure, but all expressed that they had experienced the situation as very demanding.

Erika, mother to a 17-year-old boy, described being told that her son had committed HSB as her worst nightmare. “For me, this is a parent’s worst nightmare, apart from hearing that they have died. Er...then I was kind of like, what’s the truth? Because I needed to find out what had happened, while at the same time I didn’t want to know.”

Celine tells us that after disclosure it emerged that there had been several episodes when her son had committed HSB in relation to different girls, something which caused her to experience a strong emotional reaction: “Like I said, I felt sort of, not really angry with my boy, but more utterly desperate.”

The same applied to Barbro, she became afraid of the reactions of local people, and isolated herself completely after the disclosure, even though she did not think her son was guilty of the accusations:

Absolutely terrible, and I feel like I’m almost going into hibernation. I am 110% sure that [boy] hasn’t done anything, at the same time you feel utterly ashamed because you think the local rabble will get you. I don’t go to cafes; I don’t go to any shops.

Gina experienced that for a time she just wanted to protect herself by moving away from it all, but fortunately the focus of the local community shifted towards another case that was receiving local attention. She expressed great relief at this:

The world sort of collapsed. I mean, I don’t really think I understood what was going on straight away. [...] There was a period where I just wanted to move, God knows I

did. Then there were these other scandals involving some other kids, involving sex and stuff, and I just went “Yes!” [laughter]

Most of the participants expressed that they had experienced intense and complicated reactions after disclosure, something which led to a need to protect oneself from the distress through withdrawing from various social situations, even in the case when there was no belief that one’s own child was guilty of the accusations.

Relational implications and feeling unsupported

Most participants expressed that they had met various relational challenges after the disclosure, where they had a need for more support than they felt they had received.

Dora tells us that she and her husband handled the situation very differently, something which led to challenges when it came to communication between them:

“We’re finished with this” says [husband]. “No, we’re not finished” I say, “[boy] has to do his youth punishment for two more years, and it’s only just started. We’re not finished with all of this; we’re only just starting.” [...] So, he doesn’t quite get the consequences for the boy, he really doesn’t.

Gina experienced that she missed contact with a female friend who she had always looked to for support in different periods of her life. The behaviours of which her son was accused were towards her friend’s son, and this was why the police advised no contact between them in the first phase of the investigation:

There was a good reason why I used to ring my friend, who I now could no longer talk to [laughs]. She was the one who I’ve spoken to most in my life, you know.

Suddenly, we no longer had each other. That was strange, because she’s the one I can

say everything to. Yes, the only one I could talk about it with, and she was suddenly no longer there.

To protect their son, Celine tells us that they hadn't informed the family about most of the events:

Yes, and as I've said, my husband doesn't say much. He's not really spoken to anyone other than me. So, the family hasn't really, they only really got to know about the last thing that happened, the thing with his friend. The rest we've kept them away from, because we wanted to protect the young lad. We didn't want rumours and stories starting that would follow him the rest of his life, did we?

Erika expressed that she missed and was worried about her friend. Over the years, she'd had close contact with him, and she had shown her support for him after her son's HSB had been disclosed. She experienced that he had pulled himself away from her lately, something that she believed was related to the fact that he too had experiences related to sexual abuse:

The stupid thing is that about my pal, you know [sighs heavily]. We were sort of, had really good contact, and the last half year we've had no contact, [...] he wrote that it was nothing that I'd done, because I wrote to him saying that it felt like I'd said or done something to make him pull away [...]. He was at rock bottom. I don't know if the episode has affected him in some way, because he's told me that he's experienced something like that when he was little.

Gina experienced a lack of accessible information about help and support after the disclosure. The case was reported to the police three years after the events had taken place, so her son had turned 18 years old immediately after the police interview at the *Barnahus*, and he had not consented to the parents' participation in the follow-up support. For a period, they were

very concerned about their son's mental health, and it was very distressing having no right to information in the case:

[...] we have been sitting a bit on the outside, but I think it was to do with his age, because he had turned 18 in the middle of all this. [...] Er...but I would have liked some form of follow-up afterwards in a way, because it's a bit like I said. It went ok this time, but it could have gone really bad.

Gina goes on to say that she found it very positive to talk with the researcher throughout the interview. She had not talked to anyone but her husband about the situation, and found that it was useful to sort her thoughts and feelings throughout the conversation:

[...]. I think it was ok to talk about it, because it's been kind of good for me. Because in a way I've got, I've thought about things that I didn't realize I thought about, I have said things that I didn't know I thought about, which I get to understand a bit better now.

Barbro tells us that she has experienced being very alone throughout the entire process. She has tried to get professional help, but she has experienced an avoidance of responsibility from the various agencies involved:

We've received no help from anybody. I have rung the police, who have asked me to contact the Child Protection Services. When I go to the Child Protection Services, they ask me to go to the police; if I go to the school, they ask for help from the police and the Child Protection Services. There is nobody, nobody who does anything [sighs heavily].

Dina's daughter has experienced that young, drunken customers come into her place of work and harass her about things that her brother is suspected of/prosecuted for:

She works late shifts at the petrol station in addition to her studies. There are a lot of young people drunk and partying that go in at that time, so sometimes it all takes off, and she gets loads of negative comments about her brother.

The participants have experienced various relational consequences and a lack of support in the aftermath of disclosure, and they all express a loss of feeling secure in their social relations.

5.2.5 Theme 4: good support persons

Close family and the wider family were there for each other

Erika experienced that her mother provided the family with good support when she found out what had happened. Initially, they decided not to tell her, something which she thought was sad:

[...] and then my mother was told what had happened, and thought it was sad to hear that I had, or we had, been living with this on our own and thought it must have been hard. [...] and she's definitely more available and very helpful when something happens.

Dina has experienced getting closer to her son after the disclosure. In addition, she has involved the wider family in his support when she and the family felt a need for help and a break from caring:

In our case, I think it's maybe brought us closer together. It's made him speak up, as he's had no choice, and we've used a lot of time on making him speak. He was very afraid in the beginning, afraid of going to prison, very afraid of going to prison, and

very afraid he might have damaged the girl. [...] We are very close, I have four siblings, divorced parents and stepparents, a glamorous modern family you might say [laughs]. It's just that, like I said earlier today, we've experienced a lot. And we have very strong, we have very strong bonds. My sister and my stepmother are both members of the youth team (*ungdomsteamet*). There were such a lot of meetings, and I feel as if it's me who, I feel like it's so much just me and [boy], and that I need a bit of time off. Now that he's 18, it's more often the case that you don't have any rights to help from work and stuff.

Gina tells us that talking together in the core family was demanding after the disclosure, but that this improved as time passed:

In the beginning, it was a bit awkward to be honest. That was because nobody really knew what to talk about in a way. You tried to talk about other things, though you knew that both of you were really thinking about the same thing. Er..., but the family is getting on really well now.

Most of the participants share with us that they experience positive and necessary support from their close and wider family in this difficult period of their lives. It varies as to who they have informed about the situation, but most of them have experienced that both close family and the wider family have been there for them at a time when they were greatly needed.

The importance of professional helpers

Most of the participants have positive experiences when meeting professional helpers in the aftermath of the disclosure of HSB. Adam expresses a lot of gratitude for the support they have received from the *Barnahus*, while at the same time pointing out the stressful experiences from their first encounter with the police: "Yes, they have been there for us. The

set-up they have down here is great and I can't praise it enough. But then I'm a bit critical, not a bit really but a lot, about how the police handled things."

Dora and her family experienced support from the public prosecutor when their case came to the district court*. The prosecutor took the initiative to a dialogue between the police and the family so that the police could repair some of the experiences from the family's initial contact with the police.

[...] it was so bad that when the trial came up, the first time in the district court, it was so bad that the prosecutor contacted our solicitor the day after and set up a meeting between [boy] and the boss of the police officers who had come to our home, because they thought it had been awful behaviour.

Dora tells us further that the Child Protection Services were helpful afterwards and that they initiated the support the boy has had from the *Barnahus* after disclosure as part of their youth support work: "[...] it was the Child Protection Services who were trying to help, and then, then they contacted the *Barnahus*. Then things happened fast."

Celine believes that the follow-up support from the various support systems has been absolutely essential and expresses a lack of confidence in herself in this area, where sexual behaviours have been involved: "God knows what would have happened. He needed that help, I don't know how otherwise. I wouldn't have known."

Most of the participants express how they have received good support from the various professionals involved in the case. In addition, one participant raised the point that she had little faith in herself as a parent when it came to being able to handle issues related to the body, sexual boundaries and sexuality.

5.3 Focus group interview

5.3.1 Identified main themes and sub-themes from the focus group interviews

Main themes	Sub-themes
The seat of power	<p>The importance of the investigation</p> <p>Challenges in police raids</p> <p>The 'Forth Estate'</p>
The complexity of the cases	<p>The importance of acknowledgement</p> <p>Complementary systems</p>

5.3.2 Theme 1: the seat of power

This theme affects the participants to a great degree. They describe a complex situation with challenges relating to the investigation, managing cases and the dilemma involved in the protection of both the public and the individuals involved.

The importance of the investigation to avoid consequential errors

The participants told us that the investigation is of major importance when it comes to whether the accused receives the necessary help which both they and their family need. Thea, from the police, described an example in which the child's age strongly influences what sort of investigation takes place, which in turn will influence whether the child/young person and his/her family will be positive to support from the various professional services where there is a need:

[...] we have a duty to investigate in cases of children over 12 years, but whenever the cases involve suspects under 15 (U15) these will be down prioritized and will often end up as word against word cases. In these cases, it's hard to know where to start or how to follow them up. [...] If we'd done more there and taken the time to seize electronic equipment, for example, something we don't do in U15 cases because it would involve huge resources to go through such seizures, then we might have found something related to modus*. If he is a person who searches a lot of pornography related to homosexuality or images of child abuse. That alone could have given us an indication that there's a lot going on here, could have put him in a better situation if he has done that.

Eva who works at the Barnahus has experienced that the children are strongly affected when a case is closed on the grounds that the child is under the age of criminal responsibility. They are reported as a suspect and that the injured party has been questioned, but no further investigation is carried out, something which can lead to the suspect not feeling heard or feeling guilty of the crime, especially in the eyes of wider society, without a thorough investigation having taken place. Eva from the *Barnahus* expressed:

This is when we see how suspects struggle with the fact that they have only been in for questioning once, and the injured party has also been questioned, and then the case is closed. Then it's difficult to prove anything or to tell other people that it hasn't happened like that or provide nuances. Then they can really struggle mentally afterwards, I think. Many of them get a lot they have to deal with, and they need a lot of long-term support. Er...they struggle with rumours, and they have a lot of anxiety, they isolate themselves, are sceptical of contact with others, yes, their sense of worth, their self-concept. [...] One suspect said "Nobody is going to believe me. Everybody will believe the injured person, so I've pulled the shortest straw in any case."

Amalie, who works for the police, shares with us that the police investigate less in those cases which will not reach the courts, in other words when the child is under the age of criminal responsibility. The police have a duty to investigate when the child is over 12 years, but this is practiced differently:

[...] we do not carry out steps of the investigation which we otherwise would have done if they were over 15 years and there's a possibility that the case may end up in court, or that a prosecution could take place. So, then we believe that it's sufficient to question the injured party and the suspect, simply because the suspect cannot be punished. But it's still the case that we have a duty to investigate for all suspects over 12 years, and that these cases essentially should be investigated in the same way as those over 15 years. [...] and not everything can or should be investigated, and we must always question whether we would be making matters worse.

The participants describe here a situation which can be a great strain on all involved, and which can have a negative impact on future developments and major consequences for the involved parties.

Challenges in police raids

The participants reflected and shared their thoughts in relation to police raids, and the negative experiences families have in relation to these. Thea from the police has some thoughts on how these might be carried out in a more considerate way:

[...] but there's the question of securing the evidence that [*Barnahus* representative] talked about, which means that one must er...secure the electronic devices, for example, without anyone tampering with them. So, it's not necessarily the raid itself that is urgent, but securing the evidence is, or at least it must be done in the proper

way. [...], sometimes it's enough that we search for and secure the electronic devices, and that the questioning can be done later. I don't know the exact reason for them deciding they had to go in there and then, but it sounds a little strange. So yes, I understand that it seems very intrusive.

Lily from the *Barnahus* has many experiences with cases in which the family react to the way that police raids are carried out:

It's what gets talked about in many of the cases where we have worked and is a very recognizable theme. Even just simple things such as why three police cars were standing in someone's drive, and what will all the neighbours think? Er... and it's not like when someone gets into a police car parked on their property that people think it's about the child, so parents are also concerned about what the neighbourhood will think about me and my family. What have they done that's so wrong? etc. etc. And then, the way it was carried out takes such a lot of focus, because they think it could have been done so differently. So, they understand the logic in relation to securing evidence such as telephones etc., but the experience itself is so overwhelming that it overshadows things. I'm sure of that, we've had many examples of it.

Amalie from the police fully understands that it is a demanding situation to cope with for both the parents and the child. She tells us:

I fully understand that it is frightening and seems extreme for the parents.

Several of the participants share thoughts and experiences relating to police raids, and both the police and the *Barnahus* agree that it should be possible to carry these out in a more considerate and careful way.

The 'Fourth Estate'

Lily from the *Barnahus* believes that persons who have committed HSB must take responsibility for their actions, but that this can go too far sometimes when cases are reported in the media, and that this is of little help to the child/adolescent from a preventative perspective:

Yes, they must take responsibility for what they've done, there's no doubt about that, but how do we help them to have the capacity to take that responsibility and manage to live in the future? We don't want them to keep on a negative path, keep bad company or to have poor mental health, of course we don't. [...], their punishment will already be hitting them hard, without it being exaggerated in the media [...].

Eva from the *Barnahus* believes that court trials should be closed for the public when the suspect is a child:

My view is that they are vulnerable children [...] things should be behind closed doors so that not too much information comes out. But I don't know who regulates this.

Thea from the police refers to the media's duty to inform society about current court cases with a view to protecting the public, though sometimes she feels that they reveal too many details:

It's important that people know what's happening. But at the same time, I'm concerned that the media often give far too many details, so that it's easy for local people to make the link that it happened behind a school, for example. So, that's true, but sometimes there will be a ban on reports from the trial or limitations on reports. Just that it took place in or was tried in that specific court at a certain time, for

example. There's no need to state where abuse has taken place or details of the actual abuse. But that's what the media want, of course.

The participants highlight here that the reporting of information by the media from the court trial should be strictly regulated for persons under 18 years. This is to ensure the best possible future development of the child. They also highlight the dilemma between considering the needs of the individual and the protection of the public.

5.3.3 Theme 2: the complexity of the cases

The complexity of the work is a theme that participants describe as very typical, as these cases involve legal, psychosocial and practical considerations and therefore require coordination between the various agencies involved.

The importance of acknowledgement

Thea from the police has experienced that parents' attitudes towards what has taken place is decisive when it comes to whether the child will acknowledge/talk about his or her involvement and thereby accept the offer of further help and support:

We have an injured party who tells us about abuse committed by a cousin, where the cousin, with the parents in tow, deny that it can have happened. The parents cannot see that their son could have done it. This also means that the suspected cousin denies everything. We experienced that [...], firstly the parents go into shock, go back home and prep their son with resistance and denial. We see here two parents in a meeting who have a duty of care for their 14-year-old, and in a break sit down and prep him with that this is something that you mustn't say no matter what. The abuse was quite

serious, and it's an example of a case where the boy doesn't get the support he needs because we couldn't get into a position to help him.

Hanne from the *Barnahus* describes how they offer support to all persons who have status as suspects, but that it's difficult to do anything for those who deny everything:

I think getting into a position to help is key here. It's important, I've found, especially in those cases where the children are of a similar age, around 14-15 years old, but also 13-14 years old. Where the injured party has their version of events, then the suspect comes and denies everything. Nothing else has been done and then we come in, maybe the Child Protection Services are not involved as it's not a typical case for them. Then you're stood there as an advisor: "Ok, do you want any support from us then?" "No, why should I, I haven't done anything wrong." Then we just finish up, thanks and goodbye. We think that's too bad. Fortunately, there are a number we manage to get in, but others just escape there and then because they just say no, and of course they have a right to say that.

At the same time, Lily from the *Barnahus* has experienced that some people are positive about support from them when the offer of support is presented in a different way:

In both cases we've had with the Child Protection Services, there has been no real acknowledgement of what has taken place. But there's been, we've changed the focus to the fact that you've behaved in a way that other people have reacted negatively towards, and perhaps you should ensure that this does not happen again, and in that way you've to a certain extent acknowledged something: "Yes, I can see that I've done something that wasn't ok, though I don't want to think that I've done anything." They haven't managed to put it into words, but it's that kind of focus we've had to work through so that we can talk about what one can do next time so that one doesn't

experience a situation again which is unpleasant. So, this is the way that we changed the focus in both those cases, getting the person to talk about the idea that something has happened that wasn't ok.

Mona from the Child Protection Services describes how the need for support is there, regardless of whether the person acknowledges the situation. The children often live in the same local community, and it is therefore essential to make provisions so that everyday life can go on as normally as possible:

Full acknowledgement does not always occur or full agreement about what has come to light, but my experience is that it's good to have those meetings anyway. They'll meet sometime in the local shop, they'll meet in the school yard, the kids will meet each other and what happens when they meet playing football? What's it going to be like if they've never talked? Yes, it will limit their lives quite a lot, I'm convinced of that, if we can't somehow help them with these things.

The participants refer here to the fact that the attitudes of the parents have a large role to play in the further support of the child in the case of HSB, while professionals must consider a wide range of approaches when trying to establish a position from which they can work productively with both children and their parents.

Complementary systems

The participants experience that HSB cases can be challenging and complex, and that there is a need for cooperation between several systems. Lily from the *Barnahus* experiences that cooperation is of utmost importance, and at the same time highlights the need to take care of both the injured party and the suspect:

And particularly, I think particularly in the case of sibling incest, where we think that something needs to be done on the day of questioning. They may not be able to be sent home, and in these cases a lot needs to be done in close cooperation with the police. Perhaps we need a restraining order, and cooperation is needed to secure that, and this is regarded as quite a drastic measure. What do the Child Protection Services think about that? Do they think that both children can go home and live under the same roof? Is that possible? In these cases, there's a lot of focus on safety. [...] So, I've always got that perspective with me, and here in the *Barnahus* we often work quite a lot with the injured party too, and I've worked in cases where I've not worked with the suspect, only with the injured party. It's valuable experience to bring into the support work we do, to be able to mentalise both parties. I have to say that it's an overwhelming system that kicks in in relation to these families and a huge amount of cooperation is needed in these cases to ensure a good result. [...] This is where we start. It feels more secure, working in this way.

She presents an example here in which HSB between siblings has taken place. This has often wide-ranging consequences for the internal matters of the family, as in most cases this will lead to the child responsible for the sexual behaviour being moved from the home, at least for a period, and it is the Child Protection Services who arrange a new place to live for the child.

Mona from the Child Protection Services experiences that the parents and professionals regard the multi-agency cooperation as highly valuable, because responsibility is shared and the various tasks are allocated:

[...] in relation to these cases I have experienced that it's a relief for them that they will be receiving help, and that there is someone who takes the responsibility to organize things, takes responsibility for "first we do this, then we do this, then we

make a plan, then we make the safety plans together and then we all know what's going on. So, the school knows what it has to do, the *Barnahus* knows what it has to do, the Child Protection Services can help you with that, yes" [...] we aim to establish that plan quickly, so that the family, the Child Protection Services and all the services involved, and of course the child most of all, can feel secure that they have been seen, carefully considered and that help is at hand [...], regardless of whether you are a perpetrator or a victim. [...] A plan needs to be in place for both parties, and I think we are quicker to do this in these cases than in others. I think that means we have a lot more discussions, more gathering of information before we make a plan. It's a temporary plan which changes as we go, but it's about looking after the children's interests in all the areas they find themselves day to day.

Furthermore, Elisabeth from the Child Protection Services experiences that the cases often involve several families, schools and local communities and therefore it is of great importance that the various services cooperate. This ensures that the extent of the damage is minimized and that the outcome is as good as possible:

Yes, it involves another party and that party is of course another family. Which usually involves another local community, which also involves a school area. It doesn't just involve what we usually work with, which is about caring for a child. Er...we don't know what it's about, there may be issues relating to the care of the child, but the outcome affects very many other people too. Therefore, it is absolutely necessary that persons from different services work together and that the damage is contained as much as possible. [...] It's a more secure way of working, and it ensures that we do a good job.

Lily from the *Barnahus* experiences that working with these cases is demanding, both emotionally and in relation to time resources. This further highlights the need to stand together to help these children and their families to get life back to normal again:

I think these cases are very demanding on time. It's different working with these. There are usually so many services involved, and then both the assessment work and the treatment work are very extensive [...] And then I definitely feel that these cases affect me a lot, because the pressure is so intense. Many people point out that this is a challenging area to work with. That's not saying that I don't feel sorry for other children, but I really do feel for some of the children who must contend with this situation, and have been accused of things, whether they are true or not it's still awful. But those who also acknowledge the behaviours, I'm working currently with a child who has acknowledged the behaviours from day one and who genuinely wants help to get back to a normal life again.

The participants highlighted here the need for the various systems to cooperate to ensure the best possible package of care and support for the families, not least to prevent relapse for the child who has committed HSB and support them as well as possible to achieve a positive development in the future.

5.4 Reflexive summary

Reflexive thematic analysis (RTA) has been used to identify patterns and themes from my field study at one of Norway's *Barnahus*, including the interview material, and the focus has been on the participants' experiences and their reflections. My findings demonstrate that parents and professionals in a Norwegian context experience challenges when dealing with

the disclosure of HSB in children and adolescents, and a pattern emerges in which both vulnerability and system failure can lead to experiences of powerlessness.

The ethnographic stay

The ethnographic approach in this study provided a context sensitive understanding of the field and practice through my presence at *Barnahus*. The observations contributed a deeper understanding of and feeling for the interactions between the young person, parents and professionals as well as the effect of the context in which these took place, offering a solid foundation for the subsequent data collection.

The process of carrying out ethnographic observations and writing provided me with the possibility of making many useful, in-depth observations. Through this methodological approach, I experienced a greater awareness of my own vulnerabilities in relation to *being a child* and *being a mother* in a demanding life crisis, which in turn put me into a better position to empathize with the situation of the boy concerned and his family. Through the observations, I had several new experiences, an example being from the conversation with the boy presented above. He was physically small with an *insecure bodily expression*, which was recognizable from my own practice, and which became very apparent when looking at him from this position. Another example might be when it emerged that the boy was extremely content with a new day activity which had been arranged for him with a view to shielding him from negative responses from his own age-group at school. We should perhaps have more focus on making provisions for new arenas for work, school and friendships as opposed to mainly working with re-establishing the young person's earlier contexts and relations. Further, I became increasingly aware of the concepts of *context* and *power*. The position of power that persons working at the *Barnahus* occupy as a part of the Norwegian police system is important to be aware of, as well of the question of extent to which this can

affect the young person and his or her family in their cooperation. This became much more apparent to me through the ethnographic observations. In the example discussed, we were both *guests* in the context, something which provided possibilities to take new perspectives, both personal and professional. I consider that the increased sensitivity I experienced during the observations is a finding, as it highlights how the field of practice is characterized not only by a high level of attentiveness and caution, but also by emotional responses that shape how the topic is engaged with and managed.

Parent interviews

The descriptions of the participants demonstrate that the way the police approach these cases can contribute to a feeling of insecurity and suspicion when dealing with those supposed to protect society, and points to a system failure and failure to adjust the approach when dealing with a child/adolescent suspected of HSB. This does not seem to be a question of a lack of knowledge, such as when we look at the response of the crown prosecutor to a family's experiences on the day of the raid, but at the same time, several of the participants report experiences of raids which seem to be effectuated without thought being given to the *consequences* for the child and the family. In addition, one can wonder whether there is an *official knowledge-based* policy which states that it is important to treat the child suspect with respect and an *unofficial policy* in which professionals are disrespectful when meeting these young suspects, as demonstrated in some of the parents' experiences with the police.

When the participants in the parent interviews were informed that their own child had carried out sexual abuse against other children, they experienced powerful and complex reactions. The *police raids*, *investigation failures* and the *influence of the media* all contributed to increase the negative experiences of the child and the parents in relation to outside agents,

and in some cases could lead to significant *consequential errors* affecting future work in the case, as well as negatively impacting the child's future, their family and society.

All the parents expressed that they supported their child after the disclosure of HSB, while at the same time experiencing their own reactions which they described using words such as *shock, shame, desperation* and *confusion*, feeling which put normal feelings of security and belongingness to the test. These reactions led in turn to *social isolation* and experiencing *stigmatization*. This can illustrate the individual's ability to adjust in challenging situations, while at the same time highlighting the need for help and support from both private and professional networks. One participant described a dilemma which arose when the suspect did not provide consent to the parents' involvement, and another participant experienced that the family got closer together after disclosure. The two different experiences demonstrate how family dynamics can be affected by the situation in different ways.

Some of the participants used words such as 'the local rabble' when describing the negative responses which came from those around them, both in the local area and on social media.

One participant described that she experienced relief when local people turned their attention to another case which involved sexual behaviours among children. One might have expected her to show empathy for the children and parents in the new case, but at the same time her experience of relief gives us an insight into the social pressure experienced by families after disclosure, regardless of whether they believe that their child is guilty or not. According to one of the participants, this does not matter because the negative social consequences are there in any case, even if the case is closed because of the child's age.

The participants described relational implications after disclosure and expressed a great need and gratitude for professional help. Some experienced a lack of expertise, or feeling helpless, when dealing with the issue of sexuality; it was as if they believed they needed to be experts

on this subject to approach it as a parent. This issue was also recognizable in professionals, who it seems, can also lose sight of their general competence regarding children and their development after HSB has been disclosed. This probably explains some of the intensity which individuals experience when children/adolescents have committed HSB, which is seen in individual families but also in wider society.

The focus group

The participants in the focus group came across as very engaged and sometimes exasperated over the system they were a part of. No disagreements or tensions were observed between the various participants or professionals in the focus group. Various themes were raised which touched upon the area of responsibility of many agencies, but there was strong agreement on the need for better help for children who were suspected of HSB. The police expressed that the presented raids carried out by the police were worthy of criticism and provided some possible explanations as to why things might have happened this way, though still accepting that police behaviour was unacceptable. They also supported the need for more thorough investigation when a U15 case had been opened and explained this in terms of a lack of resources and not a lack of understanding or disrespectful attitudes in individual members of the police. The police in the focus group demonstrated an understanding of parents' reaction to police actions and the lack of investigation in cases involving children under 15. However, it can be questioned whether this understanding was followed up with sufficient measures. Child Protection Services and the *Barnahus* appear to have accepted this explanation, which may indicate trust, but also a lack of clearly expressed professional assessments. They could have more actively requested concrete measures and closer collaboration, particularly

considering the children`s need for safety and follow-up. The situation might highlight the need for clearer responsibility and improved interagency cooperation.

The *Barnahus* and the police had several criticisms in relation to a lack of legal and other frameworks in the area and highlighted the need to regulate the way the media presents cases that reach the courts in the case of children. It could have been beneficial for the actors to discuss concrete measures to regulate the media`s right of access in cases involving suspected children more thoroughly. This might include clearer guidelines on what information can be shared, as well as considerations of how children`s right to privacy and development should be weighed against the public`s need for information.

Social services and the *Barnahus* were very positive about each other`s work and the Child Protection Services expressed that the support and expertise of the *Barnahus* was very useful in specific cases. This was in relation to looking after the interests of the child, the family and the local community as well as preventing recurrence, or to reducing as much as possible the long-term negative consequences for the parties involved.

Furthermore, all three services expressed the need for each other throughout the entire process to provide the best possible coordinated approach/support in HSB cases, which they experience as a demanding area of work. All agencies emphasize the need for knowledge and interagency collaboration in complex cases. However, experience shows that Child Protection Services increasingly refrain from involvement when there are no concerns regarding the child`s caregiving situation. This may create a gap in follow-up after disclosure, and in my view, this highlights a clear tension between institutional mandates and the child`s needs.

Through the discussions in the focus group, I observed little overt conflict across the agencies. Most of the participants knew each other professionally beforehand, and they were all women. This might influence both the group dynamics and the topics that were discussed.

The participants actively supported one another, particularly regarding challenges such as resource shortages and organizational constraints. As a researcher, I reflected on how this may have limited the variation in perspectives. The prior familiarity among participants may have led to a certain conformity and reluctance to express criticism of each other's practices or institutions. At the same time, this made it easier to obtain in-depth reflections about shared challenges and to identify system-level issues that might otherwise have been overlooked.

My findings in this study demonstrate that parents and professionals in a Norwegian context experience challenges when dealing with the disclosure of HSB in children and adolescents, and a pattern emerges in which both vulnerability and system failure can lead to experiences of powerlessness.

Chapter 6.0 – Discussion

6.1 Introduction

In this section, the findings from this study are discussed in the light of related research, relevant literature and the structural, social and relational consequences of harmful sexual behaviour in a Norwegian context. The discussion is based upon the legal framework, attitudes to HSB in Norway and children's development, as well as other controversial issues and dilemmas which emerged in the study.

6.2 Legal framework, children's development and attitudes in Norway

6.2.1 Legal framework

In the last two decades, there has been increasing focus on children and young persons as perpetrators of problematic or harmful sexual behaviour, and as a natural consequence of this several new dilemmas have emerged. Øverlien et al. (2024) point out that Norwegian law provides children and young persons with a special protection against sexual abuse, and the legal framework is therefore central to the prevention of sexual abuse against children. At the same time, the sexual abuse of children represents a major challenge for both the legal system and support systems, as society must support the victim but also recognize that the perpetrator is also a child with the right to protection and necessary help (Ericsson, 2021).

The current Norwegian legal framework provides a clear opportunity for the victims of sexual abuse to be questioned at a *Barnahus* Centre using specially adapted and child-friendly procedures (Legal regulation for the questioning of vulnerable persons, 2015). On

the other hand, there is no similar regulation which secures that children who are suspects in such cases can be questioned at a *Barnahus* Centre. This creates an imbalance, even though both parties are children with special rights. The participants in this study emphasized that the absence of a regulation relating to the questioning of child suspects in sexual abuse cases can impact upon the right to a fair legal process for the perpetrator, and at the same time obstruct follow up by professionals, who have responsibilities towards both parties. From my point of view, insufficient legislation regarding the Police`s use of *Barnahus* creates systemic inequalities. The legal vacuum gives the police room for discretionary power, which over time can entrench informal power structure within the system, and as Foucault argued (1988), in this context these shapes how children are handled and influence the exercise of authority within the system, as the parents' experiences confirm.

6.2.2 Children`s sexuality

In recent years, various professional communities in Norway have been concerned with differentiating between normal and expected sexual experimentation between equal parties, and sexual behaviour which involves disrespecting boundaries, which may be classified as sexual abuse. Child sexuality must be understood as a normal part of development, where it is expressed as curiosity, learning and exploration of one`s own body and relationships. In contrast to this, the participants in this study experienced that there was less room for sexual exploration and development for children and young persons in a Norwegian context. One of the parents in the study described how events that she herself would have understood as natural sexual exploration were referred to the Child Protection Services and/or the Police. The classical study by Mead (1928), looking at adolescent sexuality in Samoa, used a cultural perspective, and showed that sexual exploration was an expected and integrated part of

growing up, and WHO holds the view that sexuality is a natural and fundamental part of human personality, independent of age or gender. An important question which then emerges is whether in Norway children's sexual exploration has moved away from being a natural part of development?

Several of the parents in the study described how they lacked competence or felt uncertainty in relation to how to approach the issue of sexuality in children. This made it particularly challenging for them to approach the issue with their child after the disclosure of HSB. This might suggest something about how overwhelming it is for parents when children commit HSB, but it may also indicate that we are in the process of creating a society with expectations that sexuality generally should be handled by professionals, as it is too challenging for parents. I consider that children's relationship to sexuality in a Norwegian context is shaped by both openness and silence, and because of this complexity the topic is often difficult to address in practice. When this complexity is overlooked, it can lead to uncertainty, shame and increased vulnerability, while children's experiences become less visible and less acknowledged.

6.2.3 Attitudes when dealing with HSB

In a Norwegian context, the understanding and regulation of children's sexuality must be seen in the light of taboos which affect the norms and values of society. As Gullestad (2002) points out, the Norwegian ideal of equality may contribute towards making differences invisible. This may in turn mean that issues related to child sexuality are met with silence or implicit communication, and the existence of a form of moralism and expectations to conform to 'normal' standards. This cultural reservedness can create challenges when addressing issues that encroach on child sexuality. Despite a gradual increase in openness

regarding sexuality in Norway in recent years, particularly through nursery and school educational curricula, barriers still exist when it comes to addressing the issue. This corresponds with the findings in this study, in which parents described both uncertainty and reservedness when approaching child sexuality, an ambivalence which can lead to children lacking a foundation for being secure in their own sexuality at a time when children have easy access to sexual material online, which they to a large extent are left to deal with on their own or in the presence of peers.

Reynolds (2023) points out that children who had committed HSB were referred to as criminals in the Irish media. This shows how children's behaviours are ascribed a maturity and intention which does not consider their developmental stage, their vulnerability and the context, and that they are presented as criminals rather than children with a need for help.

What is the situation in Norway?

Øverlien et al. (2024) writes that Norway is a country that emphasizes openness, equality and children's rights. Based upon the current study, a picture emerges in which children who have committed HSB meet reactions in society characterized by implicit and underlying understandings of sexuality, in which shame and an understanding of the child as morally responsible are central. An important question for discussion is whether current practice in the Police, Child Protection Services and *Barnahus* Centres can differentiate between sexual exploration and harmful behaviour. Based upon the experiences from a boy who himself was subjected to abuse by someone of the same age, and who later repeated the same behaviour towards a boy who was two years younger, one might question the response of public agencies. Should the event(s) have been reported by professionals to the police, or should they have been dealt with as instances of sexual exploration, for which professionals could have provided expert help and training at a more appropriate level? I believe the latter, but at the same time we must be wary of suspects who are described as non-vulnerable, 'normal

kids' by *Barnahus* representatives, referring to the absence of known vulnerability factors in the child (Andersen, 2025). This can have importance for decisions, as children who are not regarded as non-vulnerable are more at risk of not having their needs identified, as they do not fit into the usual categories of understanding. This shows the importance of how support needs to be adjusted to the needs of the individual child, at an appropriate level.

Several of the parents and the professional participants in the study emphasized the importance of holding children and young person's accountable for their actions in the case of HSB. At the same time, they stressed the importance of individualized support and interventions which can empower the child to take responsibility in a constructive way. Foucault's (1988, p.18) distinction between 'technologies of power' and 'technologies of the self' provides a framework for understanding how children and young persons who commit HSB, and their families, deal with and process reactions in society. Through technologies for power, the child is regulated through legal frameworks, Child Protection measures, diagnoses and control. Technologies of the self are activated when the child is expected to change behaviour, moral standards and self-insight, and the expectations work on both a conscious and unconscious level. To be able to meet such expectations requires a level of cognitive and emotional maturity which children have not necessarily developed and may therefore represent an unreasonable demand on the developing child. It is therefore crucial that help measures are designed in a way that considers the child's age, maturity and individual needs to support feelings of coping and security.

According to Goffman (2019), stigmatization represents a wide-ranging social and individual burden. In this study, it emerged that the disclosure of HSB often lead to withdrawal and isolation. This indicates that measures to reduce stigma must be implemented at a societal and individual level. At a societal level, informational and educational measures are central to counteract negative responses; at an individual level, the promotion of inclusion and

participation for both children and parents is important. Harmful sexual behaviour must be taken seriously and must be prevented. We know that a lack of intervention in the aftermath of HSB can have serious consequences for both the victim and the perpetrator. At the same time, a misguided intervention, which does not consider the developmental level of the child, his or her intentions and individual needs, can be harmful. In my opinion, the professionals' attitudes towards harmful sexual behaviour will affect the child, the family and the local environment after disclosure. In a systemic perspective, the way in which the issue is met influences and even shapes reactions, either by contributing to support or by creating stigma and distance (Goffman, 2019). This, in turn, affects how the child and the family are included or excluded from their social environment.

6.3 Other controversial issues and dilemmas

6.3.1 Supporting the child

The material in this study shows that when a child commits HSB this is experienced as an enormous strain for the parents, not least the dilemma that they have a need to protect and support their children, who has carried out the behaviour, while at the same time having to cope with the fact that their child has harmed another. The parents describe a strong feeling of responsibility towards their child, but at the same time are placed in a demanding situation characterized by shame, uncertainty and emotional stress. On the one hand they express an unconditional love for the child, but on the other hand they experience the child's actions as challenging to deal with both emotionally and socially. Despite this, all parents in this study report that they chose to support their child after the disclosure, even though this involved significant personal and social challenges. This concurs with the findings of Westergren et al.

(2023) who noted the new and demanding challenges which arose for the family after the disclosure of HSB. On the other hand, in the study by Archer et al. (2020), the parents talked about how they withdrew themselves both physically and emotionally from their child after the disclosure of HSB. These latter findings depart from this study, in which ambivalence towards one's own child after disclosure did not emerge, though the existence of a wide spectrum of feelings is found in both studies. In addition, all three studies, which were from Scandinavia and the UK, suggest that families have a need for support from professionals, because of the social and relational consequences arising after disclosure, independently of whether abuse has been from within or from outside of the family.

WHO's definition of sexuality quoted in the guideline for health nurses (RVTS) notes that sexuality encompasses much more than biological aspects, as it is the driving force behind romantic relationships, the need for contact, warmth and closeness, and it is expressed through both feelings and touch. Westergren et al. (2023) mention that both child victims and child perpetrators sought a greater degree of physical proximity to their parents after disclosure. It seems therefore that parents have a particularly important role in terms of being physically available and providing closeness and warmth which can meet the child's emotional needs. This is important to strengthen the child's ability to protect his or her own boundaries in relation to others, and to promote a healthy relationship to one's own body and identity, as well as reducing the risk that the child will commit further HSB. The present study did not focus upon the characteristics of the child and family to any great degree, although one can see some tendencies associated with the difficulties of the child/family, like the study by Jensen et al. (2016). These three studies from Scandinavia indicate the importance of early prevention measures for healthy development, through strengthening the role of parents and securing that children have access to caring and safe relations. At the present time, Norwegian society demonstrates increased efforts to focus on prevention,

through changes in Child Protection laws and increased focus on multi-agency work, with a view to better practice. At the same time, this study and ongoing practice also suggest that even with increased knowledge and new routines for dealing with HSB, families still experience challenges in their contact with professionals and with society in general. We must not lose sight of this perspective, as it has major negative consequences for the children, their families and the wider system when the issues of HSB is individualised and stigmatised by professionals.

6.3.2 The police and HSB

The disclosure of HSB often brings to light tensions between the public and private spheres. On the one hand, the public sphere, including the police, represents society's responsibility to protect and to ensure a fair legal process. On the other hand, the family can experience the intrusions as threatening to the boundaries of private life and to its the autonomy. This research has shown that such tensions can create considerable strain for families in the aftermath of disclosure, and they can strengthen feelings of mistrust towards support services. In addition, through my own practice with children and adolescents who have committed HSB, and their families, I have seen how these tensions work in practice.

Parents experiences of police raids and the processes in the aftermath of these, seem to demonstrate shortcomings in consequence awareness as well as in the consideration of the child and family's situation. One parent shared an experience in which she came home from work to find the front yard of her home full of police cars (three) and police dogs running around. The police refused her entry into her own home and gave no information, beyond that her son was to be arrested. She described the experience as intense and frightening, almost as if her son had killed somebody. This gives cause to question whether a 'double standard'

exists in which there is an official knowledge-based policy, and an unofficial stigmatizing practice, and children suspected of HSB and their family are not met with the respect and dignity which has been officially agreed, and which can lead to the families feeling mistrust towards the ensuing work carried out by professionals, in this case the police.

This opens the police's attitudes towards sexual abuse, especially when the perpetrator is a child or adolescent up for a discussion. The research by Friestad et al. (2021) with prison officer students has shown that attitudes to sexual offenses are formed and reinforced during professional training. Such attitudes can affect how the police deal with cases of HSB, both in relation to the fairness of the child's legal process and when dealing with the family. The study points to the need for the systematic raising of awareness and further professional development within professional communities where there is a need to balance security, legal fairness, prevention and care. In the context of HSB, this becomes particularly important because children and adolescents who commit HSB are in a vulnerable position, and as we have seen the police's reactions can contribute to both stigmatization and social marginalization.

The police raids that were described in the findings constitute a clear demonstration of power when meeting the families. Several parents experienced the police's actions as unnecessarily authoritarian and poorly adapted to the specific situation. In this connection, Foucault's (1988) understanding of power is particularly relevant, and the way power is utilized becomes clear in the contrast between the parents' descriptions of the actual arrest and the more careful approach taken by the prosecution in the courts. These hidden challenges bring to light questions related to both fairness of the legal process and the protection of the child. The participants experienced that failures in the investigation increased the risk of stigmatization, as the child could have the label 'suspect' attached to him/her for a long time, possibly for life. This demonstrates how shortfalls in investigation practices can lead to long-

term consequences for the child, and emphasizes the need for a balanced approach which encompasses both legal fairness and the social and emotional development of the child

The police have an opportunity to demonstrate discretion when the child is under the age of criminal responsibility. I believe that this could have been the correct course of action in the case of the child romantic couple from my ethnographic observations: they were of the same age, and both consented to sexual intercourse (Appendix 7, pp. 174-195). In this case, it was the parents of the girl who had reported the episode to the police, but the police could have shown discretion, used the relevant legal framework, and referred the case to the Child Protection Services, or discussed the case anonymously within the professional community before making any decisions. Heron and Black (2023) note that a low level of expressed professional uncertainty in cases of HSB is problematic, reflecting professional limitations. This gives us an insight into how the police may be influenced by feelings of uncertainty, which are not expressed, and which can hinder a good professional practice. This may indicate that a hidden mechanism (Bhaskar, 2008), namely that of treating suspected children as adult criminals, can lead to increased fear and insecurity, while also weakening their legal protection. Such an approach may also reduce the possibility of proper follow-up, as the child's needs are not addressed in an appropriate way, and consequently increase the risk of their stigmatization and social exclusion. More general unexpressed feelings and emotional outlooks thus operate in the background of the processes and events which become activated around young persons who display HSB. This suggests that there may be an inability in the Norwegian ethos to embrace both sexuality and responsibility as developmental issues in the lives of young persons. So that in this area of cultural outlook and in the implementation of the law, children are treated as if they are already formed autonomous individuals wholly responsible for their own behaviour. I suggest that this is a mechanism (Bhaskar, 2008) which operates, albeit unconsciously, and which severely impacts the consequences for those

involved whether they are perpetrators, victims or families or local citizens such as neighbours or professionals.

6.3.3 Professionals' understanding, frameworks and responsibilities

In this study, participants from the police emphasized that a lack of resources, rather than attitudes, was the cause of inadequate investigation, especially in cases with suspects under 15 years old. A report from the National Audit Office (2024-2025) pointed out that police work with child suspects is characterized by a lack of resources. This raises questions about whether police practices allow for the best interests of the child and a focus on prevention. The way the police deal with this area is decisive, not only when implementing their own measures, but also as a basis for assessing the situation and implementing appropriate measures at the right level. This demands both resources and professional competence, and points to the need for systematic improvements in police capacity and procedures when a child has committed HSB, so that both a fair legal process and possibilities for the positive development of the child are considered in the best possible way.

Both parents' and professionals' descriptions point to specific challenges when support systems are dealing with children and adolescents who are suspected of HSB. This is not simply a case of lack of resources, or failures in investigation, but also a more serious concern about how children who commit HSB, and their family, are received, understood and treated by the system. The study by Øverli et al. (2018) showed that HSB in children and adolescents challenges the competency, procedures and attitudes within Child Protection Services and they conclude that these services need improvements when dealing with this area.

Norwegian Child Protection Services, in line with the law on Child Protection in Norway (2023), have a responsibility when a child commits or is the victim of harmful sexual behaviour. However, several professionals in this study expressed that even though knowledge, laws and professional guidelines exist for dealing with HSB, this is not always reflected in daily practice.

Øverli et al. (2018) expressed a concern that the child's abusive behaviour may be toned down in the context of Child Protection, and that the child may not receive the necessary follow up support to prevent new episodes. Three of the involved children in this study had previously committed HSB towards their siblings. The Child Protection Service was aware of the events, but very few measures were implemented in two of the cases after the first disclosure: new episodes had to occur before anything was done. Ward (2023) referred to a similar issue in a further study, in which in the first instance only one episode of abuse was disclosed, and the family experienced that the support system was missing until two years later when it emerged that there were more episodes than first assumed. Similarly, Yates (2020) presented experiences from his work, which found that abuse among siblings was minimalized, as professionals were unwilling to conclude HSB after the disclosure of only one event. The findings indicate that professionals in Norway and the UK do not follow up HSB after one disclosed episode of abuse, something which may carry a risk that important needs in children and families are overlooked, and that patterns of abuse are not uncovered. This suggest the need for changes to practice, so that also single episodes are taken seriously in relation to both assessment and follow up, which would be in line with the best interests of the child and could prevent repeated abuse.

A central question emerges from this study: to what degree does current practice in the Police, *Barnahus* and Child Protection Services demonstrate the ability to distinguish between normal sexual exploration and HSB? Even though there is now more information

available for both professionals and private persons in Norway, the present study shows how these cases are still difficult to deal with. Several of the studies in the literature review show how children who commit HSB and their families can be met in ways that reinforce uncertainty and stereotypes after disclosure. Ericsson (2021) emphasized that Child Protection Services often display uncertainty when dealing with cases that involve children's sexuality, and that certain cases may have been reported to the police as a way of avoiding having to deal directly with child sexuality. Øverli et al. (2018) expanded this point by showing how taboos and difficulties when talking about sexuality have a detrimental effect on professional work in Child Protection. Gullestad (2002) ties this issue to a broader cultural tendency in Norway, where taboo subjects are often met with silence, avoidance and implicit understanding. This can lead to sensitive subjects not being sufficiently dealt with by professionals.

The perspective of Bourdieu (1980) is relevant in this context. He showed how non-expressed attitudes in society operate 'under the radar' and have effects on both professional practice and public understandings. Norm-breaking, also when committed by children, elicits reactions characterized by cultural ideas of morality and boundaries. This helps us to understand how taboos and silence can often be seen in the reactions of both parents and professionals when dealing with HSB and it is therefore important to challenge this silence in future professional development work in Norway. Yates (2020) found that even when professionals were convinced that an event had taken place, it was not always judged as harmful. Explanations were often based upon hypotheses that the perpetrator themselves had often been subjected to traumas or hardships. This can have the consequence that children who have committed HSB do not receive necessary support after disclosure and shows that professionals in certain cases intervene too lightly, and in some cases too strongly.

Experiences from my own practice demonstrate that Child Protection often hold back from going into cases in which a child has been reported for committing HSB if the care situation of the child does not seem immediately concerning. This can be disconcerting for other professionals who believe that Child Protection should go in early and then withdraw after discussion with other agencies and the family, if no interventions are deemed necessary. This situation limits the possibilities for providing children and their families with coordinated and necessary help.

The need for a comprehensive and coordinated approach was underlined by parents and the focus group, in which professionals from Child Protection and *Barnahus* emphasized the importance of supporting the child, the family and the local community to prevent recurrence and reduce long-term negative consequences. Melsom et al. (2023) showed that those who have worked with restorative work, after abuse committed by children, are more likely to view such approaches as useful. This indicates that increased competence and experience can open new strategies which can reduce stigmatization and can give children and families a real possibility of reconciliation and rehabilitation. This is supported by Askeland et al. (2017), who emphasized that the children's behaviour must be understood and met in the light of the social and cultural context they are a part of.

Most parents report that they received good support from *Barnahus* and Child Protection Services, if they were involved, after disclosure. At the same time, several were clear on the fact that the help was not sufficient when it came to dealing with the social and relational challenges which emerged in the aftermath of disclosure. A parent described how different agencies referred cases to each other without the family getting any help, while another experienced being excluded from the follow up support when the child turned 18 and no longer consented to the parents' involvement. Ward (2023) pointed out how families were not initially offered help from the support system to deal with relational challenges after

disclosure. Such experiences illustrate how parents and families in Norway and the UK sometimes fall outside of the system and make clear that there is a need for support which encompasses the whole family, not just the child. From a systemic perspective this suggests that professionals' understanding, framework and responsibilities influence how harmful sexual behaviour in children is handled. Inconsistent practice and insufficient frameworks can create differences, increase the risk of stigmatization, and weaken the child's and their family's safety and follow-up.

6.3.4 Responses in society

Øverlien et al. (2024) underlines how HSB in a Norwegian context elicits strong emotional and moral reactions, which was confirmed by the participants in the present study. Parents expressed reactions such as shock, shame, confusion and desperation after disclosure, and the shame led to increased social withdrawal, something which in turn led to increased feelings of being alone. These feelings were reinforced by negative social responses towards the child from family and friends, in leisure activities, at school, in the local community and through social media.

The families' experiences show how the disclosure of HSB often has wide-ranging social consequences, and that stigma and condemnation not only affect the child who has carried out the abuse, but the whole family. This corresponds with the findings of Hackett et al. (2015), who documents similar patterns in the UK, where family members experienced stigmatization and social exclusion. Goffman's (2019) concept of 'courtesy stigma' provides a useful framework, where stigma spread to other relations and networks, and affect both parents and siblings. In a Norwegian context, this can be illustrated with the concept *bygdedyret*, which might be translated as 'the local rabble', which parents in the study used to

describe the intensity of the reactions. This points to how social control mechanisms maintain a shared culture in which social disapproval adds to the strain for the families.

In the UK, Hackett et al. (2015) described how families were not only subjected to social stigmatization but also to direct discrimination. In Ireland we see similar tendencies, where Reynolds (2023) found that secretiveness was used as a strategy to protect the child from social disapproval. The current study from Norway points in the same direction, and parents covered up HSB to avoid society's negative reactions. That this strategy is pervasive across several countries suggests a fundamental cultural challenge, showing how societies have not created a space where HSB committed by a child can be dealt with openly without the family risking a huge burden of strain.

Bourdieu and Wacquant (1993) provide a framework for understanding how norms and attitudes spread throughout society. When a child breaks a norm, also as part of expected developmental sexual exploration, society's moral system is activated as well as ideas about boundaries. Hall (1997), with reference to Foucault, reminds us that all societies have their discourses which define what is acceptable and what should be disapproved. In Norway, this is apparent in the reactions which are described in the chronicle by Thorbjørnsrud (2024), in which a young man's life was affected by strong reactions after sexual offenses. Even though he was 22 years old, the case illustrates the powerful societal structures that also affect children. I consider that local attitudes reflect general social responses in Norway, which in turn characterizes how we ourselves as private individuals and professional actors understand and address and think about harmful sexual behavior in children and young people.

6.4 Summary

Parents and professionals in this study share feelings of falling short. The study showed that the police, and sometimes other professionals, changed the focus from the developmental needs of the child to issues such as legal frameworks and control, while parents experienced that their caring role was challenged when their child met reactions which did not take his/her age, maturity or intentions into account. Even though there are training opportunities available nationally, and a wide range of digital resources for professionals regarding the subject of healthy sexual development and dealing with concerning or harmful sexual behaviour, experience shows that it can still be a considerable challenge for professionals to evaluate and give the appropriate help to families after the disclosure of HSB. Much remains to be done to ensure that professionals meet families in a clear, adaptable and reassuring way after disclosure.

At the same time, we must be aware that professionals themselves are members of society and reflect some of the moral and cultural ideas which are dominant in society at any given time. In my daily work, I still experience for example that professionals in the police raise the question whether suspected children deserve to be met with the child-friendly and well-adapted conditions provided at a *Barnahus* Centre, in addition to comments that the suspected children must be able to tolerate the negative consequences they meet in society after disclosure. “What else do they expect when they’ve done what they did?” was heard from one person. This raises a critical question: can society accept that children can *at the same time* be perpetrators of abuse and highly vulnerable? Today’s observed practice seems to indicate that the answer is ‘no’. The tendency to secretiveness, social disapproval and failures in systematic support to families shows that HSB is treated more as norm-breaking than as a complex developmental issue. Professionals need to be aware of their role here, and the

emphasis placed on cooperation between different agencies demonstrates a central point: no single person or agency can meet the complexity found in HSB cases alone.

Chapter 7.0 – Conclusion

In this chapter, I will initially present some quotations from the study, then provide a short summary of the main findings and the strengths and weaknesses of the study. Finally, I will suggest some topics for further research in the area.

This study uses a systemic approach, because when exploring HSB it is not possible to look at the experiences of parents in isolation, they must be seen as an interaction between the family, help agencies and the surrounding society. Humans develop in interaction with others through language, behaviours and responses, and throughout the study the focus has been on how communication takes place, the relations that influence the process, which systems are involved, and the context of the communication.

Most of the families experienced that the child/young person received strong and negative responses from the local community after disclosure, and one of the parents told me “...first he gets punished by having to come to terms with what has happened, then he has the local rabble to deal with. There were people he didn’t know who set up a paedophile page on Facebook with his picture, someone took a stranglehold on him, he barely wants to be social anymore, he gets called a paedophile. He tried to go back to school twice, to college, but can’t tackle it due to all the verbal abuse [...]”. The participants in the focus group, from all agencies, experienced working with HSB as challenging, and one of them told me “[...]. Then it is so important that several minds think together, and that we do everything to limit the damage [...]”. Thus, considering the research question, it appears that the study's findings clarify how harmful sexual behaviour in children and adolescents, and the professionals' handling of this, affects families in Norway.

7.1 Summary of main findings

The study shows that there is a need for increased awareness of how Police, Child Protection Services and *Barnahus* Centres carry out their roles when dealing with HSB. The parents experienced helplessness, fear and powerlessness in relation to the police, something they felt worsened negative responses from society, and which again worsened feelings of shame and isolation. In addition, it emerged that parents sometimes experienced insufficient support and follow up from Child Protection Services and *Barnahus*, especially when it came to the relational implications of HSB. Further, the study indicates that it is necessary to have focus on how the children and the parents are met by Norwegian society, in which sexuality is still a subject tied to rigid attitudes and ideas, independent of the child's age, functioning or care situation.

In summary, this study demonstrates a need to challenge ingrained and hidden mechanisms, to support children and families in a better way. Attitudes in society play a large part in this, and there is a need for changes in basic values and at a political level in the Norwegian context. This is an aspect that cannot be overlooked in future work, and which brings to light the need for practice changes to improve the quality of professional work in this area. Parents need support from reassuring and enlightened professionals, and the children need to be supported by parents who are secure in their role, which again provides a solid foundation for children's development and a well-functioning society. A coherent, multi-disciplinary cooperation is therefore not just desirable but necessary to break the cycle of social disapproval and marginalization. This is a shared responsibility for the welfare of the children involved, but also for the families and society.

Throughout the study, I have come into close contact with the experiences of parents, something which has been a revelation, of society's unhelpful attitudes and the need for

structural changes in services. At the same time, I have become more aware of the positive aspects of sexuality in the lives of young people, not least when using a preventative perspective.

7.2 Strengths and weaknesses of the study

In this qualitative study, I have used a three-fold methodological approach, and I felt this provided a good foundation for gaining insight into the subject area. Not least, the ethnographic observations put me into a useful position in relation to the child and the family, allowing me to see their perspective more fully, and at the same time opening self-reflexivity.

The study included a limited number of participants, which allowed me to explore experiences and perspectives in depth, and in addition to see the findings in relation to each other.

The findings cannot necessarily be generalized to a wider population but, in my view, are not invalidated in any way by this fact. Parents and professionals in the study enabled me to understand the nature of their experiences when dealing with HSB, and the ethnographic study not only gave me true proximity to the persons being studied, but also an opportunity to meet the children who had carried out HSB.

The exploratory design of the study has been well suited to address the research questions, which have received little previous attention in a Norwegian context.

As discussed, my own pre-suppositions have necessarily affected data collection and analysis, while I have throughout the entire process been continuously aware of possible sources of bias. The study was demanding on resources, as data collection and analysis was time-consuming, but I experienced these aspects as useful learning opportunities. Through

detailed descriptions of the research process, I have tried to ensure the possibility of replication of the study.

7.3 Suggestions for further research and work in the area

This study shows how a systemic approach has been little used in research in Scandinavia, the UK and Ireland, and when one recognizes the significance of this perspective after the disclosure of HSB, this speaks for itself: we need more research in a Norwegian context using a systemic perspective. As I see it, a systemic perspective enables us to understand and deal with the situation in a more coherent and coordinated way. Parents must be included, and where possible the voices of the children must be heard, to gain as much insight as possible into their needs, thoughts and experiences. HSB in children and young person's challenges established structures, and using Foucault's concepts relating to power, the regulation of HSB in children can be understood not only as protection but also as discipline and control. This raises a fundamental question when dealing with HSB, something which builds further on the work of Ericsson (2013 p. 64): "can we support both the child victim and the child perpetrator of abuse?" This question is important when finding out what type of morality/moral outlook is expressed by the Police, in Child Protection Services and at Barnahus, and needs further research.

This study did *not* focus on the dynamics within the family before disclosure; characteristics in the child and the child's family; detailed evaluations of sexual behaviours; digital influences on children and young people today; or sociological analyses of communities or possible cultural or religious perspectives. These themes should be researched further, using a systemic perspective and in a Norwegian context.

In further work, it is important to address the complex challenges parents and professionals describe. This knowledge needs to be communicated to those who meet these children and families in their daily work, knowing the preventative effect it can have. The field is developing in the right direction in Norway, though this study shows how there is more to do when it comes to raising awareness about both hidden and expressed attitudes which emerge after the disclosure of HSB in children. We must have the courage to trust ourselves as professionals and be continuously aware of our own and others' attitudes to children who have committed HSB. We must be open, ask critical questions and have the courage to point out injustice. At the same time, this study shows how we must reach out more widely to influence attitudes in society, and therefore social media, newspapers, TV and political pressure are all channels through which the message of inclusion and support for *all* children of society can be focussed. Social structures are created through collaboration and therefore can also be changed, even though this can take time.

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Appendix 1

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
Fax: 020 7447 3837

Heidi Eriksen Losnedal

By Email

3 December 2021

Dear Heidi,

Re: Trust Research Ethics Application

Title: The experiences of parents and professionals 'after a child has shown harmful sexual behaviour

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research. Please note that the Assessor has asked if

Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,



Paru Jeram

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Course Administrator

Appendix 2



Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK sør-øst B	Ingrid Dønåsen	22845523	20.05.2021	254224

Lennart Lorås

Prosjektsøknad: Støtte av foreldre til barn som har vist problematisk eller skadelig seksuell atferd

Søknadsnummer: 254224 **Forskningsansvarlig institusjon:** Høgskulen på Vestlandet

Prosjektsøknad vurderes som utenfor helseforskningslovens virkeområde av REK

Søkers beskrivelse

Prosjektets formål: Søke mer inngående forståelse og kunnskap om hvordan profesjonelle kan støtte foreldre til best mulig ivareta sitt barn når det har vist problematisk eller skadelig seksuell atferd.

Prosjekts beskrivelse: I de senere tiår har det internasjonalt vokst frem en økende grad av bevissthet, forskning og litteratur om barn og unge som viser problematisk eller skadelig seksuell atferd mot andre barn (SSA). Jeg jobber som terapeut ved et av Statens barnehus i Norge (SBN), som er en del av det norske politiet, og de siste fem årene har jeg hovedsakelig arbeidet med barn og unge som har vist SSA og deres familier. Erfaringsmessig er foreldrene viktig i dette arbeidet. Ved å gi dem mulighet for bearbeiding av vanskelige følelser og arbeide med relasjonelle utfordringer kan det skapes gode rammer for positiv endring hos barnet/de unge. Erfaringer viser blant annet at foreldre må håndtere sorg, skam og sjokk etter avdekking av SSA og at reaksjonene mot barna ofte er like negative som mot voksne som hadde vist denne typen atferd, med stor grad av stigmatisering. Jeg har et ønske

om å utforske hva foreldrene og de profesjonelle aktørene som samarbeider med dem erfarer i etterkant av avdekket SSA, og tar utgangspunkt i norske forhold.

Studiens problemstilling er:

Hvordan kan vi forstå foreldres erfaringer etter at deres barn har vist problematiske og/eller skadelig seksuell atferd?

Forskningsspørsmål er:

- 1. Hvilke erfaringer beskriver foreldrene?*
- 2. Hva beskriver foreldrene som utfordringer?*
- 3. Hvilken støtte og oppfølging har de mottatt/fått tilbud om?*
- 4. Hvilken støtte og oppfølging har de hatt behov for?*

Jeg har planlagt å starte med en ukes epidemiologistudie, hvor jeg som forsker observerer andre uten å delta selv, ved ett av barnehusene. Jeg vil på denne måten søke innsikt i deres faglige tilnærming i saker med et barn har vist SSA, dens familie og profesjonelt og personlig nettverk. Deretter vil jeg gjennomføre fokusgruppeintervju med profesjonelle representanter fra barneverntjenesten, Statens barnehus og politiet om deres erfaringer om hva familien til et barn eller ungdom som har vist SSA møter etter avdekking. Videre vil jeg intervju 6 foreldre/foreldrepar til barn eller ungdom som har vist SSA om deres erfaringer etter avdekking for til slutt å avslutte med et nytt fokusgruppeintervju med samme gruppen med søkelys på ny informasjon kommet frem i intervjuene med foreldre/foreldrepar.

Min undersøkelse vil være forankret i det kvalitative perspektivet, og tar utgangspunkt i foreldrene og de profesjonelles subjektive opplevelse for å få best mulig innblikk i barnet og familiens situasjon. Som teoretisk rammeverk, det vil si hvordan jeg beskriver det empiriske materiale, og vitenskapsteoretisk ståsted tar jeg utgangspunkt i konstruktivisme og sosialkonstruksjonisme. Jeg vil benytte Tematisk analyse (TA). Braun og Clark (2006) beskriver TA som en fleksibel analytisk metode som kan brukes på alle typer datamateriale, og de har utarbeidet en modell for koding og tematisk inndeling hvor de deler TA inn i 2 typer. Jeg vil ta utgangspunkt i den konstruktivistiske, deduktive, latente og interpretative tilnærmingen. Braun and Clark (2006) skriver at den konstruktivistisk, deduktiv, latent og

interpretative ofte blir omtalt som en konstruktivistisk tilnærming der det ikke finnes noen ekstern virkelighet tilgjengelig for forskning, men versjoner av virkelighet kan konstrueres. Forskerens tolkning blir det nærmeste vi kommer sannheten. Deduktiv TA analyserer data gjennom teori og går forbi den åpenbare meningen i data. Latent TA har meninger under overflaten og det dannes antakelser, dvs. det du egentlig mener, selv om deltakeren kanskje ikke engang vet det selv.

Referanse:

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 2006, Vol.: 3, Issue: 2, Pages: 77-101

Vi viser til søknad om forhåndsgodkjenning mottatt 17.03.2021.

REKs vurdering

Vi viser til søknad om forhåndsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst B) i møtet 21.04.2021. Vurderingen er gjort med hjemmel i helseforskningsloven § 10, jf. forskningsetikkloven § 10.

Vurdering

Prosjektet omhandler foreldres erfaringer og opplevelser, særlig knyttet til støtte og oppfølging, i forbindelse med at deres barn har vist problematisk og/eller skadelig seksuell atferd. Det er ikke barna eller foreldrenes helse som sådan som er i fokus, men hvordan foreldrene opplevde kontakten med barnevernet, politiet og Statens barnehus. Formålet med prosjektet er å fremskaffe kunnskap om hvordan profesjonelle kan støtte foreldre til å ivareta barnet sitt best mulig i en slik situasjon.

Ettersom prosjektets formål ikke er å gi ny kunnskap om helse og sykdom som sådan, faller det utenfor helseforskningslovens virkeområde, jf. helseforskningslovens §§ 2 og 4 bokstav a.

Det kreves ikke godkjenning fra REK for å gjennomføre prosjektet. Det er institusjonens ansvar å sørge for at prosjektet gjennomføres på en forsvarlig måte med hensyn til for eksempel regler for taushetsplikt og personvern.

Komiteen gjør oppmerksom på at det faktisk at et prosjekt blir vurdert av REK til å være utenfor helseforskningslovens virkeområde ikke er til hinder for at resultater fra prosjektet kan publiseres.

Dersom forskningsansvarlig og prosjektleder ønsker å innhente en forskningsetisk vurdering av prosjektet, kan det være en mulighet å be om en uttalelse fra Den nasjonale forskningsetiske komité for samfunnsvitenskap og humaniora (NESH).

Vedtak

Prosjektet faller utenfor helseforskningslovens virkeområde, jf. §§ 2 og 4 bokstav a. Det kreves ikke godkjenning fra REK for å gjennomføre prosjektet.

Vi gjør oppmerksom på at det etter personopplysningsloven av 2018 må foreligge et behandlingsgrunnlag etter personvernforordningen. Det må forankres i egen institusjon.

Komiteens avgjørelse var enstemmig.

Besøksadresse: Gullhaugveien 1-3, 0484 Oslo
Med vennlig hilsen

Ragnhild Emblem
Professor, dr. med. leder
REK sør-øst B

Ingrid Dønåsen
Rådgiver

Klageadgang

Du kan klage på REKs vedtak, jf. forvaltningsloven § 28 flg. Klagen sendes på eget skjema via REK portalen. Klagefristen er tre uker fra du mottar av dette brevet. Dersom REK opprettholder vedtaket, sender REK klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag (NEM) for endelig vurdering, jf. forskningsetikkloven § 10 og helseforskningsloven § 10.

Kopi til:

Høgskulen på Vestlandet

Appendix 3

Vurdering av behandling av personopplysninger

Referansenummer Type vurdering Dato 211077 Standard 29.08.2025

Tittel

Foreldre og profesjonelles erfaringer når et barn har vist skadelig seksuell atferd

Behandlingsansvarlig institusjon

Høgskulen på Vestlandet / Fakultet for helse- og sosialvitenskap / Institutt for helse og funksjon

Felles behandlingsansvarlige institusjoner

The Tavistock Institute, London. University of Essex gradsansvarlig.

Prosjektansvarlig Lennart Lorås

Akademisk nivå

Forsknings-/dr.gradsprosjekt

Behandlingsperiode

03.12.2021 – 01.10.2026

Kategorier personopplysninger

Alminnelige

- Navn
- Kontaktinformasjon
- Stemme på lydopptak

Særlige

- Helseopplysninger

Lovlig grunnlag

Forskning i allmennhetens interesse, jf. GDPR art. 6(1)(e), jf. personopplysningsloven § 8

Forskning i allmennhetens interesse, jf. GDPR art. 9(2)(j), jf. personopplysningsloven § 9

^ Samlet vurdering

Vi har vurdert at behandlingen av personopplysninger oppfyller kravene i personvernregelverket. Vi gjør vurderinger på vegne av behandlingsansvarlig institusjon. Du må følge institusjonens retningslinjer for informasjonssikkerhet, og eventuelle vilkår i vurderingen.

Personverntjenester har vurdert endringen i prosjektslutt dato.

Behandling av personopplysninger er utvidet til 01.10.2026. Vi vurderer at behandling fortsatt er lovlig, under forutsetning om at utvalget ditt får ny informasjon, her også informasjon om endret varighet.

Merk at vi legger til grunn at du har kontaktinformasjon til utvalget ditt og vil gi dem ny informasjon. Hvis ikke dette er tilfellet, må du sende melding til oss i meldeskjemaet slik at vi kan foreta en mer inngående vurdering av om behandlingen fortsatt vil være lovlig.

Vi vil følge opp ved ny planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.

Appendix 4



DEN HØYERE PÅTALEMYNDIGHET

Heidi Eriksen Losnedal

Riksadvokaten

Deres referanse:

Vår referanse:

Dato:

21/683 - 2 / SWO008

05.03.2021

Søknad om tillatelse i forbindelse med doktorgradsprosjekt ved Statens barnehus

Det vises til søknad 22. februar 2021 om å rekruttere 6 foreldre/foreldrepar til barn som har vært på barnehus i forbindelse med skadelig seksuell atferd. En forstår det slik at det med å rekruttere i denne forbindelsen forstås å komme i kontakt med og gjennomføre intervju.

Basert på den fremsendte beskrivelsen legges det til grunn at deltakelse fra foreldrenes side vil være samtykkebasert og at verken rekrutteringen eller gjennomføring av prosjektet nødvendiggjør tilgang på straffesaksopplysninger. En forstår det videre slik at intervjueren ikke vil være kjent med intervjuobjektene identitet før disse er forespurt av det aktuelle barnehuset og det foreligger skriftlig samtykke til å delta i prosjektet.

Det tilligger riksadvokaten å samtykke til tilgang og bruk av straffesaksopplysninger i forskning. Basert på overstående forståelse av prosjektet kan en ikke se at slikt samtykke er nødvendig.

Gjennom søknader hit er en imidlertid kjent med flere prosjekter av liknende art som forutsetter medvirkning fra ansatte ved Statens barnehus for å kunne gjennomføres. Samtykke til å disponere personell til denne type oppgaver må innhentes fra de aktuelle politimestrene, eventuelt Politidirektoratet. Riksadvokaten legger til grunn at det i den forbindelse vurderes prosjektets nytteverdi opp mot hva det har å si for andre prioriterte arbeidsoppgaver, herunder fristsaker. Riksadvokaten forutsetter uansett at en eventuell bistand ikke medfører at viktig arbeid ved barnehusene eller iretteføring av straffesaker blir påvirket.

Det er i søknaden beskrevet hvordan materialet fra prosjektet skal lagres: *"Data vil bli lagret på en PC som er koblet til arbeidsplassen min i Statens"*

Barnehus i Vest politidistrikt. Dette har det samme systemet som alle straffesaker og andre medisinske journaler knyttet til norsk politi. Data lagres i den indre sonen som krever både personlig passord og personlig kodebrikke. Det er kun jeg som prosjektleder/forsker som har tilgang. All informasjon knyttet til navn og data vil bli anonymisert og informasjon som kan koble data og personlig informasjon dette vil bli holdt atskilt". Riksadvokaten betrakter det beskrevne prosjektet som et privat prosjekt, og forutsetter derfor at politimesteren vurderer om politiets datasystem kan brukes på denne måten.

Riksadvokaten har ikke vurdert i hvilken grad prosjektet nødvendiggjør samtykke fra andre.

Vest politidistrikt og Politidirektoratet er gjenpartsadressater slik at de er orientert om riksadvokatens vurderinger.

Postadresse:
Postboks 2102 Vika
0125 OSLO

Kontoradresse:
Stortorvet 2, 0155 Oslo

Telefon:
22 47 78 50

E-post:
postmottak.riks@riksadvokaten.no

Svein Wiiger
Olsen
statsadvokat

Dokumentet er elektronisk godkjent og har derfor ingen signatur

Gjenpart

Politidirektoratet Vest
politidistrikt

Fridtjof Nansens vei 14-16 0369 OSLO



Appendix 5 – responses from 10 Police Districts

Heidi Eriksen Losnedal

Vest politidistrikt

Deres referanse:

Vår referanse:

Dato:

21/76756 - 3

27.08.2021

Svar på søknad til politimestrene i Norge om tillatelse til å rekruttere informanter til forskning gjennom Statens barnehus og politiet og lagring av datamateriale

Politimesteren i Vest PD gir tillatelse til slik rekruttering som beskrevet i søknad og tillatelse til beskrevet lagring av datamaterialet. Lykke til med viktig forskningsprosjekt.

Med hilsen

Ane Kvaal

Visepolitimester Dokumentet er elektronisk godkjent uten signatur.

Vest politidistrikt

Post: Postboks 85, 6901 Florø

Tlf: (+47) 55 55 63 00

Org. nr: 983998461

E-post: post.vest@politiet.no

www.politiet.no

Mottakere

Heidi Eriksen Losnedal



Heidi Eriksen Losnedal

Vest politidistrikt
6901 Florø

Øst politidistrikt

Deres referanse:

Vår referanse:

Dato:

21/73092 - 2

21.06.2021

Søknad om tillatelse til å rekruttere til doktorgradsprosjekt ved Statens barnehus - samtykke fra øst-politidistrikt

Vi viser til søknad av 27.05.2021 fra prosjektleder Heidi Eriksen Losnedal om tillatelse til å rekruttere foreldre/foreldrepar til barn som har vært på barnehus samt ansatte ved statens barnehus og politiansatte som informanter til et doktorgradsprosjekt. Vedlagt søknaden var et brev fra Riksadvokaten av 05.03.2021.

Prosjektet var i kontakt med Riksadvokaten tidligere i år for å avklare nødvendig samtykke ved tilgang til straffesaksopplysninger. I svaret fra Riksadvokaten ble det klargjort at prosjektet ikke nødvendiggjør tilgang til straffesaksopplysninger. Riksadvokaten forutsetter videre at barnehusene bistår i arbeidet og at samtykke til å disponere personell til denne type oppgaver må innhentes fra de aktuelle politimestrene.

Stab for HR/HMS har vært i kontakt med leder for Statens Barnehus i Moss, Cathrine Bjordal Bergheim, som er kjent med prosjektet og stiller seg villig til å bistå i rekrutteringen. Med hilsen

Ida Melbo Øystese

Politimester

Dokumentet er elektronisk godkjent uten signatur.

Britt Stine Strand

Avdelingsdirektør

Øst-politidistrikt

Post: Postboks 3390, 1402 Ski

Tlf: (+47) 64 99 30 00

Org. nr: 974760584

Kopi:

Cathrine Bjordal Bergheim

**Doktorgradsstudent**

Heidi Eriksen Losnedal
Seniorrådgiver Statens Barnehus Bergen

Sør-øst-politidistrikt

Deres referanse:

Vår referanse:
21/75681 - 2

Dato:

14.07.2021

Svar - Søknad om tillatelse til å rekruttere deltakere fra Statens barnehus og politiet til forskning

Søknaden din vedr tillatelse til å rekruttere deltaker fra SBH og politiet i Sør-Øst er vurdert og innvilget av politiinspektør/leder av FEE, Lena Reif, på vegne av politimesteren i Sør-Øst.

Hvorvidt Sør-Øst har noen som kan medvirke til intervjuer blir opp til leder av Barnehuset i Sør-Øst, Jeanette Indreiten, å vurdere. Videre kontakt må tas med henne. Hun vil bli informert om forespørselen din, samt innvilget tillatelse.

Med hilsen

Hege Skar
Politioverbetjent

Dokumentet er elektronisk godkjent uten signatur.

**Heidi Eriksen Losnedal****Innlandet politidistrikt**

Deres referanse:

Vår referanse:

Dato:

21/72996 - 2

18.06.2021

Svar på søknad om tillatelse i forbindelse med doktorgradsprosjekt ved Statens barnehus

Viser til din søknad av 27.5.21:

Herved søker jeg politimestrene i Norge om tillatelse til å rekruttere via Statens barnehus i det enkelte politidistrikt

På vegne av politimester Johan Brekke i Innlandet politidistrikt innvilges du slik tillatelse. Leder Statens Barnehus Hamer er forespurt og stiller seg positiv.

Lykke til med prosjektet.

Med hilsen

Bjarte Espe
*Politiinspektør**Dokumentet er elektronisk godkjent uten signatur.*Kopi:
Ingjerd Kagnes



POLITIET

Heidi Eriksen Losnedal

Trøndelag politidistrikt

Deres referanse:

Vår referanse:

Dato:

Søknad om tillatelse til å rekruttere informanter til forskning gjennom Statens barnehus og politiet og lagring av datamateriale

Det vises til søknad av 14. juni 2021 om å rekruttere 6 foreldre/foreldrepar som har vært på barnehus i forbindelse med skadelig seksuell atferd.

I samsvar med uttalelsen fra riksadvokaten forstår vi det slik at det med å rekruttere i denne forbindelse forstås å komme i kontakt med og gjennomføre intervju. Det legges videre til grunn at deltakelse fra foreldrenes side vil være samtykkebasert og at verken rekrutteringen eller gjennomføring av prosjektet nødvendiggjør tilgang på straffesaksopplysninger. En forstår det videre slik at intervjueren ikke vil være kjent med intervjuobjektene identitet før disse er forespurt av barnehuset og det foreligger skriftlig samtykke til å delta i prosjektet. Det gis med dette tillatelse til at ansatte ved Statens barnehus Trondheim kan medvirke til dette prosjektet, samt til at lagring av data på politiets systemer kan gjøres på omsøkte måte. Med hilsen

Eli Trondvold Aasland Audun Vårvik

Politiinspektør

Politioverbetjent

Dokumentet er elektronisk godkjent uten signatur.

Mottakere

Heidi Eriksen Losnedal **Trøndelag politidistrikt**

**Heidi Eriksen Losnedal****Oslo politidistrikt**Unntatt offentlighet
Offl. § 13 1. ledd, jf. fvl. § 13 1. ledd nr. 1

Deres referanse:

Vår referanse:

Dato:

21/75662 - 9

31.08.2021

Doktorgradsprosjekt - Barnehuset

Det vises til tidligere mailutveksling, senest epost av 24. august 2021.

Jeg forstår at du synes dette har dratt ut i tid, og det er til dels undertegnedes feil, og det er behov for å konkludere. Det er mangler ved søknaden din, men jeg forstår det slik at

Barnehuset har kapasitet til å bistå deg. Jeg sender kopi av dette brevet til Barnehusets leder. Du kan ta kontakt med henne for å avtale videre. Det er Barnehusets kapasitet som setter rammer for den bistanden du får ut fra deres kapasitet og hva de legger til grunn er egnet for ditt prosjekt.

Med vennlig hilsen

Runa Bunæs*Politiinspektør Dokumentet er elektronisk godkjent uten signatur.*

**Heidi Eriksen Losnedal****Sør-Vest politidistrikt** Unntatt offentlighet

Offl. § 13 1. ledd, jf. fvl. § 13 1. ledd nr. 1

Deres referanse:

Vår referanse:

Dato:

21/73126 - 2

02.07.2021

Søknad til politimestrene i Norge om tillatelse til å rekruttere informanter til forskning gjennom Statens barnehus og politiet og lagring av datamateriale Heidi Eriksen Losnedal

Det vises til søknad av 14. juni 2021 om å rekruttere 6 foreldre/foreldrepar som har vært på barnehus i forbindelse med skadelig seksuell atferd.

I samsvar med uttalelsen fra riksadvokaten forstår vi det slik at det med å rekruttere i denne forbindelse forstås å komme i kontakt med og gjennomføre intervju. Det legges videre til grunn at deltakelse fra foreldrenes side vil være samtykkebasert og at verken rekrutteringen eller gjennomføring av prosjektet nødvendiggjør tilgang på straffesaksopplysninger. En forstår det videre slik at intervjueren ikke vil være kjent med intervjuobjektens identitet før disse er forespurt av barnehuset og det foreligger skriftlig samtykke til å delta i prosjektet. Det gis med dette tillatelse til at ansatte ved Statens barnehus Stavanger kan medvirke til dette prosjektet, samt til at lagring av data på politiets systemer kan gjøres på omsøkte måte. Med hilsen

Kristin Nord-Varhaug*Politiinspektør, leder felles enhet for påtale**Dokumentet er elektronisk godkjent uten signatur*

**Heidi Eriksen Losnedal****Finnmark politidistrikt**

Deres referanse:

Vår referanse:

Dato:

21/73023 - 3

15.09.2021

**Søknad om tillatelse til å rekruttere informanter til forskning
gjennom
Statens barnehus og politiet og lagring av datamateriale - purring**

Da Finnmark ikke har eget Barnehus, har vi avtalt med Barnehuset i Tromsø at det plukkes ut saker fra Troms politidistrikt til ditt prosjekt.

Med hilsen

Morten Daae

Politiinspektør

Dokumentet er elektronisk godkjent uten signatur.

Finnmark politidistrikt

Godkjenning fra politimesteren i Møre og Romsdal pr. e-post

Fra: Jenny Irene Raftevold Lyngstad

Sendt: mandag 3. januar 2022 07:56

Til: Kristin Konglevoll Fjell <kristin.fjell@politiet.no>; Heidi Eriksen Losnedal <Heidi.Losnedal@politiet.no>

Kopi: Bodil Finnvik Hansen <Bodil.Finnvik.Hansen@politiet.no>

Emne: SV: Trenger litt drahjelp av dere! Doktorgrads forskning SSA

Hei!

Da har jeg fått skriftlig godkjenning fra politimesteren i Møre og Romsdal.

Mvh Jenny

Leder Barnehuset i Ålesund, Møre og Romsdal Politidistrikt

Godkjenning fra politimesteren i Agder pr. e- post

Fra: Anne-Lise Farstad

Sendt: tirsdag 29. juni 2021 14:21

Til: Kristin Konglevoll Fjell <kristin.fjell@politiet.no>; Heidi Eriksen Losnedal <Heidi.Losnedal@politiet.no>

Kopi: Liv Versland Seland <liv.seland@politiet.no>; Kjerstin Askholt <Kjerstin.Askholt@politiet.no>

Emne: SV: (SSA) Søknad til politimestrene i Norge om tillatelse til å rekruttere informanter til forskning gjennom Statens barnehus og politiet og lagring av datamateriale

På vegne av politimesteren i Agder gis det tillatelse til rekruttering av informanter fra Agder politidistrikt, samt intervju av rådgivere ved barnehuset dersom det skulle være aktuelt.

mvh

Anne-Lise Farstad

Seksjonsleder

Agder politidistrikt

FP - Barnehuset

Telefon: 99257161

Mobil: 91631862

E-post: Anne-Lise.Farstad@politiet.no www.politiet.no

Appendix 6

To parents and professionals in contact with Barnahus

Request to participate in a research project with consent form

Project title: Parents and professional's experience when a child has shown harmful sexual behaviour.

Responsible for the assessment: Heidi Eriksen Losnedal, senior advisor at Barnahus in Bergen and PhD student at the University of Essex, The Tavistock and Portman NHS Foundation Trust, United Kingdom.

Background and aim

I am a PhD student within the area of family therapy and systematic practice. In that relation, I am conducting a research project where I seek a deeper understanding as well as better knowledge on how professionals can support parents in caring for their child when they have shown harmful sexual behaviour (HSB). The background for this is that through my work at Barnahus I have experiences that parents play an important role in establishing a stable environment for positive change within the child/teenager. At the same time, their situation seems very demanding of them. The study will be conducted over a 4- year time period and is planned to end within the year of 2022.

What does participation in the study imply?

In this assessment I wish to interview parents and professionals with a focus on the individuals' stories/experiences after a child has displayed HSB. I will first conduct a focus group interview with professionals from Child Protective Services, Barnahus and police representatives' experiences of a family's situation when a child has displayed HSB.

Furthermore, I will interview parents/parent couples of children or teenagers who have displayed HSB and their following experiences. Finally, I will conduct a new focus group interview with the same group of professionals with the new information encountered in the interviews with parents/parent couples.

What happens with the information?

I will do audio recordings of the interview and thereafter transcribe the interview. The audio recordings will be deleted when the project is finalized. The audio recordings and the written interviews will be saved in a safe manner. They will be saved on a PC connected to my workplace at Barnahus in West police district. Data will be saved in the inner zone which requires a personal password and personal code chip. All information given will be treated confidentially, and I, as a researcher, am bound by the duty of confidentiality. Participants will be anonymous, and it will not be possible to track the information given in the interviews back to you, nor will it be possible once the material is published. If needed, participants can reach out for corrections and deletions of materials.

Voluntary participation

It is voluntary to participate in the study, and as participants you are free to withdraw from the assessment at any point in time, without having to provide a reason. All information given by time of withdrawal will be deleted. Participants can also reach out to the researcher for viewing and corrections of the material.

If you wish to participate in the assessment, I ask you to sign this consent form and send it back to me in the envelope provided. I will thereafter reach out to you and schedule the interview.

If there are any questions about this request, you can reach me at 41216213 or send an email to heidi.losnedal@politiet.no

I have received the information, and I consent to participating in the study

(Signed by participant, date)

Appendix 7

Ethnographic observations

Conversation with a 17-year-old boy

I am sitting alone in the corner of a large meeting room, which is a very large room. The therapist has left to greet the boy coming to therapy, and before he left, he showed me where he wanted me to sit and told me to take an observational role. I did not comment on this and just sat down where he had indicated. My thoughts were spinning, what was happening now and how would this turn out? In my preparations for the field study, I had read a lot about participatory observation and had expectations of sitting together with the other participants so that I could occasionally ask some questions during the conversation or afterwards. I am disappointed, perhaps mainly with myself. Why did I not say something about my expectations or wishes, and why did I not express these when we had the planning meeting? Several self-critical thoughts arise at this point, such as my tendency to accommodate too much to others. At the same time, I can see how these feelings are related to the question of how it must be for the families to attend such meetings: like myself, they are also 'guests' in this context. A feeling of humility comes over me for those facing this situation, both when it comes to the shame often arising from the criminal acts as well as the difficulty of talking about these things in a public arena where they probably feel helpless and unable to influence the situation in any real way.

The view from the room is breathtaking, with windows from floor to ceiling on two of the walls. I can see the sea route into the town and a vast port area where a ferry is docked, a high-speed passenger ferry and at least one of the well-known Norwegian coastal cruise ships - *Hurtigruten*. This would be permanently docked now, I presumed, as all tourist activity had been cancelled due to Covid restrictions. A positive feeling wells up in me, and I feel

pleasantly given over to this situation, sitting in the corner of this room waiting for the boy and the therapist to arrive. I wonder whether the positive feeling arises from a sense of *belongingness*. There is a long tradition in Norway of the *Hurtigruten* ships sailing along the coast, previously as a form of transport for the local population and the movement of cargo, but later more geared towards tourism. I remember walks around our hometown of Bergen with my grandfather, where almost every time I visited, we would go and see the big ships that were docked in the ports and where we would most often see *Hurtigruten*. These are good memories, but I wonder why they are coming back now, perhaps I needed something safe to hold on to, just like when I was a child and needed my grandfather's hand to hold on to.

It is raining outside, and the wind is shaking the enormous windows. It is nice to be protected from the weather, but at the same time I am aware that the room doesn't feel particularly comfortable or inviting. The room is furnished with a large meeting table with room for at least 12 people. In the opposite corner to where I have been placed, there is a seating area consisting of a sofa, a table and a couple of chairs. All the seating is in colourful fabric, mainly red. The therapist asks me to sit on one of the chairs that belongs to the meeting table. The boy is coming alone; his mother will drive him to the session but will not be participating. I think about the boy's mother and how this situation must feel for her. Does she feel relieved that she is kept out of it, or does she want to be there as a support for her child? Does she want to know what they talk about or is she happy to accept without question what others decide? Has she ambivalent feelings in relation to her own participation? The *Barnahus* are organized as part of the police, and perhaps this limits the extent to which she has the courage to express her own wishes and needs. Furthermore, in a case where her son has committed harmful sexual behaviour (HSB) towards an underage girl, this may also limit how such meetings can be carried out.

Many questions arise when I look at my notes at the end of the day. I also wonder how long I sat and waited, from when the therapist left to receive the boy and when they arrived in the room; I had certainly managed to write down quite a few notes on my notepad before the conversation started. This made interesting reading later.

I stand up when the boy and the therapist arrive in the room, but I remain in the area I was shown to, in the corner behind the large meeting table. Just as they pass me, on the opposite side of the table, I stand and present myself with my name and place of work, as well as thanking for the opportunity to be present during the conversation. The therapist continues walking towards the sofa area as the boy stops and listens to my presentation. At this point I become a little apprehensive, because I am unsure whether I have overstepped a boundary by presenting myself in this way. Does the therapist find my presence demanding, and would he have preferred to explain himself about my role and that they must try to forget my presence? Once again, I find myself thinking that this is something we should have agreed beforehand. Nevertheless, it only feels right to have presented myself and I soon let this feeling pass. The boy responds by saying his name, and that it is fine by him that I am present during his talk with the therapist. He smiles somewhat reservedly. I can see he is a little flushed when he addresses me, and his hands are touching each other, fidgeting with a piece of paper which might be a sweet wrapper or something similar, making a rustling sound. He is physically small, and it strikes me again that most people we meet who have committed HSB often come across as both small and unsure/insecure in their manner. This is something I have observed in my own practice and seems even more apparent when I am in this kind of situation. His insecurity is perhaps not surprising given that he must talk about events associated with guilt and shame in the presence of a stranger at a *Barnehus*, where a court has ordered him to attend these meetings in an unfamiliar environment. It strikes me that he shows enormous strength by giving me permission to participate, but it is probably also the

case that he feels compelled to accommodate to the situation. This is not difficult for me to understand, as someone who finds it hard to express my own wishes and needs during my participation.

The therapist and the boy sit in the sofa group at the opposite end of the room, and there is quite some distance between us. Through working together for some time, the boy has got to know the therapist, but I sit and wonder just how he is feeling right now, in this huge room together with two adults, where he is expected to discuss very difficult topics. As a seventeen-year-old I would have had an extremely high stress-level in this situation, and most likely even today as an adult. He is wearing a pair of jeans that are a little too big for him, a black jumper with a hood and a black jacket on top of that. I notice that he doesn't remove the jacket when he sits down, but the hood on his jumper is not pulled over his head. This brings my thoughts back to my own practice, where many of the boys I talk to keep their jackets on during the entire conversation, and many of them have the hoods of their jumper pulled over their heads, perhaps as a way of feeling some form of protection in a demanding situation. The therapist starts the conversation by asking how the boy has been recently, the boy responds that things have been ok, and when asked about his new job he says that he has been particularly happy there. His face lights up when he talks about the job. Before the session, the therapist informed me that the boy had left school because of the high level of harassment and negative reactions from his local community after the episode with the underage girl. I feel pleased to see him smile when he talks about the job, and I think about some of my own cases where local communities have been merciless in their treatment where sexual offences have been committed by children. Might it be an effective strategy to build something totally new around the young HSB offender, instead of working with changing the local community? It certainly seems that this has been the right approach with this boy. Many

questions and ideas arise as I sit and observe the conversation, and I almost wish I had been given the chance to put some of these to the boy here and now.

A little way into the conversation, the therapist informs the boy that today he wishes to focus on understanding the consequences of the choices we make, and they move to a different part of the room. The boy is told to sit in a chair at one end of the table, and he faces toward a wall where a screen is placed. They are now a little closer to me, but the boy is sitting partly turned away, so it is difficult to observe his facial expressions. The therapist is standing by the screen and presenting a task, checking regularly whether the boy is managing to follow what is being presented, and the boy confirms this. It emerges that the task is related to social skills, and the therapist has taken on the role as teacher.

I realize that my gaze has shifted, and I notice a high-speed passenger ferry that has docked at the terminal, and after a while passengers are walking down a walkway which has been set up. My thoughts are filled with questions about where the passengers have come from and where they are bound. I think about my tendency to get distracted in this way, how I create stories as a response to internal dialogues, and what my creative thought processes represent. Afterwards, I reflected further on this and wondered whether it was some kind of transference of the boy's feelings, in the sense that I (and the boy) needed a break from what was going on in the room, or whether it was a reaction, a kind of resignation, to the fact that it was difficult to make good observations after the positions were changed in the room, or was it just that the interaction had changed from conversation to teaching? It might have been a combination of these different perspectives, and perhaps also that it became gradually easier to observe the boy's reactions than I had thought at the beginning of the session.

The boy and the therapist carry out an activity where the boy is encouraged to explore the short-term and long-term consequences of various behaviours. The therapist firstly

demonstrates an example to ensure as much as he can that the boy understands the task, before he then starts asking the boy questions about the advantages and disadvantages of behaviours in a variety of situations which they create together, and the therapist writes these up on the whiteboard. The boy sometimes uses a long time before he responds to the questions and replies very briefly, even though it seems that he understands the task and his answers are relevant. Earlier in the session the boy was more verbal than he is during the activity, and I notice that his body language is more restless: he tips his chair back and forth, turns towards me several times and seems a little more flushed during the activity. I give him a small smile each time he turns towards me, thinking that he needs this type of response from me when the activity is more focused on performance, something which may have created some uncertainty in him and a need to check my reactions. On the other hand, he may have found the teaching activity uninteresting and boring and thereby lost his concentration, or perhaps he didn't understand the task properly and became more interested in what was going on around him in the room.

They continue with another activity, and the same pattern repeats itself with the boy. I notice that the therapist also on several occasions becomes more flushed and seems a little tense when carrying out the activities. I think that this is understandable in the same way as for the boy, as there is more of a focus on performance during these activities than in other parts of the session. I reflect on the fact that it is quite a stressful situation to have a colleague from another *Barnahus* present in a therapeutic setting, particularly one who is also researching into the area, and he may experience that he is being scrutinized in terms of his professional skills. Another perspective is that he may have noticed that the boy's attention and concentration changed when his own position changed from therapist to teacher, and that this will have placed demands on him.

At the end of the session, they discuss what the boy will be doing afterwards. When they leave the room, I stand up once again, thank the boy for allowing me to participate and wish him all the best for the future. The boy responds by saying that he hasn't thought about me being there, and that he hasn't felt stressed by my presence. As previously mentioned, during the activities I noticed that the boy turns several times towards me and is more restless and flushed. I think about the fact that he may be unaware that this can be caused by increased stress and insecurity, and that these may be unconscious reactions that he is unable to access or explain due to his age and level of maturity. He may also well be right that he would have shown the same reactions whether I had been in the room or not. The situation is presumably stressful, and possibly tedious, in any case.

After the session, I make my way back home. I am weary after a long day in a new environment and in a new and unfamiliar role. I have had many ongoing inner dialogues, and there has been a high level of cognitive activity and reflection, and not least many feelings have been activated due to increased opportunities to consciously focus on both internal and external dialogues. When I come out into the rain and the cold wind hits me, it feels good to know I am going home to my familiar and safe surroundings. I walk towards the train station and am pleased that the day has given rise to many new thoughts and perspectives. Though only taking the role of observer, it has been a thought-provoking starting point for my future work, especially when it comes to understanding the vulnerable situation these young people and their families find themselves in. After arriving home, I feel incredibly grateful for the opportunity given to me by the therapist and the boy to be present during the session.

Probably everyone involved, even the mother of the boy, had said at some point "I don't mind at all", even when this may have come at a price for the individual concerned.

During the entire process, I regularly shifted position during observations between insider and outsider. I asked reflexive questions, thought about my positioning, and was self-

reflective and aware of my shifting feelings, enabling me to discover what was there rather than what I thought was there. When the fieldwork was completed, I had more questions than at the beginning, and I was eager to know more while I was completing the questions for the semi-structured interviews of parents and professionals.

Conversation with a boy (13) and his mother

The participants in this conversation are a boy and his mother. I am once again told to sit in the same corner of the large meeting room, and I haven't had the chance to ask questions or talk with the therapist about taking the role of participatory observer or if I could sit closer to where the conversations take place. As a result, I am once again directed to the corner, at the opposite side of the room to the conversation. I probably won't ask, I feel sure of that once I have sat down and started observing. It would possibly have been different if we'd talked about it, though I felt the therapist was very clear and direct when he told me. Afterwards, I thought about why it turned out like that, and I think there may have been several aspects to this. As mentioned, I felt that I didn't have the nerve to say anything and just wanted to adapt to whatever the therapist wanted me to do and not make any fuss. I had a role as guest and was clearly affected by that. In addition, because of Covid, I had met great challenges when it came to recruiting for the ethnographic field study, focus group interviews and interviews with parents. This led to a degree of anxiety that the project would be difficult to carry out, and therefore I was probably too willing to compromise in relation to my own needs.

The background for the boy attending the *Barnahus* Centre was that he was reported for having sexual intercourse with his former girlfriend of the same age. According to both the girl and boy, both had consented to intercourse. The romantic relationship was terminated when the parents of the girl reported the episode, and they have no contact today. This is his

first conversation at the *Barnahus* Centre, and his mother will be present. I reflect a while on why it is mainly the mothers who follow their children to these conversations. Can it be that women more often have shift work or have reduced hours? Is it that they just accept this responsibility? Is it socially expected? Are fathers unwilling? Many questions arise, but I have no answers from where I am sitting, just experiences.

Mum and the boy come into the room together with the therapist, and I get up and say hello as they pass the place I am sitting. I have not asked if it's ok to say hello, but I don't feel quite as unsure of myself now. I feel that it is only correct to greet them: with my values of politeness, it's the only thing I can do. I feel a moment's pride thinking about the way I and my three sisters were brought up by our parents, and I possibly gather strength from them in that moment. In any case, it feels right and good to have made that decision. I reflect further on why the therapist didn't slow down so that the family and I could greet each other. He is possibly convinced that this was the right thing to do, so that my presence will have the least possible influence on the therapeutic process.

I notice that the boy is attractive and dressed in a way that distinguishes him from most of the other boys that come to the *Barnahus* Centre as suspects or when convicted of HSB. He has a slim build, stands up straight, is well-dressed with slim fitting jeans, white trainers, a light blue jumper and a short outer jacket. The mother and the boy are dressed in a similar way, and they smile with a friendly manner as they say hello back to me.

They walk towards the sofa-group which is at the other side of the room, and both lay their outer garments on the end of the sofa. I ask myself if he removes his coat because his mother is present and acts as a role model in the situation, or whether he would have done this anyway, even if she wasn't present. It's difficult to say, but my previous understanding would suggest that he would have done so, in view of his self-assured and well-adjusted manner

which I saw in the first meeting. They sit in the sofa, and I register that the boy sits close to his mother, who has sat down first. They sit in this way throughout the entire conversation. I reflect that though the boy comes across as calm and secure, he nevertheless needs this proximity to his mother in this situation. I get the sudden thought that maybe he shows precisely how secure he is by sitting in this way: not many 13-year-olds are confident enough to show that they are close to their parents in front of others. Or could it just be his young age, and that he needs physical closeness to his mother in an unsafe and difficult situation?

Again, many questions and hypotheses arise from where I am sitting and observing. The therapist is sitting in an armchair on the other side of the little table that stands between the sofa and the armchairs. It is some distance between them and me. As mentioned, it is a large room, but I notice that when three people are sitting in comfy chairs in one corner it seems much more welcoming. Afterwards, I thought that this might have been mainly due to the mother and her son sitting so close together, and that the boy seemed well taken care of emotionally, something that may have affected my observations. The boy of 17 had been alone in the big meeting room with a therapist and an observer, something which can have affected my thoughts and feelings.

The therapist asks the boy and his mother how they had been after the boy had been to the *Barnahus* Centre to be questioned by the police. Mother and boy say that things are going ok at home, at school and socially with friends. After this they focus on clarification of expectations regarding the conversation(s), and I observe that it is challenging for the boy to say anything about his own expectations, but when the therapist suggests that they can work together to prevent such episodes happening, at least until he and any future girlfriends are over the age of sexual consent, then the boy agrees with this. I observe that all three of them laugh when the therapist adds “over the age of sexual consent”. At the end of this part of the conversation, the therapist goes through which themes they will be addressing later:

Norwegian laws and regulations and a short review of physical, mental, cognitive and sexual development in children and adolescents. The approach is psychoeducational with room for dialogue. They remain seated in the comfy chairs throughout the entire conversation, something I reflect might make it easier for the boy to actively participate, based on earlier observations during the field study.

In the conversation the boy has calm and friendly manner, and he seems attentive and engaged when he is required to listen and responds appropriately. I reflect on the fact that we normally see an increased vulnerability in boys who have committed HSB, in the form of risk factors such as a lower level of functioning, a challenging care situation and many others, but this boy comes across as a normally functioning boy growing up in a resourceful family. At the same time, I wonder if there could be other reasons for his manner in the situation. I start again to compare the two boys from the two mentioned conversations, the boy of seventeen and the boy of thirteen. I reflect that in this case, the support being received is to a greater extent voluntary than in the other case, i.e., the boy of seventeen, where a youth rehabilitation order has been decided by the courts, something which may influence motivation and feelings of security in relation to active participation.

As I am sitting there, my thoughts fly to an experience I had in my early career. I was working in an institution for adolescents, where we experienced that staff were strongly influenced by the appearance and social status of the individual residents, in the sense that they gave a more positive response to those with a more attractive appearance and a higher social status. I have realized that this is a reality within many professions, indeed in wider society also, but it saddens me when I think about this. My warm feelings for the restless boy in the earlier conversation, with his slightly too big jeans, his black hoodie and his coat left on, wells up in me. I cannot see that the therapist treats the boys any differently, but he seems calmer and more comfortable in this situation. I think about how it may be that he gets a

higher degree of response from this boy and that he has also got used to my presence in the room.

The boy maintains eye contact with the therapist, has a calm body language and answers questions throughout the conversation. I reflect further on what might lay behind the fact that the boy seems so calm. All cases are different and the reactions to them from the environment are always different. Few people know about the episode that was reported to the police, and sexual intercourse with a romantic partner is more acceptable, even though their age was low. They are of the same age, and the episode was based on consent, so though it may have been embarrassing to talk about, there may have been less feelings of shame, something which sets it apart from most cases of HSB.

Finally, they go through the things that it will be possible to talk about in coming sessions, and the therapist asks the boy if he wishes to come back. The boy says calmly that he thinks so. The mother turns herself towards him, looks at him for a while without saying anything, before asking him if he is completely sure. She then says that he had said to her earlier that he didn't want to come to more than one session. I reflect that the mother wants to help her boy and is possibly unsure of why he is saying "yes" when he'd been so clear earlier. Does he feel pressured by the system, or does he feel that it might be useful when he has got to know more. The question was asked once again, and he maintained that he could come back again. I reflect on the fact that he answers "Yes, I think so" rather than "Yes, I will", and that the answer may lie in the language the boy uses when he responds. In my experience, there is a big difference between saying "Yes, I think so" and "Yes, I will". Is he just polite or has he acquired his own motivation to come back to further sessions? The conversation has the quality of teaching and therefore might be easier to cope with than he had imagined. He has possibly been thinking that he had to talk about the episode, but in fact there has been a future-oriented educational approach where he has been able to distance himself to his own

thoughts, feelings and behaviour. I have a strong urge to explore the boy's expectations to the sessions, but I have no possibility of this in my current position.

The mother is present during the whole conversation, but it is mainly the boy and the therapist who talk together. At the end, the boy informs the therapist that he would like his mother present in the next conversation too. He obviously likes her being present, and experiences this as safe and secure even though for most people talking about such subjects in the presence of parents would be difficult. His barrier to doing so was possibly broken when he was reported to the police, maybe he is not put out by the subject or perhaps they talk freely about sexuality at home. My questions to the boy and the others in the room must remain unanswered for the time being, but in any case, I feel I have gained an important new perspective from my position in the corner of the room, even though far away from the comfy chairs.

The snow is falling heavily outside, and I am a bit hesitant about starting my journey home. It is cold outside with strong wind and snow, so the contrast is huge to being in a large but warmly heated room. I laugh to myself a bit as a thought occurs to me: I wonder whether the roads are slippery. Am I starting to get like my paternal grandmother, who was always afraid of falling when it was slippery outside, even though I am not so old? Afterwards, I reflected on why my thoughts had shifted to the weather at this moment. A conclusion to the conversation was imminent, and in my thoughts, I was already starting to plan the journey home, and in addition I was trying to change my focus to something that was a bit funny and ironic. I think also I wanted to get back to my normal role, where I could influence the situation more and have the chance to explore and co-create with the families. When I went home, I nevertheless felt satisfied with my field study experiences.

The Consultation team

Through my ethnographic field study at the *Barnahus* Centre, I was invited to participate in the regional Consultation team where professionals can discuss cases in which children and adolescents have committed problematic or harmful sexual behaviour, and the team is meeting today. The participants in the team come from different agencies who work with the target group, and they have different roles and duties in their daily work. *Barnahus* is one of the agencies represented in the team. Normally, the Consultation team has a practice where they meet physically to the meetings, but because of the Covid situation in Norway, and the rest of the world, the meeting is held using the electronic platform, *Teams*. I was sent a link several days in advance, and, as far as I can judge, am well prepared for the meeting when I join. I feel a little tense. I know in advance who several of the participants are, but I don't know them well, and perhaps I would have felt more relaxed if I'd met them earlier or known them better. In any case, the meeting is due to start, and the technology is functioning well. I was a bit nervous about using the link, as in the police data systems there are 'security walls' which occasionally make it tricky to use such links. Fortunately, the system worked and I was greatly relieved, while at the same time I could feel my palms sweating and felt jittery in my body, sitting here in my home office in another corner of the country with the rain pouring down outside as usual.

The leader of the meeting welcomes everyone and the participants present themselves, including myself, and it feels like a warm welcome. I notice that just after presenting myself, the leader of the meeting, who I have met several times earlier, adds some information about my role in the national *Barnahus* system. This is something I appreciate, but at the same time it possibly raises expectations of me. Expectations may already have been high because of my roles as a researcher, a coordinator of a similar Consultation team in my own district and

a participant in several national networks in the field of HSB. In the run up to the meeting, I had been nervous about people's expectations regarding my role in the meeting. Through my own practice at *Barnahus*, I knew this way of working and had developed skills in the method, though this was a new context and new people I had to relate to today. It had been agreed with the team leader that I would take an observational role today during the discussion, with an opportunity to share my reflections with the team after the individual discussions. The team leader presents the structure of the meeting for me. He will start by welcoming the consultees and present the structure of the meeting to them. Afterwards, the consultees will be asked to present the case they wish to discuss with the team, based upon the child's functioning, background, situation and questions for discussion. The consultation team then takes a listening position and makes notes based upon the question "How can we understand this?" Then the consultees are asked to take a listening position while the team discusses with a view to opening different understandings, and they are given the opportunity to respond after the team's discussion. Finally, the team carries out a reflection in relation to future interventions where the consultee can make his or her own decisions. The cases are discussed anonymously. Team leader informs that there are three cases which have been sent in for discussion, one from a youth welfare home, one from a care institution/foster mother and one from a municipal Child Protection Service. All the consultees are professionals. I have in advance acquired consent to participate in the team through the *Barnahus*, but I have not asked for personal consent from those presenting the cases for discussion. As a result, I have chosen not to present the cases in detail here. In the first case presentation, a group of staff working at a youth welfare home wish to discuss a case with the team. They are five in total in the room, and they sit around a meeting table at their place of work. Everyone's attention is directed at the TV screen where they see the team via Teams, and it seems as though there is a relaxed and good atmosphere in the room. One of them presents the case

and what it is they wish to discuss with the team. I notice that the others add supplementary information where necessary. I think that it must be useful for them to have so many presents, so that as many as possible who work with the young person are involved in the process, and that it must feel reassuring to be several professionals together when meeting the team. At the same time, from my own experience, it can be difficult to keep to the schedule when there are several people presenting the case. When the team start the discussion, I notice that one after the other is given speaking time from the team leader, something which is new for me. I am eager to find out more about this practice. In fact, I get pre-occupied with this and have a long inner dialogue based on my own experiences from Consultation teams, and what I am seeing here in this team. From my position as observer, I notice that the participants in the Consultation team all demonstrate a high degree of knowledge during the meeting and that there was no-one who stood out in any way in terms of competency or use of time. Further, I note that several of the consultees from the youth welfare home take frequent notes as the team is discussing how to understand the young person, his situation and what might be possible future interventions. Finally, they are asked how they have experienced presenting the case and whether it has been useful for them. They respond that they have learned a lot from listening to the team discuss the case and that they have been able to confirm many thoughts they have had earlier. Further, they feel as if they are on the right track when it comes to supporting the young person in question who had committed HSB. I note that the team leader keeps the discussion within the planned time, 1.5 hours, which is half an hour more than we have for each case in the team I coordinate at our *Barnahus* Centre. I note down straight away that this is something I must suggest when I get back to work. It seems to me that more available time helps to lower stress levels, allows discussions to go deeper and gives more room to support the individual participants.

We evaluate the first discussion in the team, and in connection to this I ask the question regarding the team's structure for discussion. It emerges that this form of reflection started when using Teams in order that all participants could get their thoughts across in a calm and organized way for the consultee, and that they have positive experiences with this structure. They emphasized that they did not experience this form as limiting in any way compared with a looser form of reflection where one builds more upon other participant's verbal and non-verbal communication in an unfolding process. We then take a break where we pause sound and picture on Teams, and I feel relief that I am at home by myself and that I do not have to consider the group before, during and after the team meeting. I think it would have been better to have been physically present in the room to enable another type of dialogue which is more dependent on physical proximity, but it felt good there and then. Twenty minutes to make a cup of tea, to get something to eat and the peace and quiet to follow one's own reflections from a different perspective.

I join the group again after twenty minutes, and there is some small talk before the consultee is online again and ready for discussion. I note that we are a little delayed when starting up the discussion. In the second case presentation, two consultees, a supervisor from a care institution and a foster mother to a boy of 14 years who has committed HSB, wish to discuss a case with the team. It is the foster mother who presents the case, and she describes the boy's functioning, his background, his current situation and what she needs help with from the team. She tells us that they are a specialized foster home where they receive regular supervision from the care institution, and the supervisor is present during the discussion. The boy has lived with them since he was six years old, so she feels she knows the boy and his strengths and weaknesses well, but that the relation between them has become strained recently. The supervisor from the care institution expands a little on what is said, but it is the foster mother who leads the process. I notice that the foster mother describes the boy and his

challenges with a warm affection, using a mild tone and positive words about him. This makes me think about several of the foster parents I have met over the years, as part of my work, who have been tired and despondent, and who perhaps would have given up if this sort of behaviour had come to light. I am impressed and conclude quickly that this must be a result of the support received from the care institution. Afterwards, I reflected that this supervision probably was important but also the personal suitability of the foster mother, including her competence, must have made an impact in this case. The foster mother is also a professional in this context, but she is closer to the young person than the other persons present, and I begin to see that the team changes their approach. I am not quite sure of my observations, but I experience that we slow down the tempo when talking, use less specialized language and show a more emotion-based approach than in the last discussion. I decide that this is something I will take up with the team in the next break. The team discusses how it is possible to understand the boy and his situation and reflects also on further interventions that could be used where the foster mother and care institution make their own choices. Finally, the consultees express that it has been useful to discuss with the team. They have thought many of these thoughts before, but that it feels reassuring to have checked that they were on the right track.

There is only time for a small break between the second and third discussion, as the second consultees had problems logging on. This means that the second discussion in the team is not evaluated. For the same reason, I must delay sharing my observations regarding the change in approach in discussion two and asking the team if they were aware of this.

In the third case presentation, it is a contact person from Child Protection Services who presents a case for the team. Child Protection are supporting a boy who has committed HSB, and the contact person wishes to discuss the level of concern in the case. I reflect now about how participation in the team might affect this consultee. In the first discussion, there were

five professionals present in the room, in the next case there were two and in this case there is only one professional from Child Protection who will be presenting a case to the team, which today will consist of six professionals and myself as observer, where we all have specialist knowledge of the subject matter. How must that feel for her, I ask myself, and have a particular focus on this throughout the discussion. After my observations, the consultee seems calm and relaxed in the situation, so perhaps it doesn't affect her so much if she is alone or together with others. She presents the case by describing the boy's functioning, his background, the situation he is in and what she/Child Protection need help with from the team. The team then starts its discussion while the consultee is placed in a listening position. I can see that the communication has a predictable form which is followed by all the participants in the team. Once again, I ask myself whether this structure affects the consultee in any way, i.e., that everyone gets to speak in turn instead of having a dialogue which builds on other participants' contributions, where one can observe verbal and non-verbal signals and respond immediately to these rather than having to wait one's turn. Is there a possibility that this tight structure affects the communication, limits the possibility for reflection or impacts upon the level of engagement of the participants? It is important to be aware of this, so I make a note to mention this when we evaluate. Finally, the team carry out a round of reflection in relation to further interventions, where consultee can make her own choices. The consultee expresses that the discussion was useful. She has acquired some new thoughts and ideas during the process, and not least some support in relation to her own thoughts about the way forward. She also feels support for what has been discussed in internal meetings at her workplace.

After all, three discussions are finished, the day is evaluated. I raise once again the question of the form of the discussion on Teams, where there is a strict structure, and they repeat the same points as after the first discussion, while at the same time saying they will have more

awareness of this issue in the future. They thank me for my participation and say that I am welcome to come again, which was very positive to hear. It appears that I have not disturbed their form of working to any degree and managed to ask fitting questions from my position, which I feel they received positively and will consider further in the work of the team. I give feedback that in my role as researcher I found it useful to participate in the team. I felt that I had deepened my insight through their work and at the same time it had been useful in relation to my own practice. Participating in the team gave me new ideas regarding organization and structure and it was particularly useful to take a meta-perspective when observing and reflecting over the various themes discussed, over interactions in the team and between the team and the consultees. In the end, I unfortunately forgot to ask the question which arose from observation of the second discussion, and I have thought afterwards about what this oversight might be about. I did not feel any trepidation about presenting things for the team between discussions, so I have just accepted that it is natural to forget. This was a shame, as it would have been interesting with a further reflection on this theme with the team. In addition, I have thought a lot about how using Teams affects the interaction in the team and the process between the team and the consultee. I think it affects us to a greater degree than we realize, but perhaps in both positive and negative ways. I would have liked to look closer at this, but this will have to wait for now. In the meeting today, there was a wide variation in the agencies providing the consultees. There was a youth welfare home, a foster home linked to a care institution and a Child Protection Service. All of these gave feedback that discussion with the team was useful, while at the same time I imagine it can have been a demanding situation for these professional people to come to the team. It is certainly something that those of us who have specialized in such a small area need to be very aware of. In any case, the Consultation team brings specialist knowledge to the meetings and help consultees to feel more confident in their work. I noted that all consultees finished off by

saying that they had thought many of the thoughts that had emerged through the team's reflections previously. The consultees had a seemingly high degree of competence and experience but probably felt reassured by having others to discuss things with.

Some final thoughts

Throughout the entire process of observation and writing, I have experienced having many useful and insightful reflections. A theme I have become increasingly focussed on, and concerned about, has been the power aspect, i.e., the position of power that we as employees of *Barnahus* hold due to being organized as part of the Norwegian police system, and the question of how much this affects young persons and their families when they work together with us.

The young persons I have been focussing on have experienced that their sexual activities have been reported to the police. In the first case, this was based on a large age difference and the very low age of the abused person. In the second case, this was based on the very low age in both parties. We do not often see that sexual intercourse between girlfriends or boyfriends of a similar age is reported to the police. When this happens, the police have a duty to investigate when the child is over 12 years, but at the same time have a possibility of using discretion when a child is under 15 years, which is the age of criminal responsibility in Norway. I believe that this may have been an option in the case with the young couple, where they were both 13 years at the time, were in a relationship and, based upon the information I have seen, the episode of concern was consensual. I would question whether there was any real value in pursuing police inquiries in this type of case, or whether it would have been more useful to have talked with the children about issues relating to the body/physical

development, setting boundaries and sexuality (adjusted for age), which could have come from a parent, a public health nurse or through teaching at school.

Appendix 8

Interview guide

Title of the research: The experiences of parents and professionals when a child has committed harmful sexual behaviour.

Introduction: thank the parents and professionals for participating in the project and allowing themselves to be interviewed. Go through the ethical sides of the project and ensure that all those being interviewed have given their consent. Go through the aims of the research and the research questions and allow time for any questions.

Interview with parents/parental couples

General

1. What is the child's gender and age?
2. Can you describe briefly what has happened?
3. What was the nature of the relationship between the child and the injured party/parties?
4. Who reported the incident/incidents?
5. The general functioning of the child: presence of any developmental disorders, developmental delays, trauma history, bullying etc.?
6. Care situation: are you as parents living together and has the child any siblings?
7. Has the family had any support from or contact with professionals previously?

The thoughts, feelings and reactions of the parents after disclosure

8. What was it like for you when you discovered for the first time what had happened?
9. How did the disclosure affect you as a person, your daily life and your relationship with your partner?
10. How does it affect you now, after a little time has passed?

The parents' thoughts, feelings and reactions to the child who has committed the sexual behaviour.

11. What were your first thoughts, feelings and reactions towards the child when the abuse had been disclosed?
12. Have things changed now?
13. Can you tell me how this has affected your relationship with your child?

How has the disclosure affected your relationships with others?

14. How has the disclosure affected relationships within the family?
15. How has the disclosure affected relationships with: the wider family, your network of friends, the local community and your workplace?

Support from professionals

16. What kind of support have you received from professionals?
17. Has the support from professionals been useful, and if so in what way?
18. What might you have needed above and beyond the help you have been offered/have received?
19. Have there been any challenges when cooperating with professionals?
20. Have the professional agencies worked in cooperation?

21. Have you anything to add?

Focus group interviews with professionals

Part 1: Professional practice when dealing with parents after their child has committed problematic or harmful sexual behaviour.

22. What experiences in your daily practice have you had with this target group?
23. Are there any aspects of your practice which show that you deal with this target group in an unusual way?
24. Has your approach worked, in your view?
25. Has your approach to practice been suitable when dealing with this target group?
26. How have you experienced that parents have received the help?
27. Have you experienced the contact with this target group as different to working with other types of clients?
28. Do you have enough knowledge about the target group?

Part 2: The response of professionals to feedback from the interviews with parents as a starting point for the focus group interview

29. What are your thoughts about the latest information?
30. Will the new information have any effect on your future practice with this type of case?

Appendix 9

Schematic overview of coding in the focus group interview 2 84/194

Excerpt of text:	Coding 1	Coding 2	Code
<p>LM 23 BH: At least when it comes to the support part it seems that way, that those who come back for support are mainly the mums. I thought sometimes that there were surprisingly many dads that came without the mums, who follow their kids to police questioning.</p> <p>LM 31 B: But it's like that I suppose in society generally, that it's the mums who follow to the doctor's, to the dentist and to other things like that.</p>	Fathers accompany to police questioning and mothers to the support	Emerging awareness of gender	1
<p>KJ 39 BH: Or that both parents have accompanied the child [researcher adds: to questioning] and have been very involved, but in the support phase it's the mothers who accompany most, and it's them I've had contact with, more so than the fathers.</p>	Gender continued	Gender distribution	2
<p>PA 102 Police: That's what I was thinking about, that if we'd been able to do the job ourselves, we would have dropped the uniform, but we must ask for assistance, and we do ask occasionally if they can dress in civilian clothes. It is also time-consuming, and they don't always have time to do it, so they end up wearing uniform. I really understand that this must be frightening and seem over the top to parents.</p>	The handling of the arrest by the police	Challenges relating to use of police uniform	3
<p>TA 107 Police: And we probably have room for improvement when it comes to informing the patrols on duty about any vulnerabilities, and how the parents and the child might react in this situation. It's often the case that we just send a request, involving the practicalities</p>	Police treatment when arresting suspects can be improved	The importance of planning	4

<p>and not any of those issues. This is something I believe we can improve.</p>			
<p>PA 114 Police: I'm thinking now particularly of that case you mentioned with the boy who had learning difficulties, that they didn't know that when they were there, and that's a mistake. It should be possible to gather that information in advance. Maybe things were a bit rushed [laughs].</p>	<p>Perhaps things have been rushed</p>	<p>Lack of consideration</p>	<p>5</p>
<p>LM 125 BH: Preparatory meeting. For some reason, we don't call it a consultation meeting, but it's the same sort of thing, we must prepare properly for that type of house raid. This would have been a relevant point, wouldn't it? If we'd known there was a child with a diagnosis, we could have asked for information about that diagnosis. Maybe we need to be better at this in the future then. If patrols are sent out, who gives information to that patrol, what does the patrol need to know, because then you can take precautions. I think it's also an important point because it affects how the whole day pans out. And because it's the parents who are going to accompany their child to the <i>Barnahus</i>. What's it like for them when they've been through a raid like that and are so agitated and in crisis, and then they must come here suddenly and regulate their own child, not even knowing why they are here? Just sitting and waiting. That's an issue, and it must be overwhelming for them, they must think all sorts of desperate thoughts. People can't be rational when there are five policemen rushing round, ransacking your house. So, there are many aspects to this that makes the</p>	<p>Understanding that the job needs doing, but what about some dignity?</p>	<p>The importance of dignity</p>	<p>6</p>

<p>arrest situation important, even though we know about securing evidence and why they must do it. But talking about how to do this with dignity, and what one can give out of information, how can one help to reassure the adults? This is maybe something one can talk about with the patrol too, because sometimes I think they are afraid of saying anything at all. They can get a bit stubborn or have a sharp tone and are not very supportive because they are afraid of saying anything [laughs].</p>			
<p>KJ 144 BH: I have also experienced that parents, you know, think ‘what is a <i>Barnahus</i>’, and ‘what’s going to happen there’, where an investigator rang me and asked me to talk with the mother just about what happens, what happens when they meet up at the <i>Barnahus</i>. Where I rang her and had a three-quarters of an hour phone call with the mother, just general about the <i>Barnahus</i>. What does it look like, what’s going to happen when they arrive, because they don’t get a leaflet, they get no pictures to see like they would in a normal questioning situation for vulnerable persons, and this phone call was very calming for her, at least there and then. But they don’t normally get that, I’ve just [...]</p>	<p>Parents need good information prior to police questioning</p>	<p>Regulating parental stress</p>	<p>7</p>
<p>TA 160 Police: [...] it’s a matter of securing evidence that [name of advisor at the <i>Barnahus</i>] talked about that means that we at least er... must secure the electronic devices for example without there being er...any possibility of tampering with them. So, in a way it’s not the raid that is so urgent but the securing of evidence,</p>	<p>Securing evidence is important, but</p>	<p>Confusing police raid</p>	<p>8</p>

<p>or at least it must be done in the right way. I reacted to the fact that they had to carry out questioning right there and then, as if they were making a secure unit of some sort, because usually it's sufficient that we carry out a search, secure the electronic items and then question at a later point in time. Why they decided that they had to start the questioning there and then, I have no idea, but it sounds a little odd. So, I get that the parents found this very intrusive, yes.</p>			
<p>KJ 169 BH: I've also seen this here [researcher adds: at the <i>Barnahus</i>], that there's been a police search first and then questioning takes place here a few days afterwards.</p>	<p>Experience of securing evidence first then questioning</p>	<p>What comes first</p>	<p>9</p>
<p>TA 173 police: Yes, they take telephones and I-pads, for example, or just what is there so that that nothing is... That is often the basis of getting a warrant to search and making an arrest, to avoid evidence being tampered with. I suppose these are decisions that parents are left out of and that this is why it affects them like it does. So, information to parents, they deserve some sort of explanation for these events later. It's wrong that they should be sitting with so many questions such a long time afterwards, if they do, that they feel they were almost, yes.</p>	<p>Parents should be given proper explanations after police raids</p>	<p>Apology to parents</p>	<p>10</p>
<p>LM 192 BH: It's very recognizable that in several of the cases we have been in this is an issue. Even something as simple as that there were three police cars parked outside the house, what will all the neighbours think? Er...when you see someone get into a police car in the front yard you don't automatically think it's a</p>	<p>Challenging experiences with police raids are recognizable</p>	<p>Unfortunately, this happens often</p>	<p>11</p>

<p>child, so parents are also concerned about what neighbours think of me and my family. What awful things have we done here and things like that. And then it takes up so much focus, the way it is handled, because they think it could have been handled in such a different way. And of course, they get the logic of having to secure evidence and telephones etc., but the experience of it is so overwhelming that it is difficult to let go of it afterwards. I think so, we have a lot of examples of it.</p>			
<p>KJ 201 BH: And the fact that the parents themselves have a very high level of arousal which means that they are not available for their own kids, or to help them during questioning or on the day of questioning either. This gets talked about a lot, you know.</p>	<p>High level of arousal of parents in connection with police raids</p>	<p>We need to reassure the parents</p>	<p>12</p>

Appendix 10

Translation approvals

Translation excerpt: approval from Regional Committee for Medical and Health Research Ethics (REK,

In reference to your application for prior approval received 17.03.2021.

REK's evaluation: In reference to your application for prior approval of the above research project. The application was processed by the Regional Committee for Medical and Health Research Ethics (REK South-East B) in the meeting of 21.04.2021. The evaluation was carried out in accordance with the Health Research Act (Norway), section 10, see also the Research Ethics Act (Norway), section 10.

Evaluation: The Project deals with the experiences of parents, especially in connection with support and follow up in the case where their child has committed problematic and/or harmful sexual behaviour. It is not therefore the child's or the parent's health as such that is in focus, but how the parents experienced the contact with Child Protection services, the police and *Barnahus*. The aim of the project is to acquire knowledge about how professionals can support parents to take care of their child in the best possible way in such a situation.

Since the project's aim is not to acquire new knowledge about health and illness as such, it does not fall within the area of regulation defined by the Health Research Act, see the Health Research Act, section 2 and section 4, paragraph a. Approval is not required from REK to carry out the project. It is the responsibility of the institution to ensure that the project is carried out responsibly in relation to for example rules for confidentiality and data protection [West Police District]. The committee points out that though the project has been evaluated as outside the area of regulation defined by the Health Research Act, this is no hindrance to publishing results from the project. If the head of the research and project leader wish to

apply for an evaluation of the project in relation to research ethics, it is possible to ask for a statement from the National Committee for Research Ethics in the Social Sciences and Humanities (NESH).

Decision: the project falls outside of the area of regulation of the Health Research Act, see section 2 and section 4, paragraph a. The project does not need approval from REK. We point out that according to the Personal Data Act (Norway) of 2018, a description of how personal data will be treated of must be presented in accordance with the regulatory framework for data protection. This must be based in the relevant institution [West Police District] The committee's decision was unanimous.

Translation excerpt: approval from the Norwegian Agency of Shared Services in Education and Research (Sikt)

Evaluation of the processing of personal data. Period of processing: 03.12.21 - 01.10.2026.

We have evaluated that the processing of personal data meets the requirements of the regulatory framework for data protection. We make evaluations on behalf of the institution responsible for the data processing. You must observe the institution's guidelines for the security of information, and any conditions of this evaluation.

Translation excerpt: approval from the Director of Public Prosecutions in Norway (Riksadvokaten)

Application for permission in connection with doctoral project at the Norwegian regional *Barnahus*. With reference to your application of 22nd of February 2021, concerning the recruitment of 6 parents/parent couples of children who have attended *Barnahus* in

connection with harmful sexual behaviour. Our understanding is that recruitment in this connection involves coming into contact with individuals and carrying out interviews. Based on the description received, it is specified that the participation of the parents is based on consent, and that neither the recruitment nor the carrying out of the project necessitates access to legal case documents. It is further understood that interviewer will not be aware of the interviewee's identity before a request has been made by the relevant *Barnahus* and written consent has been received to participate in the project. Consent to the release of legal case documents for use in research rests with the Director of Public Prosecutions (Riksadvokaten) in Norway. Based on the above understanding of the research project, we cannot see that such consent is necessary.

Translation excerpt: approval from the Police district

Response from the regional Police chiefs in Norway regarding permission to recruit informants for research through *Barnahus*/the Norwegian Police, as well as the storage of data material. The Police Chief for the West District of Norway gives permission to this recruitment as specified in the application and permission to the storage of data material, also as specified in the application.