

JYU DISSERTATIONS 7

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**Anna Margrete Flåm**

## **“I Need Your Eyes to See Myself”**

**On the Inclusion of Dialogues and an Otherness of the Other into Psychology and Clinical Work. Explored through Studies of Contexts where Children Live with Violence in Close Relationships**

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UNIVERSITY OF JYVÄSKYLÄ  
FACULTY OF EDUCATION AND  
PSYCHOLOGY

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## ABSTRACT

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Diss.

Violence in close relationships with children raises intriguing questions for our society. The sense making may go on in a fragile balance between possible false accusations and possible neglect of needed concerns. This study explores contexts where such concerns are at stake. From the vantage point of outlining main contributors towards a dialogical understanding of human meaning making, the study explores how this evolves when issues of child sexual abuse, violence, and maltreatment are at stake. The study examines three naturalistic settings: (1) A Norwegian university hospital's specialty mental health service for children and adolescents, including all cases (N = 20) referred in two years for treatment after sexual abuse. Data were recollected in hindsight as part of therapy of how non-abusing caregivers became aware of children's first signs. (2) A larger Norwegian public family protection service mandated to prioritize families with children and violence and its work in all such cases in one year (N = 106). Data comprised answers to semi-structured questionnaires and participatory research among all professionals. (3) A regional multi-agency, cross-professional consultation team for cases with children and violence. Data comprised analyses of the consultation process across cases over time. Together the studies illuminate a fine-tuned dialogical meaning making process in operation during all settings. Meaning making emerges as dialogically embedded and embodied. What particularly stands out as constitutive for the meaning making processes are contingencies constituted by tensions of space and time, of having a different voice, of trust, risk, and vulnerability, and of ethics intertwined inside each encounter. The knowledge connects to the contributions from the dialogical scholars. Comprehensively, a dialogical understanding makes it possible to realize how intricate it may be to differentiate when child sexual abuse, violence, and maltreatment occur and it calls for an open stance and responsive attunement for needed meaning making and alternatives to emerge.

*Keywords:* Child sexual abuse, child violence, dialogical meaning making, dialogical understanding, embodied knowledge, participatory research

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## TIIVISTELMÄ (FINNISH ABSTRACT)

Flåm, Anna Margrete

"Tarvitsen silmäsi nähdäksesi itseni." Kuinka sisällyttää dialogit ja toisen toiseus psykologiaan ja kliiniseen työhön. Tutkimus lasten kokemasta väkivallasta läheisissä ihmissuhteissa.

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Diss.

Lapsiin kohdistuva lähisuhdeväkivalta herättää tärkeitä kysymyksiä yhteiskunnassamme. Siihen liittyvät merkitykset voivat luoda hauraan tasapainon mahdollisten väärin syytösten ja mahdollisten huolenaiheiden laiminlyömisien välillä. Tässä tutkimuksessa tarkastellaan tilanteita, joissa tällaiset huolenaiheet tulevat esiin. Pitäen lähtökohdaksi merkityksen rakentamisen dialogista perusluonnetta, tutkimuksessa selvitetään, miten tämä hauras tasapaino kehittyy lasten seksuaalisen hyväksikäytön, heihin kohdistuvan väkivallan ja pahoinpitelyn yhteydessä. Tutkimuksessa tarkastellaan kolmea naturalistista tutkimusasetelmaa: 1) Ensinnäkin Norjassa yliopistollisen sairaalan mielen-terveysklinikalla kahden vuoden aikana hoidetut tapaukset (N = 20), jotka tulivat hoitoon poliisin ja lastensuojelun ilmoittaman seksuaalisen hyväksikäytön ilmoittamisen jälkeen. Kaltoin kohteluun osallistumattoman huoltajan kanssa keskusteltiin jälkikäteen kaltoinkohtelun ensimmäisistä merkeistä. (2) Toiseksi yhdestä Norjan suurimmasta julkisesta lastensuojelupalvelusta, jonka tehtävänä on hoitaa ensisijaisesti lapsiperheitä ja väkivaltaa. Aineisto koostuu kaikkien yhden vuoden aikana hoidossa olleiden tapauksien auttamiseen osallistuneiden ammattiauttajien vastauksista semi-strukturoituun kyselyyn (N = 106). (3) Kolmanneksi alueellisesta moniammatillisesta tiimistä, joka konsultoi lasten seksuaalisen hyväksikäytön, väkivallan ja kaltoinkohtelun tapauksissa työskenteleviä ammattiauttajia. Aineisto koostuu näiden konsultaatiotapausten kuvauksista. Yhdessä nämä tutkimukset valaisevat hienosäätöistä dialogista merkityksenantoprosessia. Merkitys syntyy dialogiin liittyen ruumiillisena kokemuksena. Merkitykset näyttävät syntyvän tilaan ja aikaan liittyvien epävarmuustekijöiden jännitteissä, jossa erilaiset äänet, luottamus, riski ja haavoittuvuus sekä toimintaan liittyvä etiikka ovat mukana kaikissa kohtaamisissa. Tutkimushavainnoista syntyneitä tietoja tarkastellaan dialogin teoreetikoiden kuvausten valossa. Kokonaisvaltainen dialoginen ymmärrys mahdollistaa sen ymmärtämisen, miten monimutkainen tilanne lasten seksuaalista hyväksikäyttöä, väkivaltaa ja pahoinpitelyä esiintyvät tilanteet ovat. Tässä kohtaamisessa onnistuminen edellyttää avointa asennetta ja ammattilaisten vastausten virittäytymistä kuhunkin tapaukseen ja eri vaihtoehtoihin.

*Avainsanat:* Lasten seksuaalinen kaltoinkohtelu, lapsiin kohdistuva väkivalta, dialoginen merkityksenanto, dialoginen ymmärrys, ruumiillistunut tieto, osallistuva tutkimus

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Through decades, I have had the fortune to be part of a close professional collaboration in Northern Norway and the north of the Nordic countries on relational and network work, sharing professional work, reflections, and theoretical news through years. It made up a milieu for sharing ongoing practices, from which new words and understanding emerged that opened new doors to others. One major event was our joint arrangement of an international conference, “A Greek Kitchen in the Arctic”, in Sulitjelma in Northern Norway, exploring cutting edge practices, languages, and epistemologies of relevance, informing and forming steps towards new understandings and practices in the field. This collaboration and professional development have gone on in a network among many persons, first in the north and then wider. In the north, many persons participated, (in alphabetical order) Tom Andersen, Magnus Hald, Turid Kristoffersen, Tovelill Labahå Magga, Bjørn Reigstad and his team, Pål Talberg, Thor Erik Thorsen, Finn Wangberg, Solveig Wilhelmsen, and Hjørdis Øvergaard (to mention some). Internationally, Harlene Anderson and the late Harry Goolishian at the Houston/Galveston Institute opened a worldwide collaboration by weaving professional webs, continued by Harlene Anderson through an ongoing and sharing weaving, lately towards Haibo Zeng and his colleagues in China. As well, the connections to Peggy Penn at the Ackerman Institute of Family Therapy and Lynn Hoffman in the USA and the team and professional webs of Jaakko Seikkula in Finland opened new doors. Nationally in the south, Rolf Sundet in Drammen and Kerstin Hopstadius in Leksand, Sweden, have been important professional companions. More recently, The Children’s Advocacy Center in Tromsø,

with its first leader Ståle Luther and thereafter Are Evang, has provided a network of collaboration and inspiration, as well as Hanne Johnsen, Tromsø, and the team of Tore Dag Bøe at the Agder University.

The growth of a thesis has been part of this ongoing and fluid collaboration. The three included studies were made during practical work. However, a growing feeling of wanting to elaborate on some of the inspirational resources and practices by creating an expanded writing space, led me into searching time to write the present work. At first, it was written as an auto ethnographic professional story (Flåm, 2014). Later, it transformed into the present thesis. I want to thank my many conversational partners with the hope that the reflections delivered in the form of a thesis may add something to our work.

Tromsø, October 2017

Anna Margrete Flåm



## LIST OF ORIGINAL PUBLICATIONS

- I Flâm, A.M., & Haugstvedt, E. (2013). Test balloons. Small signs of big events: A qualitative study on circumstances facilitating adults' awareness of children's first signs of sexual abuse. *Child Abuse & Neglect*, 37, 633- 642.
- II Flâm, A.M., & Handegård, B.H. (2015). Where is the child in family therapy service after family violence? A study from the Norwegian Family Protection Service. *Contemporary Family Therapy*, 37, 72-87.
- III Flâm, A.M. (2009). "I need your eyes to see myself": Multi-agency team consultation as reflecting turn taking. *Journal of Systemic Therapies*, 28, 72-88.

Taking into account a joint data in Study I and a collaborative work on the qualitative analysis, the author of this thesis conducted the writing. She was also planning the research design, the collection of the data for analysis, describing the psychological research methods, and writing out the results.

Because one of the aims of Study II was to study the practice at a Family Protection Service based on actual numeric work, the related work was co-authored with B. H. Handegård. He had the main responsibility for analyzing data by the Statistical Package for the Social Sciences (SPSS), The Fisher Exact Test, and the Brown-Forsythe-Test. The present researcher had the responsibility for designing the study, developing the questionnaire, the collection of data, describing the psychological research methods, analyzing the data through participatory research, and writing out the results.

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ABSTRACT

TIIVISTELMÄ (FINNISH ABSTRACT)

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# 1 INTRODUCTION

The main questions of this thesis are the following: First, what may be at stake by including “an otherness of the other”, a novelty of the other, into dialogues and psychological work - the other being someone different from what you know of on beforehand? Second, how can studies on violence in close relationships with children inform and form a professional understanding of dialogical meaning making and attention towards an otherness of the other - and of the consequences if not doing so?

The structure of the thesis is divided into three parts. In a first part, contributions are explored pertaining to a dialogical understanding of human meaning making as knowledge developed from *within* human encounters. The exploration focuses on what may be of special relevance related to the inclusion of someone or something different from what your pre-understanding tells you on beforehand. The dialogical contributions are examined on the background of their departure from a monological understanding where human meaning making is assumed possible based on an individual thinking from an *outside* position.

Thereafter, an overview of prevailing research about children and violence in close relationships is sketched out, especially pertaining to opening or closing meaning making processes towards understanding and change.

In a second part, three research studies are presented, exploring three naturalistic contexts with violence in close relationships with children. The studies are outlined and their knowledge contributions presented concerning opening or closing meaning making processes for the explorations of violence and the possible inclusion of an otherness of the other.

In a third part, knowledge claims from the three studies are discussed and reflected upon in relation to the dialogical contributions and the research on children and violence as presented in part one. It is discussed what the studies may tell about a dialogical understanding and contingences for the inclusion of an otherness of another in contexts where children live with violence in close relationships. Linked to a discussion of methodological limitations of the three studies, approaches are discussed for fostering research that aims at a dialogical understanding and at inviting an otherness of the other into the research.

In a context of a thesis, the writing of an umbrella provides an opportunity to explore and reflect upon such issues more than can be done inside the frame of research papers. To do a reflective writing provides an arena where new understanding evolves while working, since language is not a readymade dress to dress thoughts into. As underscored by the Norwegian scholar Olga Dysthe (1995, 1999), referring to Vygotsky (1982) and Bakhtin (1986), when thoughts are developed in language, they get changed and restructured, since “thoughts are not expressed in words; they progress in words” (Vygotsky, 1982, p. 353). The aim of the thesis is not to search for an overarching picture, but to explore how a dialogical understanding can contribute to the understanding of processes of importance when violence happens in close relationships with children.

First, however, a literature review is made of main contributions towards a dialogical understanding. The exploration in this section focuses on what may be of special relevance related to the inclusion of something or someone different from what your pre-understanding tells you on beforehand, which may be of particular relevance when children live with violence in close relationships.

## **1.1 Contributions in human and behavioral sciences towards a dialogical understanding and an otherness of the other**

When exploring dialogical contributions, a mutual point of departure appears. That is the influence of the Cartesian epistemological postulate “*Cogito ergo sum*”, “I think, therefore I am”. Following, to explicate this vantage point bears relevance for the purpose of the thesis. The Cartesian paradigm establishes a predominancy of individual human thinking as the main basis for meaning making. Individual thinking is given superiority from where to abstract and derivate knowledge and meaning about another. Humans are conceived as individual beings. He/she experiences the world from a confined and innate self and understands the world and others from the position of his/her individual thinking from outside. Subsequently, Linell (2009) calls this paradigm “monologism”. As explicated by Gillespie and Zittoun (2010), the Cartesian understanding includes the assumption that things in the world and in the mind have a prior existence to processes, whether they be in the world or in the mind; “things” exist and interactions are secondary.

This paradigm has two main implications: first, it separates thinking from the body and creates a dualism, that is, the body gets a sub-ordinated position compared to the sovereignty of human thinking, and, second, it separates the one from the other. That means, another person can be possible to understand from a position of a confined, innate individual position from outside by the sovereignty of one’s own thinking. In line with other criticizers (Carpendale, Atwood & Kettner, 2013; Fuchs, 2005), Gillespie and Zittoun (2010) extrapolated that “the Cartesian paradigm extends far beyond the work of Descartes, but Descartes’ work is a useful typification of this paradigm” (p. 71). Paraphrasing this position,

they outlined that in the Descartes' scheme there is no development of new forms or qualitative transformation, and no growth of new forms. Instead, there is only rearrangement of the parts.

Dialogical theoreticians and researchers challenge this position. In the following, the divergent angles from where they enter their critiques and alternatives are explored. The aim is not to supply an overview of contributors; for a historical overview and comparison see e.g., Linell, 2009, 2017a, 2017b; Markova, 2000, 2003, 2006, 2016. The present agenda is to explore main critics of relevance for questions raised in the three studies of the theses. That is, when meaning making evolves in contexts where children live with violence in close relationships, does it suffice to pre-suppose a Cartesian assumption that things in the world and in the mind have a prior existence to processes, whether they be in the world or in the mind; that "things" exist, and interactions are secondary? Does, rather, knowledge – such as about violence in close relationships with children – hinge upon dialogical processes to be generated? In the following, for the purpose of the thesis the terms dialogues, dialogism, and dialogicality are used interchangeably.

### **1.1.1 A child-developmental template to vanguard a departure from monologism and steps towards a dialogical understanding**

#### **Intersubjectivity – the child as dialogically oriented**

Main challengers of the Cartesian dualistic heritage enter from recent psychological child development studies. First and foremost are the works of Colwyn Trevarthen (1977, 1979, 1980, 1989, 2001, 2011, 2015). His point of departure, as a scholar and researcher of child psychology, is studies of children's development, from where is illuminated how children from the start orient themselves dialogically towards their surroundings. They coordinate their attention and actions, and change in responding to the attunement and responses from their close ones. Through detailed studies, it is documented how this dialogical attunement is fine-tuned from the beginning, with the child as an *active dialog-seeking and dialog-oriented being*. Following, an understanding of intersubjectivity is outlined, as an orientation existing in infants for joyful dialogic companionship over and above any need for physical support, affectionate care, and protection - as an *intersubjective readiness* from the start.

When asked why this dialogical endowment of the infant had been so overlooked in psychology, Trevarthen went to a critique of the Cartesian paradigm and its top-down rationalist view that had made the infants' motives incomprehensible because of a rationalist position of an *inherent lack* in the infant. This implied a top-down consideration that a coherent, socially situated awareness had to be acquired for the child from experience and training to be induced from *outside*. Subsequently, the lack that characterized such a child had to be filled from outside to fill its inside. Trevarthen radically claimed this rationalist assumption to be false, leading astray from seeing the fundamental intersubjectivity, such as why infants care to share, and had "closed our minds towards the intersubjective

motives that are active not only at birth or even before that time, but remain in that essential form throughout lifetime" (Trevarthen, 2001, p. 114).

Referring to Damasio (1994, 1999) among others, Trevarthen argued that these new studies made it necessary to advance a *new theory* of the relationship between physiology and the whole body, brain anatomy, emotion, and cognitions. A dialogically oriented, meaning making human being had to carry implications for how emotional disorders, especially those affecting infants and young children, may be understood and treated. His contributions correspond with and have instigated recent child development research on how the human brain develops within human relations (e.g., Hart, 2009; Hart, Lee & Wernheim, 2011; Quillman, 2012, 2013; Siegel & Bryson, 2015; Tomasello, Carpenter, Call, Behne & Moll, 2005). As well, it corresponds with research on the evolutionary and neurobiological origin of feelings as mental experiences of body states in relational contexts (e.g., Damasio, 1994, 1999; Damasio & Carvalho, 2013; Sletvold, 2016). Likewise, it corresponds with research on childhood trauma and its developmental impact on a child's brain and neurobiological attunement (e.g., Chugani et al., 2010; Patterson & Vakili, 2014; Perry, 1994, 2009; Shore, 2009; van der Kolk, 2005, 2014).

Thus, from the landscape of child development psychology, Trevarthen brought about a fundamental critique of a Cartesian understanding of human meaning making from an outside, individual thinking position. His research diverted from dominant contributors in the psychological child development field: It did not turn into a child's internal drives to be fulfilled, as did the psychoanalytic traditions. Nor did it turn into feedback patterns to engineer a child's growth, as the behavioral analytic traditions, nor into children developing along innate capacity lines, as did the work of Piaget (Inhelder & Piaget, 1958). Rather, he radically turned the focus towards the child as an active dialogically oriented subject, where knowledge, sense and meaning making generate within intersubjective processes (Røed-Hansen, 2012).

### **The importance of the present moment**

Also entering from child development studies, another main challenger of the Cartesian paradigm was Daniel Stern (1992, 2004a, 2004b, 2007), an US-American psychiatrist and psychoanalytic theorist, in collaboration with his colleagues, The Boston Change Process Study Group (2010). Based on child development and therapy studies, he explored the intersubjective field between people, with *the present moment* as the most basic unit for intersubjective experiences, understanding, and change. To explore the meaning making during a present moment, he introduced the term "moments of meeting", amplifying how the intersubjective field can be dramatically reorganized during a short moment lasting only a few seconds and can change into completely new directions. He turned the attention directly towards the *dialogically oriented embodied* attunement going on in a present moment as pivotal in all meaning making (Røed-Hansen, 2012). Parallel to Trevarthen, Stern outlined how a moment of meeting is characterized by *mutual*



*other-centered participation* in which both partners create and undergo a joint experience, where the resonant experience enlarges the intersubjective field and opens new possibilities for exploration. Here quality leaps are accomplished and change occurs. Criticizing a Cartesian standpoint, he accused the professional approaches of clinical change for having outsourced the mutual other-centered participation in meaning making during a present moment, and for having looked at the other from *outside and from the past* according to pre-established theories.

In line with the child development studies of Trevarthen and Stern, research has emerged highlighting how human beings from earliest moment involve into a mutual regulation of emotional states, attention to objects and signs, and later into the understanding and use of language (e.g., Bråten, 1996, 2007; Gallese, 2005, 2009, 2013; Siegel & Bryson, 2015; Vygotsky, 1982). Although entering with different lenses and foci, they all call attention to a child's dialogical and other-directed nature and to meaning making processes dwelling inside encounters. They offer an exit from a Cartesian paradigm of the sovereignty of human thinking and understanding from outside.

Encouraging a dialogical turn, the Norwegian child psychologist Raundalen (2005) suggested to call this new child a "*researcher-child*" with a parallel shift for caregivers: From being an educator or a need-satisfier, he/she changes into becoming a *research-guide*, guiding a child through dialogues into cultural landscapes of rules and conventions. However, the Norwegian psychologist Haavind (1987, 2005), based on research on children's daily life and clinical work, suggests to call this dialogical child "*a participatory child*", in line with studies on children as participatory agents (e.g., Andenæs, 1991; Bronfenbrenner & Morris, 2006; Sommer, Samuelsson & Hundeide, 2009). Her studies provide illustrations of how children are dialogically attuned and interpretative subjects situated inside contingences and constraints that they come across during everyday life. Here, children are *dialogically interpretative subjects* constituting their initiatives in accordance with the opportunities at hand.

In sum, contemporary child development researchers offer a template to vanguard a departure from a monologic and Cartesian understanding of human meaning making. Leaving a Cartesian paradigm, they introduce the child as a meaning seeking and dialogically oriented human being from day one. How such a participatory, researching, and dialogically oriented child partakes in contexts with violence in close relationships, will be explored in Study I and II.

### **1.1.2 Embodied knowledge in relationships as a departure from monologism - giving the body a first-position**

Another main critique of the Cartesian verdict evolved from philosophers of the body. In pursuit of the query of the thesis, some of these contributions will be looked into for assistance on how sense and meaning making evolve when children live in close relationships with violence.

### Always attuned towards something or someone by the body

Kindred to the contributors from child development studies, the French psychologist and philosopher Maurice Merleau-Ponty (1962, 2000) offers a critique of the Cartesian standpoint from the outlook of human bodily interaction. He outlined a dialogical understanding that diminished the sovereignty of the human thinking as well as that of an individual sovereignty. First, he put thinking into link and dependency with the whole body. Second, he put the human being into the solar plexus of connections and webs with others, the I being situated in a *crossing stream-point* among others as a bodily existence and consciousness.

Contrary to the Cartesian thesis of *thinking* as a prerequisite for understanding, Merleau-Ponty claimed that knowledge is *body*, thinking is body, and cannot be separated. Parallel to Trevarthen and the child development researchers, Merleau-Ponty emphasized that as human beings we are always *attuned towards something or someone*. And we do so by the body. We do not have bodies, we *are* bodies. Thus, he puts the body into the center place of a dialogical understanding and attunement. The body is experiencing, reflecting, meaning searching, acting, and self-transcendent. Understanding of experiences preconceives that we get our experiences through the body and is grounded in one's body's understanding of its surroundings and its situation (Bagøien, 1999; Duesund, 1995; Stoknes, 1996, 2011; Wara, 2016).

While struggling to put the sensing body into the center, perceiving the body as the incarnated subject in a central position, Merleau-Ponty outlined that even the most elementary sensation has a figure-ground characterized by an ambiguity, which he meant characterizes any relation between subject and object, myself and others, body and soul. Thus, the complexity of perceptual activities enters, where we in daily life do not distinguish between the act of perceiving and the things that we perceive. The fact that the same physical touch can be a source to divergent perceptions (like the vase and the profiles) shows *the active and dialectic character of perception*. The other as any perceptual phenomenon is already and always *intertwined with myself*; an otherness cannot be constituted by me in any other way than by *meeting*, and by *concrete and bodily experiencing*. Subsequently, the meeting enters into the heart of meaning making and the body moves into a first-position. From here, he stated that inter-subjectivity is *primarily inter-bodiness*, which is the starting point of other forms of inter-subjectivity, like shared experiences, shared perspectives, etc. As human beings, we are bodily subjects continually coming into existence through this inter-wovenness with the surrounding.

Thus, for Merleau-Ponty, reciprocity and intersubjectivity became basic. Radically, he outlined that reality such as objects, events, other people, and myself are *emergent and dawning phenomenon*, in a *continually coming into existence through our meetings* with the world and the other. Accordingly, Merleau-Ponty's phenomenological question of how I can get to know another, urged to pay attention to us as bodily existences given meaning in our continuously ongoing meetings, which he forcefully called "*thinking of the flesh*" (Merleau-Ponty, 1968,

in Dastur, 2000). The body entered as *the main membrane* inside dialogues, in which the ongoing establishment of oneself as a subject and soul happens inside the meeting with another. Thus, he offered a fundamental departure from the Cartesian standpoint of giving thinking superiority from where to abstract knowledge and meaning from outside positions.

### **A human vulnerability of being authenticated as beings-in-movement through a responsiveness of the addressee**

Kindered to Merleau-Ponty, Maxine Sheets-Johnstone, as a philosopher and former dancer, calls attention to our being-in-movements (Sheets-Johnstone, 2008, 2009, 2011, 2014; Shotter, 2012a, 2014). Alongside Merleau-Ponty, she claims that human beings *are* bodies, not merely having bodies. Movements are expressive and directed towards *addressees*, where movements get their meaning in these relations: “We are corporeally expressed in our movements, is authenticated and affirmed through the *responsiveness or lack of responsivity of the addressee of the movement*” (Sheets-Johnstone, 2009, p. 231, my italics).

As for Merleau-Ponty, our bodily beings move into a first-position to attune towards another. She puts the attention towards sensing, acknowledging, and valuing the beings-in-movements as *main guidance* to attune towards the other. She claims that *movements in dialogues* are at the heart of our being and meaning making from the start. Forcefully, she argues that

“speaking of movements in terms of purpose or actions leads us seriously away, it put us at a distance from the very affective-cognitional-kinetic dynamics that are at the heart of animate life, and in effect, from the *meaning* that motivates the dynamics and from the semantically congruent relationship of meaning and movement” (2011, p. 455, my italics).

She amplifies by saying that at the heart of our existence is a human *vulnerability towards how we are met as beings-in-movement*. From here, she outlines a *responsibility* by asking for a moral education concerned with a fundamental understanding of the vulnerability inherent in being a body linked to size, power, and death. Contrasting a Cartesian paradigm, she calls it a quest for a “re-naturing of the denatured species”, setting our beings as being-in-movements into the center to contribute to a needed turn of attention.

Thus, Sheets-Johnstone re-invites Merleau-Ponty and strengthens his contributions. They both leave behind the Cartesian postulate of giving thinking priority above the body. They both put our bodily attunement into the heart of meaning making and into a first-position. The contributions of Merleau-Ponty and Sheets-Johnstone coincide with recent research on child development (e.g., Chugani et al., 2001; Conzolino, 2014; Patterson & Vakili, 2014; Siegel & Bryson, 2015). From the outlook of the *body*, they turn away from a monological understanding and point towards embodied sense and meaning making and towards the fine-tuned bodily fabrics inside encounters, as a dialogically “thinking of the flesh”. Those structures, patterns, and phenomenon we see arise, come into existence *in our embodied meeting* with the world and the other, in “a continually

coming into existence". Their suggestions resonate with the contributions of the social anthropologist Gregory Bateson (1972), who radically outlined that the establishment of any human difference constitutes a difference that in itself makes a difference; thus, minds and understanding are relationally constituted.

In sum, from the contributions of the bodily oriented theoreticians, more than meaning making, *sense making* seems to enter as an overarching word for the dialogical processes. How such phenomena are at stake in contexts where children live with violence in close relationships will be explored in Study I, II, and III.

### 1.1.3 Studies of language as a departure from monologism

Another main critique of the Cartesian verdict evolves from language studies. In pursuit of the query of the thesis, some of these contributions will be looked into for assistance on how sense and meaning making evolve when children live with violence in close relationships.

#### Verbal language can only be understood from within contexts

The significant Norwegian psychologist and language researcher Ragnar Rommetveit (1966, 1974, 2003, 2008) offers a strong voice inside psychology against a Cartesian standpoint that the meaning of language can be understood from a mentalistic position outside of the situation (Hagtvedt & Heen Wold, 2003; Kowal & O'Connell, 2016; Linell, 2003; Markova, 2003, 2016; Wertsch, 1992, 2003; Øye, 2014). To make verbal language understandable, Rommetveit claimed, the attention must turn directly towards human beings as *expressive persons within concrete contexts*. Illustrated by his iconic example of Mr. Smith mowing his lawn, Rommetveit outlines how one single sentence from Mrs. Smith about her husband's work changes meaning depending on with whom she talks. To explore meaning hinges on the concrete context including by whom and to whom it is said and cannot be distilled from a privileged position from outside. Although Rommetveit entered from a divergent angle than the child development researchers and the bodily oriented phenomenologists, his work demarcates a major effort towards a dialogical understanding of language and bears relevance for exploring meaning making in contexts with children and violence.

#### Shareholders and co-authors in situated meaning making

Rommetveit offers the radical metaphor of "*shareholders*" in language, saying language is constituted by words with "*meaning potentials*" linked to history and cultures. Each person is only a "shareholder" in different languages, entering from divergent and former histories and cultural contexts, where no one "owns" one's language. We all have "*minority shares*". We all share *co-authorship pertaining to a situated meaning making*. The concrete meaning of words in concrete situations can only be understood from inside, from *within* the context, by including the shareholders in the actual situation. Linking to Wittgenstein (1966, 1980), he states that

the meaning of a word can only be understood by its use. As Linell (2003) pinpoints on Rommetveit, “one cannot extract an utterance from its own context and insert it into another and yet preserve its truth (p. 222).

Although Rommetveit does not use the word polyphony of voices dwelling inside words, as will be shown that Bakhtin (1986) did, according to his suggestion of meaning potentials and co-authorship, he upholds that the issue of truth cannot be overcome by stipulating an external reality. As underlined by Hagtvedt and Heen Wold (2003), “to Rommetveit, it [truth] has to be decided dialogically, by careful analysis of the *communicative events* in which utterances and expressions are *embedded*” (p. 198, my italics). Simultaneously, exemplifying by Ibsen’s *Dollhouse* and the conversations between Nora and Helmer, Rommetveit underscores how one shareholder can dominate an intersubjective field of meaning making. He calls attention towards *asymmetric epistemic shareholding* and *epistemic dominance* in co-authorship.

### **Epistemic responsibility**

Although not doing research on the dialogicality of humans as bodily beings, as did Sheets-Johnstone or Merleau-Ponty in their criticism of the Cartesian verdict, Rommetveit, alongside them, draws *moral* implications from his work. He states that the one who talks to you, has to be taken seriously in order to speak safe from what he/she him/herself means to speak and in *trust* towards you as one who tries to listen, understand, and act as a co-author. The notion of trust appears and what he calls “*epistemic responsibility*” enters. That means the responsibility to answer and partake in meaning making. Rommetveit lifts the issue of epistemic responsibility and morality into being an *intrinsic feature* of any dialogue: “It is in and through dialogue that man constitutes himself as a moral agent. Morality remains both as prerequisite and a product of the engagement in dialogue” (Linell & Rommetveit, 1998, p. 479).

Elaborating on this question, Markova (2016), through an exploration of dialogically oriented language theoreticians, underlines how both epistemic responsibility, epistemic trust, and epistemic authority are embedded in dialogues. She discusses how questions such as hermeneutics of trust or suspicion are discussed across contributors through times, referring primarily to the works of Gadamer, Ricoeur, and Bakhtin. However, both Linell and Markova share the standpoint of Rommetveit that a fundament of epistemic responsibility and trust dwells inside dialogues. Following, a challenge of asymmetric shareholding enters in co-authorship concerning *how* each participant is given the opportunity to be included in the intersubjectivity that evolves through co-authorship (Linell & Markova, 2014; Markova & Gillespie, 2008, 2012).

At this point, Rommetveit highlights that trust does *not* require agreement. To illustrate his point, he offers one example, calling the famous language scientist Noam Chomsky (e.g., 1980) “his best enemy” by holding a monologic view on language which gave a context for elaborating his own alternative, dialogical understanding of meaning making and language from within contexts (Øye, 2014). For him, to leave room for another person to disagree and for saying *no*,

stands out as the most essential criteria in dialogue, both for the understanding and for the respect of another human being and for one's own meaning making (Rommetveit, 2003).

### **Humans are not solipsistic beings drifting along as solo-players**

While Rommetveit enters his criticism of a Cartesian paradigm from verbal language studies, in line with the before-mentioned contributors, he strongly opposes psychological research that study the human psyche outside of concrete cultural and situated contexts. With reference to the philosophers Gadamer (1975, 2001) and Buber (1967), he criticizes "the form of academic psychology, which worships a free-floating, instrumental rationality and the "pure intellect", and its tendency to look at the human being as isolated from others" (in Øye, 2014, p. 2). He states that "humans are not solipsistic beings drifting along as solo-players; the psyche is not limited by the skin. The dialogical view that the human being becomes a human being in dialogue and contact with others, is underestimated" (in Øye, 2014, p. 2). He continues: "The issues of *meaning*, I venture to maintain, have by and large remained *taboo issues* in mainstream American academic psychology across supposedly revolutionary changes, such as the replacement of behavioristic by mentalistic and information-technology-inspired terminology" (Rommetveit, 2003, p. 207, my italics). In his last English writings, reviewing his lifelong contributions, he amplifies: "The expressions *shareholders in language* and *co-authorship of meaning* entail a whole-hearted rejection of the disjunctive mode of reasoning about social, collectively constituted, and individual mental activity" (Rommetveit, 2003, p. 216, italics by author). In sum, Rommetveit insisted on a combination of a sociocultural and a situational-interactional perspective to study and understand language and meaning making (Linell, 2009). How such issues are at stake in contexts with violence in close relationships with children will be explored in Study I, II, and III.

### **A rare voice**

However, when exploring dialogism, it seems important to realize that Rommetveit's contribution did not come easy. Although, as noted by Wertsch (2003), his work might seem difficult to read and developed over time, he constituted a rare voice inside psychology in the study of meaning making. As he himself explained in an interview with Josephs (1998), "I do not think it was lack of will on the part of my opponents that prevented them from engaging in dialogue with me, but rather that they found their own point of departure so self-evident." And he continued: "If I had talked in a radically dialogical way at that time, they would have thought I was crazy" (quoted in Kowal & O'Connell, 2016, p. 429). However, when he finally met the work of Bakhtin (see references below) for the first time through a German translation available in Norway, he told he felt that he finally had encountered "a mind with whom I could really have a dialogue, who spoke my language" (quoted in Josephs, 1998, p. 194).

As summarized by Kowal and O'Connell (2016), Rommetveit was a lonely dialogical voice in Western verbal language research. When he got acquainted with the works from Soviet psychology and philosophy of language, he made a note of interest for our purpose: "The intricate *interrelationships* between individual processing...and genuinely social-collective properties of language...have been left largely unexplored in western psycho- and sociolinguistics." He continued: "Researchers who want to explore such interrelationships had hence better seek guidance in Soviet psychology and philosophy of language, and literary analysis from early post-revolutionary period, i.e. in the works of Vygotsky, Leontiev, Volosinov, and Bakhtin." He underlined: "These eminent scholars were all seriously concerned with language and thought... as "dialogical activity" embedded in social life" (Rommetveit, 1987, p. 93, quoted in Kowal and O'Connell, 2016, p. 439, italics by author).

### **Russian voices' departure from monologism**

One main Russian scholar, Mikhail Bakhtin, to whom he pointed, entered as a surprise not only to him, but also into Western understanding of language and meaning making in general. Connected to the glasnost, the works were introduced primarily in the 90s and early 2000 (e.g., Andersen & Lundquist, 2003; Dysthe, 1995, 1999; Emerson, 1996, 1997, 2002; Emerson & Holquist, 1986; Holm & Skorgen, 2006; Holquist, 1986, 1990; Markova, 2003, 2006, 2016; Rommetveit, 2008; Slättelid, 1998; Todorov, 1984; Wold, 1992). Bakhtin, as a Russian literary scholar, examined through historical literature texts how human language and meaning making could be understood as dialogically constituted (Bakhtin, 1981, 1985, 1986, 1990, 1993, 1998). His work offered a profound critique of the Cartesian standpoint and provided an outline divergent from seeing people as autonomous, individualized thinking entities to be understood and categorized by individual thinking from outside. However, Bakhtin himself related his work to an influence from the West by referring to the Jewish philosopher Martin Buber as a main contributor. He saw him as "the greatest philosopher of the twentieth century" (Bakhtin cited in Friedman, 2001, p. 25) and credited Buber's deep impact on his perspectives on dialogue: "I am very much indebted to him. In particular for the idea of dialogue" (quoted in Brown, 2015, p. 201). In pursuit of the query of the thesis, his contribution will be explored.

### **Human meaning making is situated and directed**

Bakhtin, when exploring the understanding of language, took as his point of departure a critic of the dominant Swiss linguist, Ferdinand de Saussure, who argued for looking at sentences as the relevant language-units to understand meaning. Bakhtin outlined a contrary position, upholding that there is no clear content to be known from *outside*, from a beforehand or an outside position - neither of single words nor of sentences. Any single word is saturated by *polyphonic*, many meanings, and the exact meaning of a word develops *within* an encounter. The

meaning, *the truth*, is to be found there and not isolated inside or outside of a person. He argued to understand and study language as *utterances* that are *situated and directed towards another*, where utterances always include another in its construction and beginning. Congruent with Rommetveit, truth is developed dialogically. By such a view, they both departed from monologism and meaning making from an individual thinking position from outside of situated contexts.

### **Addressivity and the anticipation of a future-answer**

However, more deliberately than Rommetveit, Bakhtin seems to elaborate the fine-tuned micro-processes of dialogism. He moved from utterances towards the metaphor of *answerability*, understood as a directedness and an *anticipation* included in any utterance towards another for a future answer – as a pre-requisite and as constitutive for any saying from the start. That meant, there is no saying without an answer included. Thus, divergent from Saussure, his understanding of meaning making radically turned from the said to the saying.

On this point Bakhtin explicated: “The utterance is related not only to the preceding, but also to subsequent links in the chain of speech communication” (Bakhtin, 1986, p. 94). He continued: “From the very beginning, the speaker expects a response from them, an *active responsive understanding*. The entire utterance is constructed, as it were, in *anticipation* of encountering this response” (Bakhtin, 1986, p. 94, *my italics*).

For Bakhtin, dialogical meaning making is not restricted to verbal language. In line with Merleau-Ponty, dialogue entails embodied meaning making. A human being “participates in dialogue wholly and throughout his whole life; with his eyes, lips, hands, soul, spirit, with his whole body and deeds” (Bakhtin, 1981, p. 293).

### **From situated presence to a radical future-oriented presence**

Thus, Bakhtin, as did Rommetveit, moves into a *situated presence*. However, more radically, Bakhtin outlines a *radical future-oriented presence* on the understanding of language and meaning making. In line with Merleau-Ponty and Sheets-Johnstone, he turns our attention towards human beings as *becoming*, arising as a subject and a soul in the *event* of the encounter at the boundary towards another. To highlight his view, Bakhtin introduced the word *living dialogue*. According to Markova (2016), he overused the word “living”, such as “living contact”, “living dialogue”, simply to emphasize that meaning exists and evolves only in such a future oriented presence. In Bakhtin’s words: “Forming itself *in an atmosphere of the already spoken*, the word is at the same time determined by that which *has not yet been said but which is needed and in fact anticipated* by the answering word.” (Bakhtin, 1981, p. 280, *my italics*). He states: “Such is the situation in any living dialogue.” (Bakhtin, 1981, p. 280). As the Norwegian scholar Ragnar Slåtledid (1998) summarized in his studies on Bakhtin, in the dialogue there is neither a first nor a last word.



## The anticipation of an alterity

Into this explication, which seems not so clearly outlined by Rommetveit, Bakhtin launches the notion of an *otherness*, a foreignness of the other, as a need to meet a novelty on the boundary of meaning making. An *otherness of the other* enters into the heart of the existence and at the core of meaning making. He outlined:

“An idea does not live in one person’s isolated individual consciousness – if it remains there, it degenerates and dies. An idea begins to live, i.e., to take shape, to develop, to find and renew its verbal expression, and to give birth to new ideas only when it enters into genuine dialogical relationship with other, foreign, ideas. Human thought becomes genuine thought, i.e., an idea, only under the condition of living contact with another *foreign* thought, embedded in the voice of another person, that is, in the consciousness of another person expressed in his word” (Bakhtin, 1986, p. 71, italics by author).

## Understanding goes inside and not outside of an encounter

On this point, and in more details than Rommetveit seems to do, Bakhtin in his exploration of dialogicality highlighted the *boundary*. This metaphor *amplifies* that the meaning is to be found in the once-occurring events of the encounters. He moves from addressivity, anticipation, answerability, and alterity into stating that any utterance exists on the boundary between the one and the other – where boundaries are the only place to find meaning. Markova (2003) accentuated Bakhtin’s issue on this point by emphasizing that ambivalence and polyphony are saturating “language, daily life, culture, and the human body, simply everything that has human relevance” (p. 84). In each word and each activity of human relevance there are tensions of meaning possibilities. Following, *responsiveness* arrives at the core of meaning making; *understanding* means to actively respond. As summarized by Slåttemid (1998), understanding enters *dialogically and relationally*, as a *preparation for an answer towards this human being or this text*. Understanding goes inside and not outside of an encounter. As Bakhtin explicates:

“And the speaker himself is oriented precisely toward such an actively responsive understanding. He does not expect passive understanding that so to speak, only duplicates his or her own ideas in someone else’s mind. Rather, he expects response, agreement, sympathy, objections, executions, and so forth...” (Bakhtin, 1986, p. 69).

## There is no internal sovereign territory - the I always exists on the boundary

From here, Bakhtin (1986) included both an I and a You at the boundary: “To be means to be *for another and through the other for oneself*. A person has no internal sovereign territory, he is wholly and always at the boundary” (p. 287, my italics). As reiterated by Markova (2003), which seems not so explicitly outlined by Rommetveit, Bakhtin underscored that when a person looks inside himself, “*he always looks into the eyes of another or with the eyes of another*. In other words, the limits of the self is not I, but *I in interrelationship with others*, “I and Thou” (Markova, 2003, p. 83, my italics). Thus, the I always exists intertwined with another, always to be understood from *within* encounters from a position of being situated at the

boundary. Following, an I cannot be found or categorized as an entity, a construct, or personhood from outside contexts. An I is to be understood as situated at the boundary towards another in a continuously ongoing meaning making.

### **An answerable consciousness and a compelling ought**

From here, as for Rommetveit and the bodily oriented dialogists, entered an ethical, existential position, a radical *epistemic responsibility*. Bakhtin calls it “a compelling ought” and a “non-alibi-in-being”. He says:

“What underlies the unity of an answerable consciousness is not a principle as a starting point, but the fact of an actual acknowledgement of one’s own participation in unitary Being-as-event, and that this fact cannot be adequately expressed in theoretical terms, but can only be described and participatively experienced. Here lies the point of origin of the *answerable deed* and of all the categories of the concrete, once-occurrent, and *compelling ought*. I, too, exist actually – in the whole and assumes the obligation to say this word. I, too, participate in Being in a once-occurrent and never repeatable manner: I occupy a place in a once-occurrent Being that is unique and never repeatable, a place that cannot be taken by anyone else and is impenetrable of anyone else” (Bakhtin, 1993, p. 40, my italics).

Parallel and similar to Sheets-Johnston, Bakhtin highlighted the fundamental *psychological vulnerability* that enters when meaning is constituted at the boundary. Consequently, as outlined by Emerson (2002) based on a thorough overview of Bakhtin’s works, in his works *trust* enters at the core of human conditions, a fundamental trust in being met and a following risk if not.

Thus, from an angle outside of psychology, Bakhtin radically points away from professional psychological habits of describing language and meaning making as possible to characterize, objectivize, and typify from *outside*. In conjunction with the voices from the dialogically oriented child development researchers, the bodily oriented dialogists, and Rommetveit as a verbal language scholar, he departed a Cartesian understanding of language and human meaning making as possible to understand from outside, from an individual “*cogito, ergo sum*” position. Their view connects to the works of the English psychologist and scholar, John Shotter, who pinpoints a critique of a Cartesian understanding in contemporary academic psychology by simply calling it a problem inside psychology against opening for the open, fluid character of psychological life and for the present moment (Shotter, 2012a, 2012b; 2016).

#### **1.1.4 A shared vantage point: Understanding is understanding from within and bears ethical implications**

Seen together, from the divergent vantage points towards a dialogical understanding of language and human meaning making, enters a common viewpoint: To understand is to understand from *within* a situated encounter. They ask to turn the attention towards the saying more than to the said, towards the moving more than to the moved, towards the expressing more than to the expressed. From divergent angles, they turned the attention from human being onto human

*becoming* – onto a continuously becoming and arising as a subject and a soul in the event of the encounter.

In sum, their contributions call for turning the attention towards the trust, the riskiness, and the openness dwelling inside human sense and meaning making. For all, their explorations included a strong challenge of ethics. As shown, Rommetveit talked about epistemic responsibility, epistemic authority, and the risk of privileging dominating voices. Markova and Linell outlined the element of trust. Bakhtin underlined a compelling ought, a non-alibi-in-being. The bodily oriented scholars, Merleau-Ponty and Sheets-Johnstone, put the human vulnerability towards how we are met as beings-in-movement at the core, with a following morality and responsibility. They all drew ethical implications. How such concerns are at stake in contexts where children live with violence in close relationships are explored in Study I, II, and III.

### 1.1.5 Philosophy of ethics as a departure from monologism

Parallel to the above-mentioned contributions, a fundamental critique did emerge among philosophers of ethics after the World War II. Their critique scrutinized the prevailing Western understanding of human meaning making. As noted by Emerson (2002), these philosophers were deeply engaged in the debates over personhood in the prevailing German academy in the wake of WW II, where personhood was “defined as a harmonious microcosm formed by *Bildung*” (p. 25). They questioned the implications of this understanding (e.g., Arendt, 1958, 1998; Habermas, 1962; Husserl, 1970; Levi, 1996, 2000, 2003; Gadamer, 1975, 2001; Løgstrup, 1956, 1978; Oftstad, 1991). A strong voice among them was the Lithuanian-Jewish philosopher Emmanuel Levinas (Levinas, 1995; Aarnes, 1993, 1998). His contribution bears relevance for the purpose of the thesis and will be explicated below.

Levinas argued that the usual Western science had moved knowledge into *totalitarianism* by claiming truth from an accumulation of *outside* representations of peoples’ lives. He called this a “*betrayal*” because the meaning of a person disappeared *as understood from within*. Instead entered a privileged knowledge as defined from *outside*. His critique linked to Husserl’s (1970) statement in “The crisis of European science and transcendental phenomenology”, that Western science had lost its roots in lived life. As an alternative, Husserl suggested a phenomenological approach, where people’s own experiences had to be the starting point for all science. Levinas saw this suggestion as a means towards “a ruin of representations” (quoted in Aarnes, 1998, p. 111).

### Underway towards the other as a never-finalized alterity

Above all, Levinas confronted the claim of the dominant German philosopher Heidegger, who stated that one’s most important relation is to the *Being* as a neutral existence. Levinas saw this statement as the core element in a repetition of the old Western position of knowing from *outside*. It meant being dominant because this position gives the existence precedence above the existing. According

to Levinas, what is called for is *neither* to look upon the other from outside *nor* from a declared humanism as defined from outside by yourself, since both continue a tradition where the *Same as known* enters as victorious over the *Other as an un-known*. Contrary, one is called to set the Other *first*, the other's *otherness* to be continually kept as an always *epistemological and ethical appeal*. It enters as an appeal of a *not-yet-understood* and a *not-yet-having-done* what is needed. It invites into *not* finalizing the other by finalizing categories established through science or understanding from outside. Instead, the *relationship* to the other as a continually unknown enters as *the basic principle* both for understanding and for ethics.

Thus, from a philosophy of ethics, Levinas radically moved away from a "Cogito ergo sum", a radiation around oneself and one's own thinking, and turned into *the meeting* with the other. His work is criticized for leading into the ultimate forgetting of oneself (e.g., Madsen, 1998). However, as the Norwegian scholar Asbjørn Aarnes highlights, Levinas is a main contributor towards an *ethical, relational, and dialogical* understanding (Aarnes, 1993, 1998; Kemp, 1996). Aarnes metaphorically called Levinas's position as being epistemologically and ethically continually "*underway towards the other*".

Alongside Levinas, an influential German scholar, Jürgen Habermas, constituted another strong voice among the critics of Western thinking of personhood and meaning making after WW II. As Levinas, he asked for a major change of understanding, but suggested a somewhat different answer (Habermas, 1962; Vetlesen, 2012; Wifstad, 1997). Congruent with the bodily oriented philosopher Sheets-Johnston, his answer pointed to a shared *fundamental vulnerability* existing at the core of human existence. Opposing the dominant post-war philosopher Sartre, Habermas claimed that realizing a shared vulnerability does not enter as a choice of free will; it enters from day one and is what makes us human. However, while Habermas made the shared vulnerability the core of a needed change towards humanism, Levinas more radically moved into the appeal of upholding the other as an *unknown*. He crafted a profound and distinct criticism of the Western way of thinking by insisting on upholding a continually *unknowingness of another*. Thus, although from another angle than the above-mentioned dialogical contributors, Levinas delivers a strong post-war reflection on a dialogical understanding by upholding that bringing oneself to life dwells inside a never-finalized movement towards an otherness of the other.

### 1.1.6 An "answerable consciousness" as a departure from monologism

Seen together, the contributions that are explored, propose an exit in human and behavioral sciences from a confined and innate individual thinking position of understanding and meaning. They all suggest ideas of intersubjectivity, a social origin of minds and meaning, and a dialogical constitution of sense and meaning making. Understanding is accomplished by humans whose minds and meaning making are embedded *within* worlds of sociocultural conditions in their actual sense making. The contributions craft an understanding of meaning as continually coming into existence through the meetings with the world and the other.

However, most radically, they jointly point towards an *answerable consciousness* as a meaning making and an ethics from within. To follow Bakhtin's words, the consciousness, the meaning making, exists not only at the boundary towards the other, but as an answerable consciousness among the involved, where the anticipation towards a future-answer from an alterity of the other is constitutive for the saying, and the answer by its anticipation is constitutive for the continuation.

The preceding contributions are sketched out for a possible assistance when focusing sense and meaning making processes in contexts where children live with violence in close relationships. How these contributions can be of relevance in such contexts are explored in Study I, II, and III.

### **1.1.7 How can dialogues be studied from within?**

However, a shared question arises from the dialogical departures: How can dialogues be studied from within? This is a question posed also by Shotter at an early stage of his work (Shotter, 1990). The three studies of the thesis elaborate on this question. The studies look into how contexts with children living with violence in close relationships can be explored from *within* and what they can tell about contingences for sense and meaning making. First, however, existing research on children and violence in close relationships will be presented in some details as a back-curtain for the exploration.

## **1.2 Children and violence in close relationships**

In general, situations where questions of child sexual abuse, violence, and maltreatment are at stake in close relationships, can be highly provoking concerning keeping an open and dialogically oriented approach towards people involved. This counts both for researchers and those otherwise involved, such as caregivers and/or helpers. These circumstances challenge the ability to see, hear, and include a divergence of another. It may be provoking to keep a dialogical stance which implies to be open towards an otherness of the other and to question a monological knowledge based on what one's theories and pre-understanding tell on beforehand. Such a challenge pertains both towards the exposed, the ones doing violent actions, and towards appropriate precautions and responses. Not only do the circumstances call for taking an open dialogical stance, but do as well ask for acting, protecting, and taking a defending attitude towards the exposed. In short, it challenges approaches where openness shall not cause neutrality.

Moreover, the meaning making where violence happens may go on in a fragile balance between, on the one side, possible false accusations and standpoints, and, on the other side, a possible neglect of needed concerns. Therefore, it puts extra uncertainty into what to focus, how to understand, and what to offer as contributions from whom. Subsequently, it generates situations where both

questions of epistemological understanding, ethics, and judicial rights are confronted.

However, as stated by pediatricians (Nordhov Fredriksen, 2006, personal communication), efforts in this area may benefit from being informed by the fact that child maltreatment, violence, and abuse in close relationships may be called a “perfect crime” with no or few outside witnesses, often leaving sparse or no signs to be seen from outside, difficult to tell, and the one exposed not easily trusted.

It is into this abyss of polyphonic and possibly contrasting voices of human meaning making that this thesis takes a deeper dive. However, before looking into possibilities of dialogues and change, we will look more closely into what recent research outlines about contingences that inhibit or invite open processes when violence happens in close relationships with children.

### **1.2.1 Definitions and prevalence of child sexual abuse, violence, and maltreatment**

What is defined as child sexual abuse, violence, and maltreatment varies according to judicial specifications inside each country and to the ones operationalized in research and clinical literature (Emery & Laumann-Billings, 2002). Different definitions lead to divergences in focus and prevalence. The World Health Organization (WHO) offers a terminology that divides violence into three broad categories based on who commits the violence: First, self-directed, second, interpersonal such as family and partner violence, and community violence usually outside of the house, and, third, collective violence (Eriksen, 2017; Krug, Mercy, Dahlberg, Zwi & Lozano, 2002). The WHO defines violence to be physical, sexual, and psychological, including deprivation and neglect. In the present thesis, violence is defined as interpersonal within settings of family and close relationships with children, where the violence has a psychological, physical, and/or a sexual character. In the following, for the purpose of the thesis the terms violence in close relationship, family violence, and domestic violence are used interchangeably.

For interpersonal violence, WHO operates with an ecological framework with several levels interacting - individual, relational, community, and societal level (Eriksen, 2017; Krug et al., 2002). The WHO recognizes interpersonal violence as an important, worldwide health problem that adversely affect both mental and physical health, although the magnitude and pattern of the problem vary among countries, regions, genders, and ages (Butchart, 2014).

Substantial research documents a high frequency of violence in close relationships affecting children (Gilbert et al., 2009a, 2009b; Krug et al., 2002). Looking into Norwegian studies of prevalence, a recent survey was published by Thoresen and Hjemdal (2014). Its background was the fact that although violence in close relationships is an acknowledged problem for society and public health, an up-dated knowledge of prevalence, risks, and consequences was considered necessary. Consequently, the Norwegian Ministry of Justice initiated a study with the aim of documenting the prevalence throughout the population of the

country. The survey showed a high prevalence: Five percent reported being exposed as children to serious violence from caregivers, often to several forms of violence, and a close connection was documented between being exposed as a child and the risk of re-exposure during adulthood. Many cases remained unknown to the police and judicial system and only a small number of the exposed asked for help and received treatment. Correspondingly, a study of a representative group of Norwegian adolescents documented a high prevalence of violence against children in close relationships (Mossige & Stefansen, 2007): Twenty-five percent reported having been exposed to violence from their parents at least one or more times during childhood, and 7% had experienced partner violence against their mother. Recently, a replication of this study showed similar results (Mossige & Stefansen, 2016). Likewise, a Norwegian study of children referred to the specialty mental health service for children and adolescents, documented that 47% self-reported having been exposed to traumatizing events (Ormhaug, Jensen, Hukkelberg, Holt & Egeland, 2012). A prior study from the same service showed that where the professionals set a diagnosis related to traumatic experiences in 1.9% of the referred cases, 60% of the same children *self-reported* having been exposed to violence (Reigstad, Jørgensen & Wichstrøm, 2006).

In general, across differences in prevalence rates linked to variation in definition and methodology, there is an agreement that violence in close relationships is a substantial problem with great significance for all involved - for children and society in general (Gilbert et al., 2009a, 2009b; Mevik, Lillevik & Edvardsen, 2016). To give responsive answers can diminish huge costs. Although there is uncertainty connected to economical costs, the conclusion is similar across countries: Child sexual abuse, violence, and maltreatment have a high cost and great benefits are linked to safeguarding prevention and rehabilitation (Rasmussen & Vennebo, 2017). However, even though economic costs is estimated to be high, in Norway between NOK 4.5 to 6 billion per year (Rasmussen, Strøm, Sverdrup & Vennemo, 2012), sequels for involved persons ask for broader concerns than economical.

### **1.2.2 Sequels of child sexual abuse, violence, and maltreatment**

Substantial research documents the consequences on the health and developmental well-being for children and adolescents exposed to violence and maltreatment in close relationships (e.g., Alisic et al., 2014; Carpenter & Stacks, 2009; Evans, Davies & DiLillo, 2008; Geffner, Igelman & Zellner, 2003; Pine & Cohen, 2002).

In more details, the research shows that early traumatic experiences increase the probability of posttraumatic stress disorders, anxiety problems, depression, attention deficits/ADHD, eating disorders, dissociative problems, psychosis, and the use of drugs and medicaments linked to somatic problems without any somatic explanations (Lanius, Vermetten & Pain, 2010, 2012; McFarlane, Ellis, Barton, Browne & Van Hoof, 2008). Likewise, neurobiological sequels are documented connected to childhood trauma and maltreatment (Perry, 1994,

2009) and a significant correlation is shown between childhood trauma and metabolic risk factors as adults (van Reedt Dortland, Giltay, van Veen, Zitman & Penninx, 2012). Besides, a growth of symptom complexity related to accumulated childhood trauma is documented (Biere, Kaltman & Green, 2008). Moreover, childhood trauma is associated with psychosis (Baudin et al., 2017), where psychotic reactions have been outlined as attempts to make sense of and cope with earlier aversive experiences too difficult to find spoken narratives of, which when new stress arrives, are actualized and uttered metaphorically (Aas, 2017; Holma & Aaltonen 1997; Ricoer, 1992; van der Kolk, 2005, 2014). As a summary, Gilbert et al. (2009b) drew the conclusion that both retrospective and prospective studies document a strong relationship between maltreatment and child and adolescent behavioral problems, PTSD, and criminal behavior.

However, the most extensive study on aversive childhood experiences and sequels in later life is The Adverse Childhood Experiences Study (The ACE-study; Anda et al., 2006). This study explores childhood and youth exposure to violence, abuse, and maltreatment related to later wellbeing and health. The research documents a statistical significant covariance between such exposure corresponding to reduced health conditions, serious somatic health problems, reduced well-being later in life, and a shortened total life length. In Norway, Kirkengen (2002, 2005, 2007) has indicated similar conclusions.

Yet, no clear-cut symptoms are documented for children as indicators of violence in close relationships. Several studies point to divergences in risks of sequels for children and youths related to age, sex, physical disabilities, and family constellations, and show that exposure to violence may affect each person in divergent ways. Sequels are linked to circumstances such as a child's relation to the offender, presence of alternative caregivers and helpers, the influence and involvement from alternative caregivers, and the family's reactions when told and disclosed (e.g., Johnsen, 2013). As well, documented problems, symptoms, and sequels are heterogeneous and may overlap with symptoms linked to other kinds of problems (Reigstad & Kvernmo, 2016).

Recently, a great body of research connects the understanding of sequels to early dialogues and development. A child developmentally informed understanding has paved the way for a professional debate about relevant diagnosis to picture signs of sequels (e.g., d'Andrea, Ford, Stobach, Spinazzola & van der Kolk, 2012; Hart, 2009; Lilleskare Lunde, 2017; Nordanger & Braarud, 2017; Perry, 1994, 2009; Shore, 2009; Stien & Kendall, 2004; van der Kolk, 2005, 2014, 2017). New labels are introduced, such as complex trauma or developmental trauma, aiming at turning the attention away from inside defects and internal, constitutional contingences of a child, towards being informed by sequels congruent with being exposed to traumatic experiences early in life and over time. In sum, these contributions advocate a turn towards developmentally and relationally informed diagnosis in the field.

Related to the questions of sequels, an associated debate has surfaced: How to understand or explain that a relatively substantial percentage of children survive violence without symptoms or sequels as indicated on current diagnostic



measures? One main assumption has been that the actual experience was less severe (e.g., Browne & Finkelhor, 1985). Contrasting this assumption, recent researchers assert that children with a one-time experience of violence can be subjected to serious long-time sequels (Dyregrov, 2013). Following, although studies document long-time effects to be severe, sequels are interwoven with other life circumstances.

Congruently, one of the most influential contemporary researchers on human resilience, Michael Rutter, argues for seeing resilience from an *interactive perspective* (Rutter, 2012). He defines resilience as reduced vulnerability to environmental risk experiences, the overcoming of stress or adversity, or a relatively good outcome despite risk experiences (Rutter, 2006). While Rutter underscores that resilience needs other and broader perspectives than for example positive psychology or individual competency, he underlines that *one* universal finding across all research, naturalistic and experimental, human and other animals, documents that there is huge *heterogeneity* in response to all manners of environmental hazards. Consequently, he argues for cautiousness when interpreting sequels on an individual level. Above all, he argues for understanding resilience as an interactive concept in which the presence of resilience has to be *inferred* from individual variations in outcome among individuals who have experienced significant major stress or adversity (Rutter 2012). In sum, he points towards individual variation, cautiousness about conclusions, and advises interactive perspectives. In general, the differential impact of protective processes is considered an under-researched area (Borge, 2018; Luthar, 2006; Theron & Ungar (2017). Therefore, Theron and Ungar (2017) call for research that explores the way protective factors and processes influence children at different levels of exposure to achieve or sustain functional outcomes. As a general approach, Ungar (2015) advocates a *systemic* view when assessing adaptation in adverse social and physical ecologies, including both individual characteristics and social and cultural buffers.

Related to these concerns, studies on contingencies to reduce sequels of aversive experiences have entered pointing towards how relationships moderate. Three substantial studies offer main examples. The now classical study by Antonovsky (2000) offered a main contribution for the understanding of sequels after violence. When trying to understand the phenomenon that 27% of females survived the Nazi Concentration Camps without registered severe psychic health problems according to standard diagnostic assessments, he documented how *human meaning making* entered as pivotal for a survival without serious sequels. His study elucidated how meaning making encompasses perceiving a “connection” in the prevailing contexts. Connection contained 1), conceptualizing a meaning and systematic in the ongoing circumstances, 2), seeing a possible agency or action to counteract, and 3), finding a purpose for effecting that agency, where he outlined the impact for the exposed persons of relating their actions and agency towards others. In sum, Antonovsky turned towards relationships and meaning making inside relationships as the most essential moderator of sequels. From another angle, Werner (1993), by her influential study of children exposed to aversive experiences, documented that at the heart of a child’s possibility to keep

her/his courage and competence and for sequels and recovery, there was the importance of having at least one person of care, who believed in and supported that child. Correspondingly, Figes (2010) through a thorough documentation of the aversive experiences during the Stalin period, outlined how the grandmothers entered as substituting meaning making others for children when parents lost the perspectives on children's needs. Although his study did not include current diagnostic measurements of sequels, the interviews of adult survivors documented how these persons experienced alternative caregivers as main moderators against serious sequels. Congruently, Gilbert (2014), on the background of research on children and war, summed up the pivotal importance of relational support for keeping and restoring children's resilience.

In sum, these significant studies on resilience from aversive childhood experiences provide main research examples pointing towards *relationships* as fundamental moderators of sequels after circumstances of violence and maltreatment.

### 1.2.3 Studies on circumstances to invite voices about violence in close relationships with children

Consistent with the above, studies document the importance for children of being met, seen, and heard for telling about violence to occur and for subsequent changes to take place (e.g., Jensen, 2004; Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland, 2005; Paine & Hansen, 2002; Øverlien, Hauge & Schultz, 2016).

Five research areas are of particular interest when inviting voices about violence in close relationships with children. First, there are studies on conditions for children's testimony. Second, there are studies on reluctance inside families towards revealing family violence. Third, there is research on the accuracy of children's perception of parents' reactions if telling. Fourth, there is research on the dubious position of the non-abusing caregivers when trying to explore and find out. And fifth, there are studies on hindrances from the abuser against realizing sequels and precautions undertaken to hinder children from telling.

These five areas document challenges towards openness where issues of violence against children in close relationships are at stake. In the pursuit of the study, we will look into these five areas in some details.

First, there are studies on conditions for children's testimony. These are studies on conditions to safeguard as valid reports as possible in court. The studies look into what conditions seem to promote or reduce children's testimony (Johansson, Stefansen, Bakketeig & Kaldal, 2017; Myklebust, 2012, 2017). The development of a Dialogical Conversational Approach (DCA) has gained prominence, based on the systematic analysis of which testimonies lead to disclosure and a subsequent sentence in court, and which did not (Gamst & Langballe, 2004; Langballe & Schultz, 2016a, 2016b). The approach suggests main guidelines for how to follow children's testimony as closely as possible concerning foci and time to help them tell. Informed by the DCA, approaches are elaborated to better suit testimonies from pre-school children (Langballe & Davik, 2017; Langballe, Gamst & Jacobsen, 2010).

These approaches are informed by research on children's endowment of intersubjectivity (Trevarthen, 2001, 2011) and connect to studies of children's accuracy of memory and forensic literature. The approaches take into account the documented risks related to telling as experienced by exposed children, which will be elaborated below. In sum, testimony practices underscore that with a sensitive relational methodology towards the themes, emotions, and timing of each child, the possibility and accuracy of their telling increase. Contrary, if turning away from the thematic and emotional focus of the child, the accuracy of reports and the openness for answering diminish.

Second, aside of challenges of children's testimony, research literature outlines the efforts inside children's families of hiding, disguising, or diminishing domestic violence, which set great barriers towards exploring and telling. Such mechanisms are substantially documented, elucidating how violence in close relationships is frequently under-communicated (Askeland, Lømo, Strandmoen, Heir & Tjersland, 2012), minimized by the exposed (Siegel, 2013; Tracy & Johnson, 2006), and is linked to strong feelings of parental shame when children are included (Holt, 2014).

Third, there are studies on children's own sensitivity towards caregivers' capability of knowing. Several studies document how children accurately perceive parents' reactions if telling, and even more so if exposed to sexual abuse, which show children's extreme sensitivity towards caregivers' tolerance for disclosure of violence, which informs their on-going strategies of exploring or telling (e.g., Brattfjell, 2016; Brattfjell & Flåm, 2018; Goodman-Brown, Edelstein, Goodman, Jones & Gordon, 2003; Hershkowitz, Lanes & Lamb, 2007; Jensen, 2004).

Fourth, there are studies on caregivers' shortcomings and uncertainties pertaining to exploring issues of violence inside close relationships, which weaken their usual dialogical capacities as parents. In general, as explicated by Jensen (2004) and Dunn (1996), children usually share important experiences of everyday life with their caregivers despite hindrances. Therefore, caregivers have reasons to believe that if the children do not tell of aversive experiences, they are not exposed to such events. Thus, caregivers may underestimate and neglect children's small attempts to bring concerns into the forefront for common exploration when issues are contrary to ordinary expectations.

However, as shown by Mossige (1998) in a pioneering qualitative study on non-abusive caregivers' experiences, when inviting children into dialogues about potential violence in close relationships, the caregivers got problems. They felt great shortcomings in their ordinary capacity of dialoguing as parents - not knowing how to ask, how to bring the issue forward, how to respond, nor what to do. More intricately, they felt weakened by the fact that the one suspected of violence, most often was a person known from alternative and friendly contexts. As well, caregivers' attempts may be mixed with feelings of guilt for not having sufficiently protected their child, which influence their approach (Holt, Jensen & Wetzel-Larsen, 2014; Mellberg, 2002; Middelborg & Samoilov, 2014; Plummer, 2006; Walker-Descartes, Sealey, Danielle & Rojas, 2011).

Fifth, substantial research documents significant barriers on the offender's side against disclosing violence. Such hindrances include not realizing the sequels for the child as well as safety measures carried out for silencing the child from telling. Studies document extensive hindrances on the offenders' side against taking on board how violent actions are experienced by the exposed and what consequences it may entail (e.g., Adams, 2012; Askeland et al., 2012; Isdal, 2013; Kristoffersen, 2014; Kåven & Maack, 2016). Additionally, research documents that major precautions are often undertaken by offenders towards the affected children to safeguard hiding (e.g., Arata, 1998; Brattfjell, 2016; Hermstad, 2006; Johnsen, 2013; Paine & Hansen, 2002).

To summarize, a great body of research tells that to be attuned to and to be sufficiently on guard so that a potential *newness* can evolve during encounters with children exposed to sexual abuse, violence, and maltreatment in close relationships, is demanding. Whoever willing to attune, may expect huge potential hindrances.

Subsequently, the fragile balance between a dialogically oriented opening for a possible newness compared to a potential monological underestimation, defocusing, or silencing of a minority voice of an unknown alterity, is highly challenged.

On this background, what does research tell about professional treatment services and their attunement towards children's voices and their voices of violence in particular?

#### **1.2.4 Studies on professional responsiveness in the therapy field when violence happens in close relationships with children**

In general, critical questions have been raised about the responsiveness of main professional agencies in charge of therapeutic treatment pertaining to the inclusion of children's voices of violence.

Substantial research highlights that professionals in these fields, like family therapy providers, are accused of being too hesitant to see and include children as part of family collaborations and of opening a too narrow window for the inclusion of children's own experiences into the work. This pertains both to the inclusion of children's own voices as well as to adults' voices on behalf of the children. In general, voices from clinical research and literature allege that despite the advocacy to include children, the voices from the youngest members of the family have been more likely a topic talked about than active participants (Hartzell, Seikkula & von Knorring, 2009; Rober, 2008; Ruble, 1999; Sori & Sprenkle, 2004). This has been an even stronger tendency when issues relate to violence (Heltne & Steinsvåg, 2010, 2011; Rober, 2008; Siegel, 2013; Øverlien, 2012). As stated by family therapists themselves, to involve children may bring therapists to the limits of their comfort zone, leading into avenues of perhaps more unknown ways of talking, telling, and sharing (Grammer, 2009; Hartzell et al., 2009; Lund, Zimmerman & Haddock, 2002; Wilson, 2007, 2008).

Correspondingly, as documented by studies on Norwegian specialty mental health service for children and adolescents, an overall difficulty prevails

among professionals against perceiving children's own experiences of violence, with a following underestimation or exclusion of these experiences from informing family change (Ormhaug et al., 2012; Reigstad et al., 2006; Røberg, 2011; Wassnes, 2012). Likewise, as shown by Reigstad (2012), a reluctance in the same services to include children's families as part of ongoing work with the children, underscores a risk of neglecting children's experiences of violence, underestimating their own descriptions, their need for family support, and not creating sufficient space for families to participate. Subsequently, a double risk turns up - both fragmenting the child's experiences and minimizing the importance of the family's assistance when domestic violence happens.

When analyzing and summarizing the critique against treatment services, Lund et al. (2002) stated that therapeutic services for families with children were characterized by a dichotomy. On the one side, the family therapy traditions were ignoring the child, thus ignoring its unique experiences, and, on the other side, the child specialty mental health services' approaches were seeing the child isolated from the family environment, thus de-contextualizing, individualizing, and pathologizing the child's problems and experiences. Although more recent voices have informed the therapy field about child relevant issues, such as psychological attachment and circles of security, narrative therapies, child developmental psychology, and consequences of family violence, in order to nourish a more open stance on child-adult relationships and possible sequels of domestic violence (e.g., Ainsworth, 1967, 1968; Brantzæg, Smith, & Torsteinson, 2011; Cohen & Mannarino, 2008; Kolko & Swenson, 2002; Sori, 2006; Vetere & Dowling, 2008; Wachtel, 2004), the critique has remained.

In sum, as stated by Stith, McCollum, Amanor-Boadu and Smith (2012) on the background of a review of the current state of research on violence in close relationships, a major turn is needed in the violence therapy field *away* from more individualized perspectives *towards* family oriented approaches. As a general conclusion based on a detailed review of the research, Siegel (2013) summarized that services offered to families with violence have not kept pace with the emerging research providing extensive information about the serious sequels of family violence. On the contrary, treatments most frequently are offered as separate services to either the one or the other adult part, and too rarely in conjoint family treatment. Siegel (2013) concluded that this tendency has remained although the rationale and indications for efficacy have been repeatedly stated for an *expanded* approach of treatments that incorporate family members and all persons involved. This statement corresponds with the serious conclusions drawn from a recent Norwegian review of cases with children exposed to severe violence, sexual abuse, and neglect. The review documents that these children are too seldom talked with and too seldom listened to from needed services, whereupon a defeat and a betrayal of these children were summarized (Ministry of Children, Equality and Social Inclusion, 2017).

However, if children are asked and listened to, children and parents combined regain better recovery after family violence (Chaffin, Silovsky, Funderburk, Brestan, & Balchova, 2004; Chaffin, Funderburk, Bard, Valle & Gurwitch,

2011; Herschell, Lumley & McNeil, 2000; Herschell & McNeil, 2005). As well, caregivers regain better recovery if therapy is provided for their children (Holt et al., 2014). Likewise, if child sexual abuse happens, studies document that maternal response stands out as the strongest predictor of children's outcome and parental support is consistently associated with abused children's recovery (Elliott & Carnes, 2001).

In sum, a great body of research highlights that children meet formidable hindrances towards disclosing violence in close relationships. If they try to tell, they often meet serious barriers against being heard by their close ones. Moreover, a large body of research documents that they are at risk of not being sufficiently heard in relevant therapy settings by needed professionals.

However, if looking into studies of children's own willingness to partake, what does such research tell?

### **1.2.5 Studies on children's willingness to participate**

Three research areas have emerged of special interest for the therapy field concerning children's willingness to explore and tell when possible secrets or aversive experiences are at stake. First, there are studies on children's usual secrecy; second, there are studies on children's willingness to partake if invited, and third, there are studies on children's own decisions to tell and explore.

First, in general, studies on children's natural ways of keeping secrets underline that children and adolescents normally keep important areas secret for their caretakers (Dunn, 1996; Fuller, Hallett & Murray, 2001; Jensen et al., 2005), thus making it a focus of general sensitivity and discretion for adults how and when to approach or intrude into such areas and when not to. The reasons children give for keeping secrets away from their caregivers differ with the age of the child (Watson & Valtin, 1997).

Second, a substantial body of research shows how children themselves if given opportunities, want and consider it crucial to be invited into joint exploration and understanding when serious circumstances, such as violence, are at stake (e.g., Brattfjell, 2016; Ernst, 2006; Flåm, 2013; Fångström, 2017; Håkanson, 2014, 2015; Iversen, 2013; Johnsen, 2013; Ungar, 2004; Vis, 2014; Øverlien, Jacobsen & Evang, 2009). If asked, children overwhelmingly want to be involved in family therapy sessions (Fauske, 2011; Hartzell et al., 2009; Sheinberg & True, 2008; Stith, Rosen, McCollum, Coleman & Herman, 1996). Moreover, children find it frustrating if they are kept from participation either by being left in the waiting room or by being asked to participate in an adult-oriented process that do not include appropriate avenues for their participation (Stith et al., 1996). Yet, if asked, children willingly offer advices to what makes them feel included. They pinpoint to be accepted and allowed to express their own feelings and that the therapists adjust to each person by giving space for various perspectives (Hartzell et al., 2009).

In general, as documented by Vis, Strandbu, Holtan and Thomas (2011), to engage children into collaborations and decisions affecting their lives and for that participation to be helpful, requires inviting children into contexts that provide

information, explains what is happening, and opens up for children's own agendas and questions. Because although invited, children do not necessarily join. Children investigate, move, and remove from participation, sharing, and telling according to their own experiences of being properly attended to (Olson & Klaverud, 2017; O'Reilly & Parker, 2013; Stefansen, 2007). In line with Haavind (1987, 2017) and as outlined by Schultz Jørgensen and Kampmann (2000), to get to know children's perspectives and experiences, requires inviting them as part-takers.

Third, more recent studies particularly examine children's and youngster's own decisions to tell. These studies expand the idea of a child's willingness to partake in exploring and telling secrets of aversive experiences, such as sexual abuse, violence, and maltreatment. The studies outline that it enters as imperative for children that they perceive a purpose, an occasion, and a connection in the context to what they want to tell and explore (Andenæs, 1991; Brattfjell & Flåm, 2018; Carter, 2014; Eriksson & Näsman, 2014; Iversen, 2013; Jensen et al., 2005; Solberg, 2014).

Correspondingly, studies document the many ways children find for telling (Alaggia, 2004), where children make considerate reflections on consequences that inform their on-going strategies of exploring or telling (Petronio, Reeder, Hecht & Ros-Mendoza, 1996; Staller & Nelson-Gardell, 2005). Substantial studies show that when children are asked directly through forensic interviews, they inform (Gamst & Langballe, 2004; Myklebust, 2009, 2017; Philips, Oxburgh, Garvin & Myklebust, 2012). As well, if asked, children tell about their pros and cons whether to tell or delay telling about experiences of violence (Schaeffer, Leventhal & Asnes, 2011). Moreover, when there are a good relationship and a working alliance in therapy, and if asked considerately and directly, children talk and tell (Jensen et al., 2010; Olson & Klaverud, 2017; Stefansen, 2017).

Likewise, small children between 4 and 7 years old are able not only to communicate what it means for a child to live in a family with domestic violence but as well to regulate, limit, and take the lead in the interviews, similar to the ways infants regulate stages during interaction with their caregivers (Evang & Øverlien, 2014). Such findings turn the attention towards the importance of including children this young into research and illustrate the challenges of taken-for-granted notions of adult power, of objectifying children, and of trying to understand or look from outside positions.

As summarized by Staller and Nelson-Gardell (2005), children do not share, explore, tell, recant, or reaffirm accounts of victimization in a vacuum. They accommodate to the adult world. They adjust, sensitize, and fine-tune. To better understand the process towards telling and disclosure of violent experiences, not only actions and words of children need to be focused, but the reactions and responses from the adults (London, Bruck, Ceci & Shuman, 2005). Lack of opportunity to tell may be a concrete obstacle for children (Shaeffer et al., 2011). Likewise, poor sensitivity towards children's signs may be a concrete obstacle for caregivers and professionals to face.

In short, this research points towards children themselves as active researchers of ongoing dialogical avenues and possibilities to explore, tell, and to find future-answers under difficult circumstances. As pinpointed by adolescents in a study of Italian adolescents who had been sexually abused as children, the main problem is not primarily a child's reluctance to tell, but the poor willingness of adults to listen, believe, and to offer support (Crisma, Bascelli, Paci & Romito, 2004).

In summary, studies on children's willingness to participate ask for an intensified effort in the psychological field of taking into account the delicacy of inviting a *newness* of knowledge and an *otherness* of the child around issues pertaining to violence in close relationships. Congruent with the statements from the family therapy field, the existing research points towards arrangements that include avenues of perhaps more unknown ways of exploring, telling, and sharing than known of on beforehand if seen from the horizon of adults (Gamst & Langballe, 2004; Hafstad, 2004; Hertz, 2008; Langballe & Schultz, 2016; Slåttøy, 2002; Whitaker, 2014; Øvreeide, 2010).

However, what does research tell about collaboration among relevant agencies in cases where children live with violence in close relationships? How do they coordinate their actions to be sensitive and attuned to the questions at hand?

### **1.2.6 Studies on professional team-collaboration in cases with child sexual abuse, violence, and maltreatment**

In general, the growth of cross-professional collaboration in the field of child sexual abuse, violence, and maltreatment is connected to a growing concern during the last decades in the Western societies about the prevalence of interpersonal and domestic violence. Instigated by civilians based on personal experiences, the focus included interpersonal and domestic violence in general and later towards children in particular. A body of non-governmental services were established by civil and private initiatives, like women crisis centers, centers for men, services for alternative to violence, and support centers for sexually abused. Partly on the backbone of these initiatives, professional engagements and research set off, promoting an advancement in competency building and collaborations among professionals and agencies in charge.

Amongst the most outstanding examples of this collaboration is the recent establishment of Children's Advocacy Centers in several Western countries. These centers institutionalize professional collaboration in the form of arranging a fast-track assessment across disciplines inside *one* agency of children's experiences in cases of suspicion and/or known child sexual abuse, violence, and maltreatment (e.g., Johansson et al., 2017; Luther, 2014, 2016; Ministry of Children, Equality and Social Inclusion, 2013, 2014; Ministry of Health Care Services, 2009). Parallel to this establishment, arrangements have been initiated for an easy access to teams consisting of *divergent* agencies and professions to strengthen multi-agency and interdisciplinary competency. The growth of such initiatives connects to an international recognition amongst policymakers that collaboration is



essential if the needs of vulnerable children and their families are to be effectively met (Horwath & Morrison, 2011).

However, substantial research indicates major difficulties inside cross-disciplinary and multi-agency teams of trespassing borders of traditional knowledge hierarchies of professions and agencies. Teams have trouble with turf issues, power questions, cultural divergences, and contradictory philosophies of care and services (e.g., Backe-Hansen, Smette & Vislie, 2017; Katzenbach & Smith, 1994; King, 2006; Kvarnstrøm, 2008; Lalayants & Epstein, 2005; Larkin & Callaghan, 2005). Complications connect to the promotion of respect for and inclusion of partaking agencies and professions (Hall, 2005; Houston & Gallaway, 2005; McLean, 2012; Wassermann, 2005). As shown by McLean (2012), irrespective of the population being serviced or the focus of the collaboration, issues of power imbalances, information exchange, and resources arise central to collaborative work. In general, cross-professional and multi-agency collaboration, whilst recognized as a useful and motivating form, is documented as complex and ambiguous (Backe-Hansen et al., 2017).

In order to promote recommended collaboration, a growing body of research has explored how to foster salient ingredients. A number of studies outlines the importance of prioritizing a team climate of respect for divergent roles and of providing good communication (McCallin & McCallin, 2009; Suter et al., 2009; Thylefors, 2012). The significance of listening and authenticity is underscored (Holmesland, Seikkula & Hopenbeck, 2015). Correspondingly, as McLean (2012) outlined based on research on collaboration requiring cross-agency services, “a sense of personal control over emotionally exhausting work is critical to preventing burnout for professionals” (Maslach et al., 1997, in McLean, 2012, p. 484). As a general attitude, Horwath and Morrison (2007) emphasized that collaborating agencies need to acknowledge a climate that values continuing change.

In Norway a political reform, the “Samhandlingsreformen” (The Cooperation Reform), was undertaken in 2012 (Ministry of Health Care Services, 2009). The reform aimed at promoting and institutionalizing cooperation across professions and agencies in health care services. By this initiative, cooperation was put into a center place of professional work (Melby & Tjora, 2013). Parallel to this undertaking, Norwegian professionals reported a lack of competency on how to practice efficient cooperation and asked for examples of interagency and cross-professional collaboration to accomplish relevant practices (Rørtveit & Hunskar, 2009). Hence, a growing exploration of inter-agency collaboration emerged inside mental health (e.g., Brottveit, 2012, Hald & Hoven, 2009; Holmesland et al., 2015; Ness et al., 2014). Prior and parallel, connected to the recovery movement in the adult mental health field, an international practice materialized across usual borders of professions and agencies, including peer-supported teams (e.g., Bonney & Stickley, 2008; Borg, Karlsson & Stenhammer, 2013; Hopenbeck, 2015).

However, in Norway linked to the “Samhandlingsreformen”, governmental initiatives were undertaken to strengthen cooperation in cases of child sexual

abuse, violence, and maltreatment (Ministry of Children, Equality and Social Inclusion, 2013, 2017). Following, promoting access to cross-professional and inter-agency team collaboration in such cases emerged with strong demands (Backe-Hansen et al., 2017; Johansson et al., 2017; Nordanger, Johansen, Nordhaug, Dyb-land & Johansen, 2012). Thus, a main challenge entered to exemplify means to counteract the documented barriers of hierarchical expert authority. Such barriers were estimated to be particularly salient in cases of child sexual abuse, violence, and maltreatment because of its profound impact on children's lives (McLean, 2012).

Meanwhile, over the last decades new ways to accomplish collaborative processes had emerged in the psychotherapy field in general and in the family therapy in particular. These approaches were often referred to as dialogical, collaborative, open dialogues, reflecting teams, and reflecting processes. These are attempts to explore the inclusion of partaking voices into shared learning and knowledge production to foster generative and co-creating processes (e.g., Andersen, 1987, 1991, 1995, 2003, 2007; Anderson, 1990, 1997, 2005, 2007, 2012; Anderson & Gehart, 2007; Anderson & Goolishian, 1988, 1992a, 1992b; Anderson & Jensen, 2007, 2008; Seikkula, 1993, 2002, 2012). For the establishment of inter-agency and cross-professional consultation teams in cases of child sexual abuse, violence, and maltreatment, the challenge was similar: How to constitute a practice that allowed partaking members to be equally invited into a combined knowledge production during ongoing team consultation? There was no forerunner to such a team in that field. On the development of such a consultation team approach, it will be returned in Study III.

### **1.3 A dialogically oriented enquiry**

To summarize, the research on children and violence in close relationships points in two directions: On the one side, it shows a high prevalence and serious sequels of child sexual abuse, violence, and maltreatment, combined with great obstacles for children against telling and for caretakers and professionals against fostering dialogues and cooperation for change. On the other side, a great body of research points towards children's willingness and towards caregivers' and professionals' interest in joint exploration and collaboration.

Following, it renders open a mutual challenge how to facilitate collaborative processes. In sum, where issues of violence against children are at stake, the process of dialogically orienting oneself towards the experiences, addressivity, and otherness of the other seems to be at the core of the challenge.

Hence, in the midst of this field enter the question and endeavor undertaken by the dialogical scholars: How can an understanding of a dialogical meaning making contribute to the inclusion of divergent experiences not known of on beforehand?

If at this point re-inviting the joint vantage point of the dialogical contributors, a kindred challenge emerges: Seen from a Cartesian *cogito ergo sum* position of individual knowledge accumulated from outside, outsourcing a mutual and embodied meaning making inside encounters: How can this knowledge position be challenged by studies of contexts where children live with violence in close relationships? Then, does it suffice to pre-suppose a Cartesian assumption that things in the world and in the mind have a prior existence to processes, that “things” exist, and interactions are secondary? Does, rather, knowledge – such as about violence in close relationships with children – hinge upon dialogical processes to be generated? Said differently, how can meaning making be studied from *within* when violence happens in close relationships with children?

## 1.4 Research questions

The three studies in the thesis elaborate on this question. The studies look into how situations containing cases where children live with violence in close relationships, can be explored from within and what they can tell about contingences for human understanding and meaning making.

More especially, it is asked: How are partakers with asymmetrical shares, divergent authority of voices, and shareholders with unequal vulnerability of being seen and heard, brought into shared exploration and knowledge in such cases? How do issues of trust, responsibility, and authority enter in such meetings?

The studies enter daily situations where issues of violence are at stake. They entail three naturalistic contexts: First, there is a setting with questions of child sexual abuse as activated inside ordinary daily living amongst children and their non-abusive caregivers. Second, the setting entails ordinary therapeutic service delivery from a public family protection service for families with children and violence. Third, the setting is regular case consultation services as delivered from a multi-agency, cross professional team to agencies working in cases of child sexual abuse, violence, and maltreatment.

A common focus goes across these contexts of what they can tell about contingences for a dialogical understanding of human meaning making. The studies seek to contribute towards this agenda by raising three research questions. The aim is not to search for an overarching picture, but rather to shed light on contingences for creating opening dialogical processes that are responsive to the addressivity of the persons involved. The three research questions as asked in the separate studies are:

- Non-abusing caregivers, how do they become aware of their child’s first signs of sexual abuse and how do they respond? What promotes a process of disclosure, and what hinders? (Study I)

- A Norwegian public Family Protection Service, how does this service fulfill its political mandate to provide priority for specialized psychological treatment to cases where children live with violence in close relationships? (Study II)
- A Norwegian regional multi-agency and cross-disciplinary consultation team for cases of child sexual abuse, violence, and maltreatment, how does this team constitute its service delivery? What promotes cooperative consultation services and shared meaning making processes with help-seeking agencies? (Study III)

## **2 THE PRESENT STUDIES**

The studies explore three divergent, naturalistic practice arenas containing cases with violence in close relationships with children. Violence pertains to child sexual abuse, violence, and maltreatment. Close relationships pertains to violence inside the family or closely connected network and relationships. Naturalistic practice arenas pertain to contexts containing practice as usual. All settings are part of services inside the Norwegian public agencies for children and their families where questions of violence, abuse, and maltreatment towards children are part of the daily service delivery.

### **2.1 Participants**

#### **2.1.1 Study I**

This study is from the public regional specialty mental health service for children and adolescents at the Northern-Norwegian University hospital (UNN). The service is free of charge, regulated by Norwegian health legislation defining priority for types of problem, and with regulated time limits on the waiting list. The service covers an age range for children from 0 up to 18 years and provides assessment, diagnosis, treatment, and collaboration with relevant agencies and network pertaining to mental health problems. The referrals come from the support area of the clinic through hospitals, child protective services, community doctors, and primary public health services. The clinic covers a geographical area of approximately one sixth of Norway, with a similar ethnicity, and the same relative proportion of children under 18 years of age as the rest of the country. The researchers attended the agency as a clinical psychologist for some years, during which the period of the study was included.

The data included in the study consisted of cases referred to the service for treatment after disclosure of sexual abuse that were reported to the police and child protective service. Included were all such cases during a period of two years (N = 20).

Types of sexual abuse that were reported ranged from fondling to intercourse, including intercourse ( $n = 4$ ), masturbation with ejaculation ( $n = 8$ ), and fondling genitals ( $n = 8$ ). The children's ages ranged from 1 to 17. There were five preschool children, seven in middle childhood, and eight teenagers. All eight teenagers were girls. All children, both boys ( $n = 3$ ) and girls ( $n = 17$ ), experienced sexual abuse by a male (in one case from an older boy, the others were adults). All children were well acquainted with the abuser: In seven cases, he was a father or a stepfather living with the child or whom the child visited regularly. In six cases, he was a close relative, an uncle, a grandfather, or an older cousin. In the rest of the cases ( $n = 7$ ), the abuser was a close neighbor or a teacher. The children revealed their experiences of being sexually abused either to their mothers ( $n = 11$ ); to their mother and father together ( $n = 2$ ); or to other persons who were tending to the child ( $n = 7$ ), most often to a nurse or a teacher. One child disclosed the abuse to her peers. In the aftermath of the disclosure, all of the mothers or the mothers and the fathers together were able to identify earlier episodes during which the child had uttered something that could – in light of what was later revealed – be interpreted as a first sign of abuse.

The focus is on non-abusing caregivers' report as told in hindsight in therapeutic settings. The subject was caregivers' knowledge told as part of the therapeutic sessions of what made their child tell or wait.

The study was part of an internal evaluation of casework at the clinic. The Regional Ethical Committee for Medical and Health Research of Northern Norway was consulted about using the clinical material in a research publication. They informed that as long as the data were sufficiently anonymized, it was not required to ask for permission in advance. The study was approved by the Data Protection Officer.

### **2.1.2 Study II**

This study is from the regional Family Protection Service (FPS). As a public service it is open and free of charge. The general obligation is to supply treatment for relational problem and crises to single persons, couples, families, and children. The FPS has a politically defined mandate to give priority to "risk cases", defined as cases in which there are concerns about violence in families with children. Services are obtained either by people referring themselves, by recommendation from other agencies, or by the Child Protection Service mandating specialized treatment from the FPS to optimize and secure needed child protection. The office of the study is one of the largest FPS in Norway and covers a geographical area of 4.5% of mainland Norway plus Longyearbyen. The area has similar ethnicity and the same relative proportion of children below 18 years as the rest of the country. The researcher attended this service as a clinical psychologist for some years, during which the period of study was included.

The data were the total number of cases at the office within a period of one calendar year (2012) with children living in families with violence, where violence was reported either at referral and/or during ongoing therapeutic work. Cases were collected from the total caseload of clinical and Mediation Institute

cases. Included were 103 out of 554 clinical and 3 out of 336 Mediation Institute cases (N = 106). The total number of children was 205; 58 children below 4 years and 147 from 4 years and above. The average number of children inside each family was similar to the rest of the country. All professionals (9) completed a semi-structured questionnaire about provided services for each of his/her cases for the total of 106 cases. The first author was among the clinicians and carried out the work. The Norwegian Data Protection Authority was consulted and informed that the study did not require their approval.

### **2.1.3 Study III**

This study is from the practice of a regional, public multi-agency and multi-disciplinary consultation team for cases of child sexual abuse, violence, and maltreatment. The team provides consultation services on a regular weekly basis to agencies asking for advice in cases with suspicions of or known violence against children. The team is formally located at and administrated by the Children's Advocacy Center in Tromsø. It provides consultation services to a region covering the entire Northern Region of Norway, a geographical area of approximately one third of Norway, ten percent of its population, with similar ethnicity and the same relative proportion of children under 18 years of age as the rest of the country.

The researcher attended the team from its inception as an ordinary member, first as a clinical psychologist from the regional specialty mental health for children and adolescents, next as a clinical psychologist from the Family Protection Service, and then from the Institute of Psychology at the UiT - The Arctic University of Norway. The study draws empirical data from the team's regular case consultation process.

## **2.2 Research design**

There is a close link between the research questions asked in the inquiries and the research methods used. The design in all studies is to go as close as possible into the practical and professional naturalistic arenas where issues of child sexual abuse, violence, and maltreatment against children were on the agenda.

The studies are naturalistic in the sense that all arenas that were included were live arenas concerned with suspicion and/or known sexual abuse and violence against children. No arrangements were organized in advance with the purpose of preparing or arranging extraordinary circumstances for service delivery for the pursuit of the study. All studies got the empirical data from services delivered as "practice as usual".

### **2.2.1 Study I**

The material included comprehensive reports from non-abusing caregivers who provided a hindsight perspective on the circumstances around the first signs given by the child and their afterthoughts about what facilitated or hindered disclosure on that particular occasion or later. The reports contained information about when anything happened that evoked or might have evoked some kind of wondering or suspicion that something was wrong for the child. The reports included what the child said, did, who took part, and what happened in the situation, as well as the continuing process towards disclosure.

Questions were asked open-ended as part of ongoing clinical conversations and work, and based on a review of the literature and input from professionals working with child sexual abuse. The authors, both experienced clinical psychologists in the field of specialty mental health service for children and adolescents, were among the clinicians and carried out the work. The material contained substantial verbatim notes of the caretakers' reports, the clinicians' reports in medical journals, as well as the clinicians' reflected notes.

All cases were subsequently included into a systematic analysis, the data anonymized with all specific personal identifications excluded, and any personal information changed and disguised.

### **2.2.2 Study II**

The material included a semi structured questionnaire for all cases of each professional at the FPS pertaining to what cases were referred, characterization concerning children and family, types and degree of violence reported, time on waiting list, and types of services delivered. All questionnaires were completed separately by the professional(s) working in the specific case and anonymized for all except that/those person(s). The questionnaire was developed through the study of relevant literature, consultations with professionals with extended knowledge in the field, and through discussions among all colleagues at staff meetings about what could make up relevant themes and a manageable amount of questions to complete within an acceptable limit of time given the daily pressure of service delivery.

Thereafter, descriptive summary statistics from all questionnaires were presented at three subsequent staff meetings for the exploration of main cross-points, dilemmas, and challenges.

### **2.2.3 Study III**

The material included practice and principles of the consultation team as notified and summarized by the author as a member of the team. It was based on verbatim notes of the work during ongoing team consultations in concrete consultation cases over some years. The notes contained notifications of the team's practices and consultation processes across divergent cases and included the practical



steps taking during the concrete consulting process, the assumptions that informed the approach, and the knowledge claims accompanying the process. Assumptions and knowledge claims that were shared and discussed among the team members, were notified by the author. An illustration of one case consultation was made, based on verbatim notes during one consultation as a clinical exemplification of the practice of the team. The case was anonymized with all personal identifications excluded and any personal information changed and disguised.

## 2.3 Analysis

What the three papers have in common is a research field where violence against children is known to be an issue at the time of the study. The analysis goes into how these issues were brought into visibility for shared concern, influence, and change in the three different contexts. That is, how issues of violence against children were brought into the open to be seen, heard, and acted upon. They explore what facilitated or hindered an approach to bring divergences and possible otherness and newness from the involved persons into the agenda of sharing and partaking for mutual influence, meaning making, and knowledge generating processes.

### 2.3.1 Study I

Areas for analysis, exploration, and systematization included five extensive topics: (1) What did non-abusing caregivers consider in hindsight to be the child's first signs, including what the child said or did? (2) How did these caregivers retrospectively remember the context, including the activities, participants, place, and time of first signs? (3) What were the caregivers' immediate answers and reactions, including how did they respond and act towards the child? (4) What consequences and subsequent actions took place both directly afterwards and in the long term in relation to disclosure? (5) What did these caregivers consider in hindsight they could have done better to notice the child's first signs? The data generated contained extensive descriptions of these specifications in each case.

Reports from all of the cases were collected and subjected to qualitative analyses by the two professionals to acquire expanded awareness of tendencies and exceptions, analyzing patterns and synthesizing themes across cases and within each case. Each professional carried out independent reading using a systematic approach (Bradley, Curry, & Devers, 2007; Haavind, 2002; Kvale, 1997, 2003).

The analyzing process was structured according to Consensual Qualitative Research for individual and joint discussions to develop consensus (Hill et al., 2005). The themes that emerged and the similarities and differences within and across cases, were subjected to repeated analyses within the reports of all cases to see if and how the conclusions were consistent between cases, or if any case

diverged from or negated the conclusions. Each professional analyzed the categories case-by-case to evaluate whether the themes and patterns were considered to be consistent with the data. To establish the reliability and trustworthiness of the analyses, each author conducted the case-by-case analysis separately and then reviewed the themes and patterns together. If differences appeared, the reports were reviewed until consensus was achieved. In employing such a rigorous analysis, a more comprehensive understanding of the complex dynamics of circumstances surrounding the first signs was made possible.

Based on analyses of the completed narratives of the 20 cases, the material was synthesized and divided into distinct types of moments of first signs of abuse. The types focus on the interplay between the non-abusive caregiver and the child according to how different coordination during that moment constituted divergent opportunities for the process to continue towards an opening, delaying, or stopping of a process towards disclosure of child sexual abuse.

### **2.3.2 Study II**

Areas for analysis, exploration, and systematization included three extensive topics: What were the cases referred? What services were provided? What stood out as the main choices, dilemmas, and challenges?

Data from the completed semi-structured questionnaires were analyzed by the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to get summary statistics from all cases. Areas for systematization across all cases included the three extensive topics. The Fisher Exact Test was applied to test statistical significance in 2\*2-crosstables and the Brown-Forsythe-Test for group differences on the number of conversations. Specifications of main cross-points, dilemmas, and challenges were analyzed and systematized through conversations with all colleagues at the office applying a participatory research approach (Johannessen, Natland & Støkken, 2011). This was accomplished by presenting descriptive summary statistics for analysis, exploration, and systematization among all professionals at three consecutive meetings; at each meeting the discussions from the previous meeting were pursued and expanded in order to get as rich and extensive differentiations as possible of the main cross-points, dilemmas, and challenges. Similarities and divergences among all participants were discussed and summarized conjointly.

### **2.3.3 Study III**

Areas for analysis, exploration, and systematization was accomplished by the researcher through analyzing verbatim notes from the position of partaking in the team consultation as a member of the team through years. The analyses explored and summarized what could be interpreted as the qualitative components across cases of the team's collaborative consultation process. As part of the notification and categorization, the author's reflections and systematization were presented to the participants of the team for conjoint discussion and reflection. The analysis

did not, however, aim at giving a presentation according to a thorough participatory research methodology.

The analysis was compared with existing literature and research about collaborative team practices and analyzed if and how this team's multi-agency and multi-disciplinary consultation practice could be understood in a dialogically informed paradigm compared to existing, traditional team approaches. The analysis of the study did not aim at arriving at a map or unilateral receipt for the practice, but to present the team's consultation process as perceived by one participant's experiences and notification over time with the possibility of being operationalized in new ways and tailored to particular circumstances and needs depending on the contextual parameters of others.

## 3 SUMMARY OF THE STUDIES

### 3.1 Study I

#### **Test balloons? Small signs of big events: A qualitative study on circumstances facilitating adults' awareness of children's first signs of sexual abuse**

Based on the non-abusive caregivers' awareness of children's first signs of sexual abuse as remembered in hindsight, the caregivers identified that all children gave signs. Three typical moments of first signs illustrate the different ways that children's first signs were noticed by their non-abusive caregivers and the subsequent reactions from these adults. These were, 1, moments of children questioning rules and obligations – with closed, not abuse-related adult answers, 2, moments of children questioning rules and obligations – with open adult answers, installing opportunities for later questions and actions, or, 3, moments of direct information – with direct abuse-related adult questions and actions. The first closed, the second prolonged, and the third opened directly to exploration and disclosure. Thereafter, the children respectively either stopped, delayed, or immediately disclosed sexual abuse.

Across all cases, at first signs each child had time and attention from trusted adults. What the caregiver recollected, were first signs in the form of questions and stressed reservation expressed by the child connected to the abusing person or related activities, or in the form of direct thematic information from the child in contexts with thematic similarity pertaining to bodily-related issues or prompters of sexual abuse.

From this point, three divergent situations followed: If met with closed answers, first signs were rebuffed as once-occurring events. If met with open answers and follow-up questions, children continued to tell. Unambiguous messages were prompted only in settings with intimate bodily activity or sexual abuse related content.

In sum, as identified by the caregivers in hindsight, moments of children's first signs were summarized in the following way: If trusted adults provided door-openings, children used them; when carefully prompted, children talked;

when thoughtfully asked, quality leaps towards moments of meeting were created, for the child to tell. Depending on the adult's open or closed answers, the transformative potential of a now-moment of first signs, where something was at stake between persons, was transformed and expanded into a joint moment of meeting, where exploration and quality leaps towards disclosure could evolve. Thus, the adult kept the score both to the formation and to the transformation of moments of first signs into moments of meeting and into avenues of dialogical exploration.

The study suggests that children's signs of sexual abuse can be understood as "*test balloons*" to explore understanding and whether anything is to be done. A disclosing continuation hinges on the trusted adult's dialogical attunement and supplementary door-openings. The first signs can be perceived as an invitation to a dialogical enterprise of test balloons directed towards the trusted person to try out, to test, if that person is willing to or capable of participating in an exploration of how to understand what happened, and if anything is to be done. Thus, the child's turning to the adult can be viewed as *an exploring starting point*, from which the continuation depends upon the adult's answers for the child to find door-openings to continue. The knowledge of the caregivers in the study calls for an awareness towards the researching, dialogically oriented, and meaning making child: Children's signs of abuse can be understood as a call for joint exploration, understanding, and solution in a moment where something is at stake.

Based on these caregivers' experiences, the study suggests a three-sided attention to create door-openings for exploring and telling: On the one side, to arrange settings of joint attention with the child. On the other side, to create joint settings with intimate bodily activities or sexual abuse related issues for possible contextual prompting. And, on the third side, to beware and dare at hints of reluctance and reservation from a child, to arrange for door-openings to address such signs by posing concrete and open questions to the child.

In general, caregivers' awareness and discovery of abuse has been described as a process. Supplementary to a process perspective, this qualitative study emphasizes *the uniqueness of moments of first signs*, and the possibilities they offer both for early detection and prevention and then for the necessary management and treatment. The study illustrates the *singularity* of moments of first signs, the unrepeatable event that can emerge.

Thus, the study suggests an understanding of events in the present more than being determined by events in the past, their being formed by *anticipations*, by their possible exploration and evolving into the future through anticipations and signs given during a present moment. It shows how the transformative potential of moments of first signs, formed by anticipations and by their possible exploration and evolving into the future, hinges on the trusted adult's dialogical attunement and answers for moments of meeting to evolve and new meaning to evolve at the boundary between them.

Consequently, this study calls for a broader attention than looking for behavioral markers or purposeful versus accidental actions towards disclosures: Moments of children's first signs of sexual abuse are embedded in dialogue. A

uniqueness at moments of first signs appears: Both to form such moments and to transform them into moments of meeting for joint exploration and telling hinge upon how trusted caregivers scaffold opportunities for the child to disclose.

In accordance with Stern (2004a, 2004b, 2007), the study illustrates the fast changing fluency of a *present moment*. It shows how an intersubjective field can be dramatically reorganized at moments lasting only a few seconds. In line with pioneer researchers in the field (Leira, 1990), these caregivers' experiences show how child sexual abuse can, by its nature, be a taboo, remain a secret, and become an invalid and traumatic experience if not explored through adult attunement, invitation, and acknowledgement.

Subsequently, this study suggests support offers need to be addressed not only to strengthen children to tell, but also for caregivers and professionals to take into account the necessity of a dialogically oriented sensitivity towards children during ongoing encounters, both for the telling to occur and for the hearing to take place.

## 3.2 Study II

### **Where is the child in family therapy service after family violence? A study from the Norwegian Family Protection Service**

Given the politically decided mandate for the public Norwegian Family Protection Service (FPS) to prioritize treatment services to families with children and violence, the present study conducted in one of the larger FPS in Norway, shows that when such services get priority, these cases constitute a great amount of the total case load. It illustrates that it is possible for a public FPS to fulfill a mandate to provide fast-track services when violence is known at referral, and to supply a direct route for referrals from the Child Protection Service to get coordinated and specialized treatment, as well as to collaborate with other main public agencies. It is possible for a public FPS to provide a direct, much used, and efficient route both for private persons and cooperating agencies for collaboration and specialized treatment. The study exemplifies a possible way to fast-track family therapy.

However, on the other hand, the study shows that while services were provided fairly quickly when violence was reported at referral, several challenges exist: Almost no offender asked for help; the one exposed to violence was the one asking for assistance - except for the child. Although all children were affected, almost none contacted any helping agencies. Moreover, the study shows that although working under a mandate of prioritizing families with violence and children, the agency worked with a bias: Violence was prioritized by providing a fast-track priority to all cases with known violence at referral. Yet, although children were affected in all cases, treatment services were provided almost exclusively to the adults. Out of 106 cases with a total of 205 children, children were included into the collaboration in 39 cases and participated in 15% of the sessions

in these cases. Under the age of 4, only four children out of 58 were included. Given the research documenting family violence and its subsequent risk for involved children, the study sums up a neglect: The living, partaking child is to a large degree neglected and the psychological child position is not sufficiently taken care of.

Following, a definition of violence as suggested by Isdal (2013), a pioneering Norwegian researcher and clinician in the field, enters as a challenge, saying that the one met by violence, is the most important measure of change to safeguard necessary changes. According to this definition, to include that person's account into ongoing work brings about the utmost litmus test for ensuring that sufficient work is done for families with children and violence. However, the study illuminates that this turned out as the dominant shortcoming of the provided services.

The fact that in all cases the home was affected as the central arena for safety and growth, gives guidelines for future family oriented practices: Since violence creates asymmetry, perspectives are called for that includes perspectives of both the child, the adult exposed, and the abuser. To maintain a limited single person perspective, or solely a couple or parent perspective, or a more floating family perspective enters as limiting. The study adds to research calling for approaches that promote and integrate both the uptake and use of knowledge of child maltreatment and of intimate partner violence (MacGregor, Wathen, Kothari, Hundal & Naimi, 2014). It calls for including and integrating involved voices not solely conceptually but in vivo and de facto in order to inform needed changes when violence happens.

The present study tells that integrative or wide-specter family perspectives are called for to include topics of violence, to include the child, and to explore room for dialogue among children and adults. First and foremost, the study calls for a better inclusion of the child. In family therapy, this means talking not solely about or on behalf of the child. It means talking *with*. It asks for "with-ness" work, more than about-ness work. It asks to enlarge the space and means for sharing and telling in ways other than common with adults, suited to children's own age and capability – to let them share, dare, and thus inform needed changes – without masking adults' responsibility. The study illuminates that a more de facto inclusion of the child is called for to provide *family* protection according to the mandate in cases with violence in the family.

The Norwegian FPS continues being a gateway for cases asking for public and free of charge treatment at crisis and relational problems. Many families with children and violence will enter into the FPS, where working with violence will require thorough intake practice, violence-sensitive services and follow-ups, and fluent cooperation. Following the ACE-study's documentation of short and longtime sequels of aversive childhood experiences, an opening for children's voices when violence happens, provides the strongest means to eliminate the misuse of power and the loneliness hidden in secrets and silence – and to open doors for change. Subsequently, a FPS with enhanced priority for children who are living with violence in the family, constitutes a key to a better general public health both in the short and long terms.

### 3.3 Study III

#### **“I need your eyes to see myself”: Multi-agency team consultation as reflecting turn taking**

The study presents a multi-agency and cross-professional team approach in cases of child sexual abuse, violence, and maltreatment, elucidating the design, context, and building blocks to promote collaborative and dialogical consultation processes. The study shows the dialogical practice of the team and describes the conceptual framework, its organizational structure and design, its collaborative nature, and the reflecting processes that are at its heart and central to its case consultation work.

The study illustrates that unique to the team’s collaborative consultation approach is a series of reflecting processes among partakers - shifts, in which the requesters for consultation and the team members take multiple turns between being in talking and listening positions. The turn-taking allows space and time for speaking about what the speaker determines is important to say without being interrupted, and it allows for listening without the necessity of responding or responding getting in the way of thoroughly listening.

The study outlines the detailed ingredients and features of the collaborative and reflecting consultation process, its main components, its detailed elements of exposing one’s own knowledge and attuning towards the anticipations, contributions, and knowledge of the co-members in the team and from the requesters asking for consultation. The study illuminates a way to share and form knowledge diversity, including the development of new knowledge relevant to the specific situation at hand. The team’s work challenges the idea outlined in research of consultation as aiming at one united knowledge front. Alternatively, it elucidates an approach to form a community of knowledge diversity and an arena for ongoing knowledge production during an ongoing encounter at the boundary between the requesters and the team, as well as among the actual team members.

There was no forerunner to such a consultation team format in the field of child sexual abuse, violence, and maltreatment. In sum, although the theoretical assumptions of the team can be described in various ways, the organization, design, and the collaborative processes point to the possibility for interdisciplinary and multi-agency consultation teams to find alternatives to hierarchical team structures common in the field. Thus, the collaborative team consultation shown in the study can metaphorically be called to be allowed to “borrow my eyes without taking them away from me” (Andersen, 1995) or, as Bakhtin (1986) underlines, “I need your eyes to see myself.” It actualizes the words “You never own anything until you give it away” (H. Goolishian, personal correspondence, 1989), pointing to an idea of knowledge being produced in concordance. What becomes valid as useful knowledge is shaped in relation to others and formed in local contexts.



## 4 REFLECTIONS AND DISCUSSION

The three studies explore contingences for attuning and responding to signs or reports of violence and for opening arenas for exploration, meaning making, and change in contexts where children live with violence in close relationships. The studies connect to the question raised from the dialogical departures: How can meaning making be studied from within.

In the following, the focus will be on what the three studies jointly can tell about a dialogical understanding of meaning making and of contingences for creating opening dialogical processes that are responsive to the agencies and addressivity of the persons involved.

Knowledge claims from the studies are discussed and reflected upon in relation to the dialogical contributions as outlined in chapter 1 and seen in relation to existing research on children and violence in close relationships as presented also in chapter 1.

What particularly stands out from the three studies, are contingencies for dialogues that are constituted by the phenomenon of tensions, of space and time, of having a different voice, of trust, risk and vulnerability, and of ethics as involved inside each encounter. These qualities stand out as contingences intertwined into generating dialogical processes among involved persons and appear as constitutive for the sense and meaning making that happen. In the following, each of these phenomena is outlined.

### 4.1 Dialogical tensions

What stands out as most striking across the three studies, are the *concurrent tensions* among divergent and polyphonic voices dwelling inside the encounters in each arena. Across all settings, concurrent tensions emerge.

In the first study (Study I), tensions enter between voices of grown-ups versus voices of children, between voices of ordinary up-bringing versus voices of extraordinary circumstances, of single verbal words versus complete verbal sentences, of words of questions versus words of statements, and of verbal voices

versus voices of bodies-in-movements. All are contributions or offerings for a continuation that invite into establishing divergent moments of meeting. Each offers a potential for divergent and possible contrasting *truths* to enter into existence at the boundary between the one and the other during a present moment of an ongoing encounter.

In the second study (Study II), tensions enter between the voices of included adults versus the non-included voices of children, between professionals listening to adults versus not asking for the absent child, and between the voices of children if above four years of age versus voices of children below. All are invitations or eliminations that determine what knowledge or truth is allowed to emerge as relevant meaning making at the boundary of the encounter.

In the third study (Study III), tensions enter between agencies of divergent responsibility, such as suggestions of urgent actions from judicial authorities versus a more open, explorative stance from therapeutic agencies. It enters between voices of hierarchically authoritative professionals versus voices from others, and between voices of team members versus voices from excluded outsiders like children and any private persons, who are actively excluded in situ due to potential upcoming issues of urgent child protection or judicial concerns.

All are tensions among divergent and polyphonic voices dwelling inside the dialogical encounters in each arena under study. In line with Linell (2003), tensions co-exist in dialogical encounters; contradictions and tensions follow as part and parcel of a dialogistically constituted world.

As noted in chapter 1, both Linell (2003) and Markova (2000) highlight tensions in dialogism in general. According to this view “the world is constituted not only (or even mainly) of elements and categories, (as in Cartesian epistemology), but also of essential (constitutive) dimensions of antinomies (oppositions), tensions, divergences of intentions and intensions, interdependencies, and potentialities (in addition to actualities)” (Linell, 2003, p. 228). Correspondingly, although Rommetveit did not talk particularly about tensions (Linell, 2003), all his exemplifying stories about how meaning depends on contexts, illustrate tensions and ambiguities. Likewise, in Bakhtin’s work, every word from a participant in an actual dialogue enters into a tension-filled network of previously said words.

Each word contributes into an *elastic* milieu of already spoken words, where *each word cannot avoid becoming an active participant* in social dialogues. As seen in chapter 1, both Rommetveit and Bakhtin pointed out that the exact meaning of a word develops in the meeting - *what* out of the many meaning potentials that are saturated in a single word through history and culture, is selected and given meaning in co-authorship - at the boundary between the one and the other during the concrete encounter.

Congruently, Linell (2003) emphasizes that tensions link to a *double dialogicity*, one pertaining to the situated interactions and one pertaining to sociocultural traditions, since a fair amount of the dialogical construction of the social world has already taken place prior to the situation in which people meet and try to make sense. Following both Bakhtin, Linell, Rommetveit, and Markova, knowledge about worlds and languages has been shaped and appropriated in

actors' biographical experiences of prior situations and by previous generations in sociocultural history, and has got "sediments" of potential understanding (Berger & Luckmann, 1966) and narratives of historical and cultural validity (Bruner, 1990). Nevertheless, at the same time, in living dialogues "the exact meaning is dialogically re-appropriated and re-shaped in situ, in new situations" (Linell, 2003, p. 226).

Seen from the three studies, concurrent tensions emerge in each encounter among divergent and potentially contrasting voices inside the ongoing dialogues. Concurrent tensions can be called tensions among voices across time and across persons, among vertical voices of historical persons and horizontal voices of present persons, where both vertical and horizontal tensions exist in presence and partake in the dialogical re-shaping in situ (see e.g., Lidbom, Bøe, Kristoffersen, Ulland & Seikkula, 2014, 2015). The studies illustrate that both vertical and historical tensions are at play. Both vertical and horizontal voices entail divergent authorities, dominance, or sub-ordinated positions. Across the three arenas, each study exemplifies that the development of relevant knowledge *in situ* hinges upon what voices are included, listened to, given validity and priority.

Thus, from whatever viewpoint one extrapolates validity or relevance, it bears consequences for what becomes the *truth* on the boundary between the involved persons during the fluid and elastic context of each concrete meeting. It bears relevance for *what* tension is given privilege.

Following, what stands out from across the three studies, ethics follows whatever tension is privileged. When seeing all three studies in the light of the dialogical theoreticians, not only do contemporary tensions enter across multiple or polyphonic potentialities of vertical and horizontal possibilities, but, as well, an epistemic responsibility follows in the midst of tensions.

This does not imply that any tension has to or can be resolved. It simply – and demanding – asks for attention towards what tension prevails. It questions who are given privilege and what might need to continue dwelling as an open welcoming of a yet-not-decided or a yet-not-understood. As well, it asks for alerted attention towards if anything emerges as dangerous, needing priority, or if silencing occurs of important alternatives (Flåm, 2016; Wulff, 2017).

Later, it will be explored how ethics enters as intertwined inside ongoing sense and meaning making. First, however, it will be looked more into what components of dialogues can be seen across the three studies and how tensions connect to these components.

## 4.2 Dialogical time

Across the present studies, both space and time stand out as contingencies for dialogues and the meaning making processes. First, it will be outlined how dialogical time enters, and what tensions that follow.

#### **4.2.1 The dominance of adult voices, silencing an otherness of the child**

What stands out as particularly striking, are the dominant adult voices supplying fast answers and solutions. In the two studies from therapeutic settings (Study I and II), the entrance of the adults' pre-established understanding and their following answers find a fast entrance into the encounter. In line with Stern, it illuminates how a present moment is closed down during a fast-changing interval lasting only a few seconds, away from becoming a moment of meeting for new meaning to emerge and for change to occur. Thus, a present moment with transformative potentials and with anticipation of future-answers from an alterity of another is transformed into a moment of knowingness. The two studies illustrate the micro-processes by which this happened and how it closed for, or at least reduced, an emergence of new meaning making during the ongoing encounter based on the child's addressivity towards the adult. The two studies highlight some salient micro-webs of this process, which will be described below.

##### **A window opened by the child got a fast silencing answer from the adult**

In the first study (Study I), of encounters of first signs between sexually abused children and their non-abusive caregivers, all moments that opened a first window into issues of potential child sexual abuse, were opened by the child him/herself.

It was directed towards their trusted adults and happened during a time of ordinary everyday activities, like bedtime or time containing ordinary responsibilities of shared duties. In all these moments of first signs, the caregivers were situated in contexts that conveyed a time of relaxations and attention towards their child as an addressee, which the child utilized.

However, in many of these cases (7 out of 20) the adult gave fast answers within the realm of ordinary upbringing towards their child. Without further questioning, these adults interpreted and closed any auxiliary enquiry by establishing a frame of meaning making consisting of pre-established expectations inside daily routines. These children did not return to that adult with further enquiry any other time. All found a later and much delayed time towards explorations and disclosure outside of these caregivers. Thus, the fast, daily-schedule-informed interpretations from their trusted adults silenced the child and closed a continuing exploration of the anticipation of their child.

However, in the same study, these caregivers when remembering in afterthoughts, recalled not only the words said but also the body movements of their child. They strongly remembered the tone and strength of the voice, their child turning towards them, and the detailed context in which the child approached them. Their remembrance tailored in details a time of a child approaching them with a strongly loaded emotional agenda added to the words. All these parents remembered a sensation of a loaded, embodied language and addressivity from their child during that moment. When looking in hindsight, these non-abusive caregivers heavily accused themselves for not having been sufficiently responsive towards their child's orientation during that present, fast-changing moment.

They blamed themselves for not having realized that something could be at stake linked to the child's alerted, embodied addressivity combined with the words towards them at that exact moment.

### **A remaining feeling of uneasiness**

Thus, the child's addressivity had rendered in these non-abusive caregivers a felt *uneasiness*, which they *much later* re-called at a time of being asked. Somehow, it rendered a sense of an uneasiness of a not-answered question, a feeling of *unfinality*. Not until later did this question find its way to a new answer when asked anew and when, at that time, seeing the former addressivity within a horizon of known sexual abuse. As strongly noted by Gadamer (2001), understanding evolves in continually changing and evolving horizons of knowledge. Moreover, all these caregivers told about a deeply *felt* sorrow remaining in them for having arrested their child by this fast, first answer, thus being the ones responsible for closing the route for a faster disclosure and a less troublesome aftermath and childhood for their child.

However, if seeing these contexts of first signs in a frame of ordinary upbringing, in which all these first signs came forth, the same moments were simultaneously loaded with ordinary pre-understanding of how to behave as caregivers with context-suited adult responses. In line with reminders of how words easily establish conventional habits that blind from taking a curious stance towards their use in an actual situation (e.g., Berger & Luckman, 1966; Lakoff and Johnson, 1980/2003; Anderson & Goolishian, 1992b), it also happened here, which limits open dialogues (Sullivan, 2007, 2012). However, as explicated by Jensen (2004) and Mossige (1998), when issues of sexual abuse enter, they may easily provoke a feeling of insufficiency and even incompetency for parents towards asking about possible violence with a potential of being accused of implanting fault accusations. Correspondingly, the reluctance that caregivers can show against exploring their child's signs as something unusual, does not necessarily indicate any intention to hide or conceal violence (Øverlien, 2012; Mellberg, 2002). Caregivers' concern if awoken as suspicions, may be not to create emotional stress for the child. Moreover, when, as in Study I, a disclosure involved offenders that were known persons in the families, the polyphony of established relationships and a following double loyalty may enter as strong filters during a fast-changing moment.

Moreover, compared with the research showing children's extreme sensitivity towards parents' reactions if telling (Elliott, Browne & Kilcoyne, 1995; Elliott & Carnes, 2001), this makes up a fast route for dominant interpretations and pre-conceived understanding to enter as a first-time response.

However, as shown, serious trouble arises when the child from that present moment does not find attuned responsiveness from trusted adults for the explorations of an unknown and not-until-then established truth. Thus, a present moment emerges and changes as a once-occurring event with huge consequences (Study I).

### When not given time

In the second study (Study II), of cases with known violence from the start at referral, a strong privilege of time enters for the adult partakers. In this study, which most directly examines how the professional inclusion of children's experiences is taken care of, a shortcoming stands out among the professionals to whom the families had turned for help, against providing time for the voices of the children. A low frequency appears related to exploring what experiences of violence the partaking child might have. Although the study did not explore the professionals' reasons for doing so, what the study examined, was the actual number of conversations with children included, which summed up to a non-inclusion of the largest portion of children, although all children lived inside close relationships with violence. Most strikingly, the youngest members of the families were almost totally left out. Although the agency had a mandate to provide services to families with children, the time for informing and forming a relevant truth on the boundary between the involved, was privileged for adults.

Following, the window this study opens into a current therapy service links to the substantial studies as shown in chapter 1, documenting a reluctance among professionals towards including children's voices of violence as part of therapeutic encounters. It connects to the research illuminating that family therapy providers in general have been too hesitant to invite children. It continues the documented tendency that despite the advocacy to include children, the youngest members of the family are often excluded and more likely a topic talked about than active participants (Hartzell et al., 2009; Heltne & Steinsvåg, 2010, 2011; Rober, 2008; Ruble, 1999; Siegel, 2013; Sori & Sprenkle, 2004; Strandbu & Thørnblad, 2015). As well, it resonates with the research documenting the difficulties inside Norwegian specialty mental health service for children and adolescents of perceiving and addressing children and youth's *own* experiences of violence, thus excluding such experiences from informing important treatment processes (Ormhaug et al., 2012; Reigstad, 2012; Reigstad et al., 2006; Røberg, 2011; Wassnes, 2012).

Consequently, the practice links to the customs among professionals of not supplying needed time for sub-ordinated voices of violence. Keeping in mind the many studies documenting the tendency of adults to under-communicate the frequency and importance of violence in close relationships and to transform the meaning of concrete actions (Askeland et al., 2012), both by the exposed (Siegel, 2013; Tracy & Johnson, 2006) and by the offender (Adams, 2012), this sums up as a major concern. It continues the above-mentioned double risk of fragmenting the child's experiences and minimizing the opportunities for caregivers to assist in ways informed by and attuned to meet the needs at hand (Lund et al., 2002; Stith et al., 2012). Seen from a Rommetveitian perspective, unintentionally such practices submit to asymmetries of power between involved shareholders.

If intrigued by the contributions towards a dialogical understanding of human meaning making, each one being but shareholders in language where meaning is created in co-authorship among the involved, it renders open a serious

challenge of a more mutually distributed time for the inclusion of actual shareholders in contexts with children and violence. Moreover, if intrigued by the assumption that anticipations of future-answer from trusted others lay at the core of meaning making, as elaborated by Bakhtin, it renders open the challenge of arranging time for inviting those trusted others into a responsive attendance (Study II).

#### 4.2.2 When keeping time open

Correspondingly, if looking into the first study (Study I) and more closely at the cases that succeeded to get the caregivers' responsiveness, what stands out as most striking, is the *open time* it takes for a child to continue first signs. As well, it shows the time it takes for caregivers to take on board a task to explore if their child had something urgent or divergent on the agenda towards them. Only when the child got open time long enough to *repeat and repeat* (10 out of 20 cases), or *available* time during daily routines with attention from trusted adults combined with prompters (3 out of 20 cases), did the child's signs initiate the adults to explore if anything extraordinary was at stake. Thus, in more than half of the cases, only when the child could many times repeat unexpected behaviors inside ordinary settings, or got open time with attention and prompters, did the adults attune towards the un-usualness, either by asking directly or by looking more closely into the context at hand (Study I).

#### 4.2.3 A challenged activity and a deed of giving time

In the third study (Study III), linked to the phenomenon of privileging time for hierarchical voices, a professional commitment is illuminated of how a team deliberately works towards a non-hierarchical time-share. Seen from a back-curtain of a joint challenge of easily activated turf-issues where each profession may strive to make their own voices influential at the expense of others, what is shown is an example of how a cross-professional and multi-agency team works to subjugate issues of time privileges. The delicacy of time for including the others, the arrangement of time for careful listening, the attentive attunement and time-sharing sensitivity of one's own voice in response to the addressees and the queries from the requesters, illustrate an on-going professional *effort* to trespass a hierarchical or pre-defined validity of knowledge.

However, as the same study shows, an attentive care is continuously at play from the attendants to overcome temptations or stumbling stones towards privileging the time for one dominating voice of knowledge and rightness. Concrete collaborative actions and invitations for a mutual time-sharing activity are taken in order to reduce the risk of dominance. Yet, an attentiveness towards avoiding privileging time for one single, dominant voice in cases of child violence and abuse, is continually at stake and stands out both as *a challenged activity and a deed* throughout the whole collaborating process (Study III).

### 4.3 Dialogical space

Closely connected to dialogical time, enters dialogical space as contingency for dialogues and meaning making. In the following, it will be outlined how dialogical space stands out across the three studies, and what tensions that follow.

#### 4.3.1 The importance of an active invitation into a shared space

What appears as striking from the studies is the importance of an active invitation into a shared space for those involved. This counts both for caregivers towards their children (Study I), for professionals inviting children to partake as shareholders in therapeutic collaboration (Study II), as well as for each divergent member of a consultation team process (Study III).

In the first study, concerning children experiencing sexual abuse, when space was arranged containing presence, relaxation, and attention from trusted adults, all children found and utilized these arenas as an available space for first signs. Likewise, when trusted adults arranged space and were attuned in contexts with thematic similarity of bodily related issues, children found openings to explore and tell (3 out of 20), (Study I).

In the second study, if children were given space by being invited into therapy, the number and length of the sessions increased. Although the study did not explore the outcome of the actual work, the increasing length and number of collaborations enhanced the possibilities for getting space to inform and form a shared meaning making. (Study II)

In the third study, of the cross-professional and multi-agency consultation team, by being directly invited into a shared space, controversial and potential contrasting voices partook. By the use of active invitations and concrete arrangement, each participant contributed as divergent shareholders to co-authorship of meaning, elaborating a shared, diversified, and potentially contrasting development of knowledge. As well, it made up an available space for requesters to listen to a richness of possible ways to move on (Study III).

#### 4.3.2 The courage of keeping an open space

What further stands out across the three studies is the courage of keeping an open space towards exploring and inviting a yet-not-known alterity of the other.

As shown in Study I, for caregivers to children exposed to sexual abuse, what entered as a lesson was the courage and importance of daring to continue keeping an open space and a context of availability. The study illustrates the possible gains that can grow for unknown otherness and unknown knowledge if not being closed down from subsequent meaning making. The great value enters of keeping possibilities open by trusted adults through arranging and utilizing repeated space - and time - for exploration. When space was kept open for repeating windows of first signs, and when at that occasion being attuned to and asked by their trusted adults, children continued telling. On the contrary, if not finding



open space – and time - for continuations, the child never re-told or re-explored together with that adult how to understand or if anything could be done.

As shown in Study II, to arrange space for including children's perspectives into professional conversations, asks for an opening stance. Yet, a courage to include the yet-not-known alterity of affected children, remained largely unexplored. However, as recent research exemplifies, when given space and approached dialogically, also adults using intimate or domestic abusive behavior open up for change, both as partners (Lømo, Haavind & Tjersland, 2016; Rasanen, Holma & Seikkula, 2012a, 2012b, 2014) and as offending fathers if challenged and encouraged to look from the viewpoint of being a father (Vetelainen, Grønholm & Holma, 2013).

As shown in Study III, for the consultation team working across professions and agencies, it turns out to be possible to attune to divergent and unknown otherness, although the issues at hand were serious and with huge costs for all involved. The experiences illustrate how partaking members take the courage and effort of *inviting* actual diversities and potential contrasting voices into the open, to partake in a shared space. It illustrates how the otherness of the other is concretely arranged space for as someone with equal although divergent validity. Thus, in line with Shotter (2016), it elucidates an open stance towards exploring understanding in a *shared space* together *with* others, instead of *about* others from outside positions, even when serious issues are at stake, such as child sexual abuse, violence, and maltreatment.

### 4.3.3 Omission without noticing

What furthermore stands out is the unexpected omission without noticing of a space for the smallest, most silent and sub-ordinated partaker, even with the best of intention of not doing so.

As shown in Study II by the study of one of the largest Norwegian Family Protection Services with a unique, political mandate of providing priority to families with violence and children, what surprisingly was omitted by low frequent invitations was the voice of the most unknown, the child itself. This happened although the statistics proved to be promising by giving fast priority to all cases with known violence at referral. The ones being most vulnerable of being seen, heard, and given anticipated future answers were to a large extent left out from a shared meaning making space. In sum, the study illustrates the fact that not seeing the omitted and not inviting those persons into an available space for informing and forming meaning making after violence, stands out as a challenge in the midst of public services. Such practice brings consequences for all included, for the child, for the significant adults and network, and for the knowledge generated among relevant professionals.

## 4.4 Dialogical voice

What further stands out as particularly striking, is the “different voice” of the child, as shown in the studies where children were involved (Study I and II).

In the first study, where the child was present in the actual situations, the child’s voice was either difficult to hear or difficult to understand (Study I). In the second study, the child’s voice could not be heard because of its often being un-invited and outside of the contexts as shareholders of meaning making, as arranged by the professionals (Study II). As mentioned, this is divergent from the third study where the children were intentionally excluded as well as any other private persons due to potential up-coming precautions to safeguard issues of child protection and judicial concerns (Study III). To look more closely into what stands out from the two studies on this point, the metaphor of “a different voice” will be utilized (Gilligan, 1982).

### 4.4.1 “In a different voice” - an embodied addressivity

In Study I, what can be seen in all situations where a child approached a trusted caregiver with what the caregivers in hindsight remembered as first signs, was a child turning towards them “in a different voice”. This counts for both verbal and non-verbal signs. No child told directly by words about sexual abuse. None told directly about actions of violence. Thus, there was no first word from which violence could be downloaded from an outside understanding, by a “Cogito ergo sum” position. The words used were trying and asking. Children sent “test balloons”. The only exceptions were contexts containing direct contextual prompts, from which the adults followed the child’s signs with exact verbal questions, whereupon words connected to sexual abuse appeared.

Likewise, in the same study, the embodied attunement from the child was ambiguous and unclear. As mentioned, the non-abusive caregivers’ remembrance tailored an entrance of an alerted child. They recalled a child approaching them with a strongly emotionally loaded appearance. As noted, in afterthoughts these caregivers remembered not only the words, but most strongly the body movements. What was conspicuous was the exaggerated bodily stance, the embodied addressivity turning towards them by an intensified voice in conjunction with embodied signs of being stressed.

As shown under the section about Dialogical Space, what the children utilized, were contexts of reminders and connection. That is, there was a link towards the offender either in time or types of activity, a link the child could not realize the caregivers did not know. Children’s different voices were situated in situations with resemblance and reminders. Additionally, as shown in the section about Dialogical Time, these were contexts of open time, with attention available by their caregivers being relaxed and/or attuned through joint activities together with the child.

In sum, these circumstances constituted an arena where the *child itself* turned towards a trusted person for joint exploration. It all made up contingent-

cies for the language of *an embodied, moving child* to enter in search of an anticipated future-answer for ways to move on, searching exploration, understanding, and responsive attunement in contexts of trust – while approaching “in a different voice”.

#### 4.4.2 Beings-in-movements as main guidance towards an otherness of the other

It is into this deeply important abyss of sense and meaning making going on at the boundary between the child and its trusted, non-abusive adults that the contributions and reminders of Merleau-Ponty and Sheets-Johnstone enter with great importance. Most strongly, they underline that dialogues are embodied. Children, as human beings, do not have bodies, they *are* bodies. The attunement towards the other is “thinking of the flesh”.

Their contributions put into the core of meaning making that children are communicative subjects turning towards another as *bodies-in-movements*, depending on being met as such at the boundary towards the other. As mentioned, Sheets-Johnstone outline that “they are authenticated and affirmed through the responsiveness or lack of *responsivity* of the addressee of the movement” (Sheets-Johnstone, 2009, p. 231, my italics). Thus, into this chasm enters the appeal of turning the attention towards sensing and to acknowledge and value the *beings-in-movements* as a main guidance to attune towards the other. In this moment between the child and its non-abusing caregiver, inter-subjectivity is primarily *inter-bodiness* where they as human beings are bodily subjects continually coming into existence through his/her bodily inter-wovenness with the surrounding. As mentioned, both Sheets-Johnstone and Merleau-Ponty highlight that the reality like objects, events, other people, and oneself are *not* defined entities, but are emergent or dawning phenomenon, “continually coming into existence” through the *meetings* with the world and with the other. As Merleau-Ponty noted, another human being is already and always intertwined with myself and this otherness cannot be constituted in any other way than by concrete and *bodily experiences in meetings*.

Therefore, into this serious abyss of meaning making between children and their non-abusive caregivers during a moment of first signs of sexual abuse, their strong message re-enters: To place our bodily beings into a *first-position* for an attunement towards other human beings. Congruent with the works of Stern as well as Trevarthen, the attention is turned towards the bodily movements during present moments, which Stern called “implicit knowledge”. However, stronger than Stern’s word “implicit knowledge”, Merleau-Ponty and Sheets-Johnstone’s appeal is to put our being-in-movement into a *privileged* first position. Sensing, acknowledging, and valuing the bodily beings-in-movements enter as *main guidance* to attune towards and to authenticate the other and oneself, and for what *truth* that is allowed to emerge at the boundary between partakers during the ongoing encounter.

#### 4.4.3 A felt embodied immediacy of an un-finalized addressivity – feelings as dialogical compass

Moreover, what stands out from the same study (Study I) as a hard-gained knowledge from the non-abusive caregivers when asked in hindsight, is a remembrance of an *un-finalized addressivity* from the child. It entered as a *felt sense* of not having attuned towards the child's embodied alertness. As noted, the adult recalled a sense of an un-finality of a non-answered question and accused themselves for not having sensed the validity of that different voice.

At this point, a metaphor of "*worry as a compass*" enters with great significance. This metaphor is offered by Hopstadius (2015), when reflecting upon Open Dialogues (e.g., Seikkula; 1993, 2002, 2012; Seikkula et al., 1996; Seikkula & Arnkil, 2011, 2014, 2015; Seikkula, Karvonen, Kykyri, Kaartinen & Penttonen, 2015). Hopstadius notifies that in the labyrinth of open dialogues, the compass needle can seem to spin at random, "*but sensing can be noticed and responded to*" (Hopstadius, 2015, p. 7, my italics). She outlines: "That which honestly worries someone, can take shape. In the multitude of responses, new possibilities arise for those who have brought their worry to the conversation and also new possibilities for those who have the task of helping" (p. 7). This implies *not* to let sensing pass by only as reactions without significant importance, but to actively *invite* those sensations as wonderings and as main guidance towards the other for the exploration of possible new beginnings and new openings.

Correspondingly, Vedeler (2011) from the position of doing supervision, exemplifies and reflects upon how she uses her own body-sensing as a main attunement towards the voices of others for their unspoken voices to emerge, be expressed, and heard. Similarly, a recent study exploring adolescents' descriptions of difficult life events, suggests that perhaps their meaning making can best be described and understood in terms of bodily responsiveness (Bøe, 2016; Bøe et al., 2014). These are as well research questions posed in an ongoing Relational Mind Research Project (Seikkula et al., 2015). As suggested by Nettet (2017), it may invite a kind of responsive listening to whispering, which she calls "*psychosis-whispering*", which she compares to "horse whispering". It implies turning towards an otherness of another where words and signs are unusual. Nettet beautifully illustrates how a shared answerable consciousness may evolve at the boundary between the one and the other and bring meaning from within, although the other had been defined as psychotic because of words difficult to understand from an outside knowledge position.

Following, when looking into the present study and the lesson from the non-abusing caregivers (Study I), more important than looking for signs or signals understood from outside about child sexual abuse, enters the deep importance of a responsive attunement from a trusted other to give significance to what Bråten (1996, 2007) called a "*felt immediacy*". That means, to validate their *own* felt embodied immediacy *both* as a felt sense of an *addressivity* from their child *and* as felt sense of an *un-finalized answer* from themselves as adults. Thus, parallel to realizing the significance of a different voice of the child enters the significance of one's own *corresponding resonance* of a bodily felt responsiveness.

It can be called an *embodied listening*. That is, to value this as a compass of worry and exploration when situated in difficult terrains, such as contexts of child sexual abuse and violence, a terrain often in short of words.

Congruently, as outlined by Damasio (1994) in his early book on Descartes' error: "In the beginning there was no touching, or seeing, or hearing, or moving along itself. There was rather *a feeling of the body as it is touched, or seen, or heard, or moved*" (p. 232, my italics). His analysis underscores how feelings are dialogical, as embodied, emotional, interactive moments. Again is emphasized the importance of *validating feelings* as a dialogical compass in troubled terrains, as highlighted in Study I.

It calls for giving validity to a bodily dialogical resonance, telling and trusting "I feel", "I can", "I dare", other than looking for evidence, objectivity, significant cognition entering from a position of knowledge from outside, telling "I know". It differs from waiting for and privileging consciousness as cognition derived from an outside, Cartesian position.

In sum, this study points towards the importance of taking into account the authentication and affirmation of a child as a dialogically oriented being-in-movements, where the child can be *affirmed and authenticated* by being met in his/her *embodied addressivity*. Following Bakhtin, here enters the deep relevance of his notion of an answerable consciousness. This means to authenticate and affirm the *consciousness* that arises from an embodied responsive attunement during encounters.

Congruently, when keeping in mind the substantial research documenting the great barriers that children meet against exploring and telling of sexual abuse and violence in general and in close relationships in special, in line with Hopstadius (2015), the lesson from these caregivers lifts up the great importance of validating the being-in-movements as a main *compass* to attune towards a child. It enters as guidance to explore meaning making and to find ways to go on in contexts of aversive experiences for which children do not have helpful, known, or allowed words. Hence, into this area, congruent with Merleau-Ponty and Sheets-Johnston and in line with Linell (2009, 2017), dialogical *sense making* may appear as a more helpful and over-arching word and may offer guidance for a more opening awareness than *meaning* making.

#### 4.4.4 The fallacy of words - the dialogicality of words

What correspondingly stands out is the unknowingness of words to tell about aversive experiences. As mentioned and illustrated in Study I, no child told by words from which a content of violence could be discriminated. They all used tempting expressions, being in short of words for ongoing, aversive experiences. One illustration comes from the little boy asking his mother when both were situated in a context of looking at a television program about pedophilia: "Mommy, what is the name of what that man is doing?" When his mother answered that it is called "sexual abuse", he replied: "Then, that is what it is called what my uncle is doing towards me". His answer invited into exploring, telling, and acting upon aversive experiences kept secret for years. Another example comes from the little

girl telling her mother: “Perhaps the fingers were dirty”, whereupon her attuned mother asked: “Whose fingers and what did those fingers do?” When her child answered, child sexual abuse kept secret for years was disclosed.

Thus, the study exemplifies and illuminates the deep importance of not taking for granted the meaning of words. When being in short of words, not allowed to tell, or given contrasting words for aversive experiences, then *indirect* verbal sentences or *small* words may stand out as a possible addressivity and invitation. When keeping in mind, as shown in chapter 1, the huge tendency for offenders to down talk, reduce, re-name, and excuse actions of interpersonal violence and child sexual abuse, which blurs an access to words as guiding signs towards trusted persons, this study underscores the importance of talking with children about violence issues. This counts for issues such as what are allowed and not allowed to do towards children and what are good and bad secrets. In general, it stands out as pivotal to strengthen a general awareness and to establish words for cultural norms and rules concerning accepted behavior towards children.

However, congruent with the suggestions from the dialogical contributors, the meaning of words depends on its use in situated contexts. Thus, following Rommetveit, the attention must turn directly towards human beings as expressive persons within concrete contexts. Following Bakhtin, meaning making is situated and directed. As illustrated, to explore, question, and listen to what dwells inside the words of the other, becomes critical for the meaning that evolves in contexts of aversive childhood experiences.

## 4.5 Dialogical trust and risk

What further stands out is a dialogical fundament of trust, and a following risk. In the following, it will be outlined how dialogical trust enters across the three studies, and what tensions that follow.

### 4.5.1 A trust in being received

Included in each area under study emerges a fundamental trust in being received, heard, and acknowledged with the concerns, wonderings, uncertainty, and un-finality with which the partaker enters. Trust exists as a fundament of being received, affirmed, and authenticated as a person through the actual encounter.

It appears in Study I, when the child turns towards a trusted non-abusive caregiver with matters of great importance. It appears in Study II, in families coming to trusted professionals for help in cases of sorrow, shame, and guilt. And it appears in Study III, by partakers being willing to cooperate across usual hierarchical borders of professions and agencies, where they are invited into an arena where urgent issues can be exposed and discussed collaboratively in trust of joint effort and collaboration.

This corresponds with the suggestions of the dialogical contributors as outlined by Markova and Gillespie (2008, 2012), Markova (2003, 2016), and Linell and Markova (2014). As Markova underscores, when pointing to the dialogical contributions of Bakhtin as well as Rommetveit, a cement of trust lays as a fundament inside dialogicality and human meaning making.

#### 4.5.2 A fundamental risk

Conjointly, within trust in being received dwells an existential risk of not being met, not affirmed, not authenticated. A risk and vulnerability of if not authenticated now, who are to be met? As so critically formulated from an agony of soul by one of the before-mentioned post-war philosophers of ethics, Primo Levi (2000): If not now, when?

In Study I, the children that were not heard, found a delayed route towards alternative persons of trust, to whom they told. Thus, they paid the risk and the huge costs of a much delayed disclosure.

In Study II, the study gives no information about to whom the children turned when not invited into the therapeutic contexts at the FPS together with their grownups. The only thing that emerges from the study is that out of a total number of 205 involved children, five children went directly to the Police, two of them went alone, and one child went directly and alone to the Child Protection Service. Thus, the risk for involved children of not being heard and included emerges as important.

In Study III, where private persons were *not* included into the team consultations, the participants were invited into an arena of trust where possible urgent security issues and judicial obligations could be exposed and discussed without eliciting risks of reducing child protection precautions or judicial proofs.

#### 4.5.3 A fragile phenomenon

However, trust exists as a *fragile phenomenon*. As most clearly shown in Study I, even within encounters with trusted caregivers, trust is easily subjugated by asymmetries of power and by shortcomings in needed attunement when entering with a different voice.

And as shown in Study II, when a different voice is sparsely invited, it renders that voice at risk of not being sufficiently explored as an unanswered addressivity towards future answers from trusted adults. As well, it renders a risk of neglecting the addressivity from those adults towards the same child.

Into this area of trust, Bakhtin's introduction of a "super addressee" contributes. It underscores the fundamental position of trust. As underlined by Friedman (2001) in his work on comparing the works of Buber and Bakhtin, to Bakhtin any dialogue was not really a duet, but a trio, the third being "the particular image in which they model the belief that they will be understood, a belief that is the *a priori* of all speech" (p. 28, author's italics).

To explicate, Friedman quotes, "the author of an utterance, with greater or lesser awareness, presupposes a higher *super addressee* (third) whose absolute just

responsive understanding is presumed” (Bakhtin, 1986, p. 126, quoted in Friedman, 2001, p. 28). As Bakhtin outlines, in various ages “and with various understandings of the world, this super addressee and his ideally true responsive understanding assume various ideological expressions (God, absolute truth, the court of dispassionate human conscience, the people, the court of history, science, and so forth)” (Bakhtin, 1986, p. 126, quoted in Friedman, 2001, p. 28). Dialogue rests on a fundament of trust in being received.

As a parallel to trust, the child development researchers into whose works this study has been looking, suggested compatible words. For instance did Bråthen (1996, 2007) launch the word of “a virtual other”, the other existing from the start as a pre-requisite for our dialogical constitution and existence. As shown, Trevarthen outlined the child as an intersubjective being, as an actively dialog-seeking and dialog-oriented being. These suggestions can be understood as other words about trust and the fundamental human orientation towards being *received*. In common, they presume a fundamental trust in a responsive listening dwelling inside dialogue.

#### 4.5.4 Trust requires a possibility of saying no

Nevertheless, as Rommetveit underlined, trust does *not* require agreement. Trust requires a possibility of saying *no*. As noted, he called the language scientist Chomsky “his best enemy” holding an opposing, monologic view on language which nourished his own dialogical understanding of language from within contexts (Øye, 2014). He emphasized that leaving room for another person for saying no, stands out as the utmost criteria both for understanding and for respecting another human being and for one’s own understanding and knowledge (Rommetveit, 2003).

However, as illustrated by the three studies, when situated in a terrain of child sexual abuse, violence, and maltreatment, criteria of informed consent and a room for saying no enter with great significance. As well does the possibility to turn towards trusted others to find needed assistance to disagree and oppose. In such situations, adults are in specific answering positions, in a situation of an answering responsibility. The same counts for assistance from professionals. As outlined by Bakhtin, understanding evolves in an active process of answering, which is the act of *taking responsibility*.

Thus, the other side of the coin, of trust, is riskiness, the risk of being unheard, and, as well, of being betrayed and misused by a lack of opportunity to say no by oneself or by not finding alternative arenas with trusted others that can provide needed assistance.

Into this domain enters the fundamental existential vulnerability dwelling inside human meaning making, as emphasized by the dialogical scholars in resonance with the post-war philosophers. Into such arenas of everyday life, enter the strong words of Levinas of a betrayal if the other is not met as another, as an alterity divergent from what one’s understanding tells from before. As well, here enters the attempt from the post-war philosopher Habermas to try to carve out new words for humans to realize a common vulnerability as a shared destiny,



being dependent on each other - not in the wake of freedom but as a prerequisite for becoming alive. Contexts of violence against children highlight the existing risk of being left without room for saying no.

#### 4.5.5 Potentials for distrust

Thus, as stands out across the three studies, *potentials* for distrust emerge connected to the implicit risk of not being met, of not being left a room for saying no, or for being non-obedient or non-conforming. As seen in Study I, as many as seven out of twenty children never returned to the same adult after receiving closed answers at first signs from their trusted, non-abusive caregivers. As shown in Study II, only a small number of children, six out of 205 children, turned to another person and agency outside of the family for help. As seen in Study III, concrete steps are undertaken to subjugate potentials for distrust across usual hierarchies of professions and agencies by explicitly inviting every participant into the open and by not talking behind the back of any partaker.

However, as outlined and discussed by the dialogical contributors, *potentials* for the growth of distrust exist as an inherent risk and tension inside dialogical meaning making (Linell & Markova, 2014; Markova & Gillespie, 2008, 2012).

#### 4.5.6 Answerable consciousness; responsive awareness to both reduce and expand

Accordingly, across the three studies, when working in contexts with children and violence in close relationships, at stake for the trusted other is not only the challenge of *reducing* his/her own dominant voice. Just as much, there is the challenge of *expanding* one's attunement towards a different voice approaching you as a trusted other - in trust of being received and at risk of being unheard or betrayed.

Although the strong, warning word of Levinas of a betrayal was offered as a critique of the Western way of understanding in the wake of the WW II, his word underlines the seriousness of not being heard if having a sub-ordinated voice under circumstances of adversity, as when children live with violence in close relationships. It enters as a main challenge for the arrangements, ability, and courage for trusted persons to open a responsive listening towards the other and to question one's own fast-mobilized pre-understanding. It calls for inviting an otherness of the other and bears ethical implications.

### 4.6 Dialogical ethics

Finally, what stands out from the three studies is that the challenge of including a sub-ordinated partaker becomes *most* visible when seen on an ethically anchored background.

#### 4.6.1 Structural, judicial, and democratic rights when violence happens

From the three studies, this phenomenon enters as most salient in Study II. The study of the public agency with a specific political mandate to prioritize families with violence and children entails a concrete back-curtain from which to evaluate the services given. A politically anchored ethical value invites a critical perspective, from where it becomes possible to see a *lack* in the professional fulfilling. This position will be explicated below.

The actual mandate was introduced from outside through several enterprises: Parliamentary politicians, based on their experiences and declared values as civilians, were in the position to demand a turn of attention in the public FPS of privileging families with children and violence (Heltne & Steinsvåg, 2010; Ministry of Children, Equality and Social Inclusion, 2013; Ministry of Health Care Services, 2009; Norwegian Directorate for Children, Youth and Family Affairs, 2014). As previously mentioned, their request linked to the growing awareness in the general civil society of the prevalence and consequences of domestic violence, especially for involved children. As a part of this awareness, the UN Convention on the Rights of the Child was incorporated into Norwegian law (UN, 1999) and was given precedence over any other legislative provisions that conflict (Act relating to the strengthening of the status of human rights in Norwegian law (The Human Rights Act) 21.5 1999 No. 30.). This incorporation included Article 12, saying: “States Parties shall assure to the child who is capable of forming his or her own views, *the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child*” (Article 12, *my italics*).

As a result, on the backbone of these ethically based and politically determined judicial rights, the child entered not solely as a beneficiary of benevolent activities of adults, or from an ethics of hospitality as suggested by Lerner (2003). Contrary, the human rights approach constituted a central catalyst for *a paradigm shift* since a child’s rights paradigm outlines a “*declaration of the child as a right holder and not as a beneficiary of benevolent activities of adults*” (Article 13, Para. 72b, *my italics*). Following, it constitutes premises for the *inclusion* of children (Hart, Lee & Wernham, 2011; Werkele, 2013). Nevertheless, as warned by Hundeide and Armstrong (2011), without a deep activation of a humanizing and caring relationship to children, the advocacy for children’s rights might become “an empty shell without its basis in human realities” (p. 1053).

Subsequently, with such a back-curtain of human rights, what constitutes valid evidence for sufficient services was changed: It called for validating services ecologically, to calibrate its external validity through including *those involved* in “matters affecting their lives” (Article 12).

Therefore, this child’s rights perspective combined with the political mandate laid upon the public FPS, created a new back-curtain from which to validate the services given. Without this demand, the professional practice would lack the critical perspective instigated from an *outsider* viewpoint by politicians knowing

children from contexts divergent from what the professionals knew of or validated on beforehand. Their otherness as *non*-professionals combined with their ethically based political decisions made this outside viewpoint both possible, legitimate, and obligatory. It laid the ground for an alternative angle from which to generate a critical perspective on current professional practices and understandings.

Yet, as shown in Study II, also in a country with the best of intentions, with major structural and institutional arrangements, a ratified UN Convention, departmental plans, and ethically anchored political decisions to safeguard the child, a significant shortcoming appears among professionals of including the *otherness* of the child. Political and structural arrangements help to give a back-curtain from which to promote a critical view, but appears *not* to be enough to ensure children their rights. Thus, into the focus enters a quest for an extended understanding of ethics and its professional implications.

#### 4.6.2 Ethics and ontology: Mono-zygotic twins

This quest links to the dilemma posed by Levinas: Ethics enters in a center position. However, while ethics *does* follow from epistemological and ontological considerations, an ethics to include an *otherness* of another, *asks for privilege*. Otherness does not live, come, or continue to exist without being given time and space to exist. Thus, one can say that ethics comes before ontology, as Andersen (2001) upheld. Still, even when ethics enters into a center position or becomes “before”, what stands even more forward is a question of *what* ethics.

At this point, if seen from the dialogical contributors into which this thesis has been looking, Levinas enters with strong ethical metaphors towards a similar concern as that of the bodily oriented phenomenologists Merleau-Ponty and Sheets-Johnstone, the language theoreticians Rommetveit and Bakhtin, as well as the child development researchers. Their work points directly into ongoing dialogues as *both* epistemologically *and* ethically constitutive for human sense and meaning making. The dialogue enters as a double and *intertwined* phenomenon of a *united* ethical and epistemological concern. One can say that they enter and exist as *mono-zygotic twins*: The authentications and the affirmation of oneself and the other dwell inside the present encounter. It invites into an un-finalized openness never to finalize the otherness of another by finalizing definitions from beforehand.

Their common agenda turns our attention towards the challenge, mystery, and perhaps sometimes deep enragement of an appeal to be open for the-yet-not-known in order to let oneself and the other become one’s potential, by being met, heard, and seen, during ongoing encounters.

Looking closer, Levinas’s ethical contribution connects to the voices trying to open a window for the professional field towards meeting an otherness of the other as an *expressive person in concrete contexts*, anticipating future answer from an alterity. According to Bakhtin, here enters the “compelling ought” of our being. According to Rommetveit, as for the child development researchers, here enters the systemic responsibility of understanding meaning making from inside

concrete contexts. According to the bodily oriented phenomenologists, here enters the morality and responsibility inherent in being fundamentally vulnerable bodily beings affirmed and authenticated as being-in-movements in the meetings by the responsiveness of the addressees.

Similarly, for professionals here enter urgent, ethically anchored questions dwelling inside each professional encounter. Such questions might be:

- Who is anticipating a future answer from whom?
- Who is subjected to finalized or privileged definitions by whom?
- Who is silenced by what, whom, and when?
- Does anything emerge as dangerous, needing priority?
- How, where, and when can such voices be invited?
- What might need to continue dwelling as an open welcoming of a yet-not-decided or a yet-not-understood?
- How can we, as professionals, arrange openness and invitations for people to meet and find anticipated future-answers?
- How can we, as professionals, contribute to open a present moment of sense and meaning making among relevant and needed voices, to see and be seen, to hear and be heard, to touch and be touched, and thus to be moved and expand?

#### 4.6.3 Ethics and “communities of the-in-between”

Hence, across dialogical tensions of trust, risk, time, space, and voice, as illustrated by the three studies, enters an ethical challenge of arranging what can be called “*communities of the-in-between*”, a metaphor introduced by Anderson and McCune (2013).

Communities of “the-in-between” emerge when an “*otherness*” of the others is invited into meaning making, where they are given time, space, and validity of voice. It differs from being “*othered*” or excluded into *outside positions or nonexistence* (Montoya & Agustin, 2013). As recently described by the English scholar Sarah Ahmed (2012), particular groups are, and have often been, “*othered*” in both direct and very supple ways in institutional life. They are made into aliens and un-noticeable persons without anyone realizing any exclusion going on. To achieve inclusive communities, Ahmed points to the importance of “creating a space in which we could talk about the words themselves (e.g., diversity, equality, whiteness, and racism) and allow diversity to be shared as a question” (Ahmed, 2012, p. 81). Therefore, she suggests simply addressing, discussing, and reflecting upon the *possibility of othering processes* by exploring the use of words. Such approaches may be called creating a space for generative communities (Anderson, 2007). As well, it bears resemblance to inviting into open dialogues (Seikkula, 2012; Seikkula & Arnkil, 2014; Seikkula & Trimble, 2005). However, most strongly, Ahmed’s invitation emphasizes an ethical implication. For, as mentioned by Linell and Rommetveit (1998), “It is in and through dialogue that man

constitutes himself as a moral agent. Morality remains both as a prerequisite and a product of the engagement in dialogue” (p. 479).

Following, in the contexts of the present three studies, the task can metaphorically be summarized as a challenge of inviting, exploring, and allowing diversities inside “communities-of the-in-between”. Across dialogical tensions, of time, space, voice, and trust, enters an ongoing *ethical challenge* of arranging communities for “the-in-between” among involved, so that an otherness of the one can be explored, reflected upon, and changed on the borders towards an otherness of the other. In short, it calls for inviting an otherness of the other and bears ethical implications.

#### 4.6.4 Webs of “answering consciousness”

Following, seen from the contributions from the dialogical scholars, building communities of the-in-between can be understood as “building contexts of answering”. Here, anticipated addressivity towards future answers from an otherness of trusted, wanted, or needed others can find relevant arenas. That is, arenas making it possible to be authenticated and affirmed through responsive listening from those trusted, wanted, and needed others.

Because, following Levinas and Bakhtin, what “this other face” asks for from me of anticipated future-answers, enters at the core. Otherwise, as seen from the dialogical contributors, without a responsive consciousness and addressivity towards this face as an alterity, I stick to my pre-defined understanding and will remain the Same. As Bakhtin strongly enforced, when meaning making and truth is to be found on the boundary between the one towards an alterity of the other, then clinging to a pre-defined Sameness makes meaning disappear. Following Rommetveit, the room for co-authorship closes, and I remain inside pre-defined content of words and meaning. Following Wittgenstein (1966, 1980), I fall into the bewitchment that a word is mistaken for being an existing phenomenon and not a description of its use. Following Shotter (2012b), consequently “our responsive, living contact with our surroundings may be ignored, so that we mistakenly describe the activity of going through unique, one-off, first-time events as being just like events being executed for a second and third time” (p. 217). Following Levinas, the un-finality of the other, the never to be owned or finalized, changes into a finalized knowingness, as yet another example of a representation of a known category. According to him, here is where his double-grounded word enters of *both ethics and epistemology*, that of a “betrayal”.

Yet, as shown in the three studies, when approaching questions of violence in close relationships with children, the polyphony of voices appears. The many folded ways of understanding events pertaining to violence come into the forefront. Consequently, it becomes easier to foresee how heavily loaded such situations may be of pre-scheduled understanding as well as the many hindrances that lay inherent for perceiving, understanding, and attuning towards anticipations in a present moment. The three studies put into the forefront how complex it may be to keep an open stance and a responsive addressivity towards the unknown and the not-yet-decided when violence happens that affects children.

To realize the complexity and intriguing possibilities of such situations may help maintain a general open-minded stance and nourish an exploring attitude for the participants involved, without outsourcing the ethical and epistemological implication of an answerable consciousness and a responsive listening for needed meaning making to be allowed.

## 4.7 Uniqueness, newness, and becoming as embedded in dialogue

In sum, the present studies illustrate how pre-suppositions and cultural conventions may misguide us into an absence from or blindness towards the newness of the ongoing event of an encounter - away from its newness during living human encounters.

### 4.7.1 Knowledge embedded in dialogue; dialogical enterprises

As elucidated in Study I, a sign opening for and *inviting* into a possible newness inside an encounter may have serious implications if, and if not, met by attentive responsiveness and explorations from a trusted person. Looking for pre-defined signs may turn us apart from the singularity of the moment, the uniquely new, the unrepeatably event that can emerge. Thus, it gives an illustration of the words of Voloshinov (1986), mentioned as a colleague of Bakhtin, saying:

“The basic task of understanding does not at all amount to recognizing the linguistic form used by the speaker as the familiar, “that very same” form, the way we distinctively recognize, for instance, a signal that we have not quite become used to or a form in a landscape that we do not know very well. No, the task of understanding... basically amounts to understanding it in a particular, concrete context, to understand its meaning in a particular utterance, that is, *it amounts to understanding its novelty and not to recognize its identity*” (Voloshinov, 1986, p. 68, my italics).

However, such contributions do not take away the importance of our pre-understandings. As pointed to by Gadamer (1975), one can never avoid being inside a concrete situation. Nor can one avoid being situated inside the double dialogicality of culturally and historically saturated meaning (Linell, 2003). More deliberately, the contribution of the present studies questions our pre-understandings by giving signposts for a wider outlook. It urges to turn towards the actual person ahead of us in situ. Their turning towards us presupposes our answers and *our* answers are as well oriented and structured towards a future answer. Thus, we are *both* constituted at the boundary towards the other during ongoing encounters.

This again points to and re-invites Bakhtin’s words: “Thus, addressivity, the quality of turning to someone, is a constitutive feature of the utterance, without it the utterance does not and cannot exist (Bakhtin, 1986, p. 99). And again: “To

be means to communicate. Absolute death (non-being) is the state of being unheard, unrecognized, unremembered" (Bakhtin, 1986, p. 99). He continues: "To be means to be for another, and through the other for oneself. A person has no internal sovereign territory, he is wholly and always at the boundary" (Bakhtin, 1986, p. 287).

In sum, working in cases where children live in relationships with violence highlights more than anything how the transformative potential of present moments, formed by anticipations and by their possible exploration and evolving into the future, hinges on the trusted persons' dialogical attunement and answers for moments of meeting to evolve, where new meaning can emerge. Both are embedded in a dialogical enterprise. For as noted, experiences of violence in close relationships can, by its nature, be a taboo, can remain a secret, and become invalid and traumatic experiences if not explored through responsive listening, invitation, and acknowledgement. What is at stake is how to attune to the anticipation of future-answers from another, anticipations not known of on beforehand.

#### **4.7.2 To be on time with children experiencing violence**

Accordingly, possibilities to be sufficiently on guard towards the needs in cases of child sexual abuse, violence, and maltreatment are not easily mobilized. As the substantial research illustrates, whoever willing to attune may expect huge potential hindrances.

As illustrated by the three studies, one's presuppositions can become serious obstacles, either not listening carefully enough to the child during decisive everyday settings (Study I), not including children into family therapy sessions (Study II), or not listening openly to the contributions from other colleagues during collaboration (Study III).

Seen together, the presented studies appear as practical, naturalistic examples of situations where the attunement towards an otherness of the other is more than usually at stake. At stake is also the need to include judicial rights for the other to have a voice. As well, at stake is one's own understanding of the need for including an otherness of the other in order for oneself to change – to change one's pre-understandings as caregiver or as professional. These are all situations that raise great challenges of how to be *on time with children experiencing violence* and to open up for newness, otherness, and change.

#### **4.7.3 Challenges through times; the peril of a monological understanding**

Thus, the three inquiries into areas where children live with violence in close relationships, may bear everyday resemblance, although on a micro-scale, to the challenges so strongly articulated by for instance Levinas, Husserl, and Habermas in the wake of the WW II: How to attune to, value, and take into account the un-finalized and always possible *otherness* of the living life of the other? Here again enters into daily life their agony of soul towards the fundamental problems of prioritizing pre-defined categories of the other by producing understanding

with sediment upon sediment of representations of people's life from outside positions of knowledge, thus losing roots with people's own lived life. Here enters the urgency of *continually* keeping a critical look at culturally dominating opinions and subjugations that make an unknown other into a Sameness who is possible to finalize by privileged definitions and representations from outside.

As well, from this vantage point enters the fundamental critique towards a Cartesian understanding of human knowledge, I think, therefore I am, making it possible to collect understanding from outside positions about others.

Yet, from a dialogical understanding of meaning making, it may be done. However, if done, nevertheless a question arises about *what* voices of others are to be found in its web. This was, as well, the question posed by Gillespie (2006) when asking about Descartes: "Was he, as he himself stated, "quite alone"? (p. 761). Subsequently, Gillespie set off to explore with whom Descartes talked, opposed, and differentiated himself when stating a "Cogito ergo sum". He outlined how Descartes' thinking presupposes a social world in polyphonic and concrete ways. Gillespie's analysis challenges a Cartesian verdict that the reflective capacity of the human mind precedes the social world. Instead, he pointed to the works of the social theoretician George Herbert Mead (e.g., Joas, 1985; Pampel, 2000). From here, he asserted that the "analysis advocates a Meadian position", that "the mind does not precede social relations, but rather social relations, including universes of discourses, *precede* mind" (p. 777, my italics). Gillespie informingly summarized his undertaking by the following words:

"Conceiving of the self-reflective I-position that Descartes takes up when doubting in terms of the perspective of the other, does not create an ontological dualism. Nor does it render the mind inaccessible to scientific analysis. The trace of the other is like an *umbilical cord* that leads straight out of the marooned Cartesian mind and into the social world. By mapping out the tread, we can recognize the indubitable nature of self-reflection and make self-reflection explicable in terms of the social world (Gillespie, 2006, p. 778, my italics).

Thus, Gillespie makes a conclusion resonating with the exploration of the thesis: The traces of the other are interwoven in the one in an ongoing sense and meaning making, which again invites main questions, such as to whom is one listening and to whom does one give the privilege of having a voice.

Seen together, the *peril* of a monological understanding enters on the background of an exploration of dialogical contributors and their inquiries:

- The voice of the other that is outsourced,
- the sense and meaning making of another,
- the fine-tuned addressivity of the other towards responsive attunement that disappears,
- and above all, the understanding fades away of one's own thinking, sensing, and acting as *responses dwelling inside* traces and social fabrics of past, present, and future voices of others.



Such questions are of utmost importance when children live with violence in close relationships. As outlined from the dialogical contributors, there is no place left without answering and addressivity taking place. There is no place and no word outside of an *answering responsiveness* intertwined with ethical responsibility implications. As summarized by Slåttemid (1998), in the dialogue there is neither a first nor a last word.

#### 4.7.4 Becoming a self and a soul through dialogues

In general, the turn that came into the agenda by looking upon children as researchers, helped underscore children as *subjects* in the endeavor of finding their ways. Subsequently, in studying children exposed to violence, away from looking upon children only as *victims* or *objects* to be examined, a turn of attention is opened up into looking upon children as persons of agency, as *dialogically oriented subjects* searching their ways around during ongoing circumstances or constraints. Hence, as formulated by Shotter (2016), divergent from aboutness thinking it calls for turning into *witness* thinking, where understanding evolves together with the other as a dialogically oriented otherness during present, ongoing encounters.

Some sociologists have called this turn of attention “a sociological child perspective”, showing how it effects sociological research (Cater, 2007; Eriksson & Näsman, 2012; James & Prout, 1997; Åkerlund & Gottzén, 2017). Others mention it as divergent from a psychological perspective (Øverlien, 2012). However, when seen from the dialogical scholars, these contributions dissolve and move around turf-issues of professions and point directly to “a dialogically oriented perspective”, as an understanding of human meaning making from within.

In sum, such a turn highlights a divergence of upholding a monological versus a dialogical understanding of language and human sense and meaning making. Away from meaning to be collected, understood, privileged, and monopolized from outside from a “Cogito ergo sum” position, it points towards the sense and meaning making going on in situ, dwelling within encounters made possible at the border between human beings turned towards the anticipation of a future answer.

Following, in a polyphonic existence between the past, the present, and the anticipation of future answering voices, enters the deep importance, the risk, and the possibility of an always new becoming, a new meaning to emerge at the boundary towards an answering other. Although past voices can be saturated with meaning constructed in the social webs prior to the situation at hand, the meaning making evolves in a present moment when met by an answerable consciousness of another.

As illustrated in the three present studies, without considering the importance of the actual encounter, a knowledge collected from outside may lead one-sidedly and astray from the inclusion of the sense and meaning making of the other.

#### 4.7.5 Reflections on constraints towards dialogism

If seen from the contributions towards a dialogical understanding, one may ask what constraints exist against a dialogical understanding as divergent from a Cartesian paradigm. This is a question also posed by Linell (2009). Different answers have appeared. Since the question relates to the query of the theses, some main answers will be illustrated.

Linell's own answer points to the resistant customs in human and behavioral sciences to think in terms of causal relations, "seeing some events, things, or even systems, as prior to and causally impinging on other events (things, systems), which is fruitful in physical sciences (Linell, 2009, p. 432). However, "in monologism, the primary analytical units are entities, which may enter into relationships and interactions only *secondary*, but in dialogism, the relations and interactions are *primary*" (p. 433, my italics).

To the same question, Trevarthen (2011) answered that the top-down rationalist view had made the infants motives incomprehensible and had overlooked its dialogical motivation and orientation.

As shown, Rommetveit answered: "I do not think it was lack of will on the part of my opponents that prevented them from engaging in dialogue with me, but rather that they found their own point of departure so self-evident" (quoted in Kowal & O'Connell, 2016, p. 429).

Another answer came from Hermans, Kempen and van Losen (1992) from an early social constructivist influence in one of the first reflections in the Western psychology on a dialogical self, which was later continued by Hermans (2002). Their analysis raised the same question as mentioned above. However, perhaps more outspokenly than Linell, Rommetveit, and Trevarthen, they drew political conclusions. From their vantage point of moving away from the Cartesian *cogito ergo sum*, they pointed to the *centralized and equilibrium structured concept of the self* that lays inherent in a cogito paradigm and inside what they saw as the typical "Western individualistic and rationalistic ideal of selfhood" (Hermans et al., 1992, p. 29, my italics). Divergently, they argued for a dialogical self as a multiplicity of I positions or possible selves, not being constrained into one I position idealized and dominating the others. Pointing to its political and ethical implications, they upheld: "A centralized concept of the self reduces the possibilities of dialogue that for its full development requires a high degree of openness for the exchange and modifications of perspectives" (p. 30).

Thus, congruent with the dialogical contributors that are outlined in chapter 1, the answers to the question of constraints against dialogism are diverse. However, they all suggest a departure from a Cartesian paradigm and monologism.

Yet, another answer comes from recent pedagogical scholars (e.g., Bae, 2016; Østrem, 2015; Schultz Jørgensen & Kampmann, 2000). They advocate that the slow change of perspective into dialogism connects to slow changes in the conceptions of human *rights*. Parallel to Levinas, they answer that the long delay and an actual contemporary resistance towards admitting equal rights for example to

cultural and ethnical minorities, homosexuals, physically disabled, women, and children, indicates a profound and ongoing shortage in realizing the importance of *an otherness of the other* into our understanding and ethics. It means not realizing another as a subject in his/her own rights and of his/her own value.

These answers link to the knowledge from the three presented studies showing how ethics and epistemology exist as mono-zygotic twins: Whatever otherness that is invited, bears relevance for what tensions are privileged inside dialogue, and for what voices are allowed to form and inform any new becoming.

To counteract constraints against dialogism, Shotter (2012b) suggested a simple and profound recipe. Congruent with Rommetveit, he advised to see psychological life as fluent and open and people as *expressive persons in concrete contexts*. Moreover, Shotter recommended thinking *participatory* as something we do continually and spontaneously in our everyday affairs. As he said: "If we treat the others around us as expressive persons, rather than inert objects, we *inevitably relate to them dialogically*" (Shotter, 2012b, p. 216, my italics). As noted, he suggested doing witness talking and thinking as opposed to aboutness talking and thinking (Shotter, 2016). To counteract constraints against dialogism in everyday life and in professional work, calls for turning the attention towards human beings as participatory and expressive persons within situated encounters.

Seeing the three studies of this thesis together, they illuminate sense and meaning making as dialogically embedded and embodied. By turning the attention towards micro-webs of situated dialogical processes being constitutive for the meaning that emerges, the studies shed light on how sense and meaning making evolve among participatory, expressive persons *within* living, concrete encounters.

## 4.8 Limitations

There are several arguments that can be raised against the research methods at use in each of the present studies and several that can be raised against the three in common. In the following, arguments against each study are discussed separately. Thereafter combined arguments are raised and discussed.

### 4.8.1 Study I

It can be argued that since the material used comprised caregivers' recollections conveyed as part of clinical conversations, the information presented might be misleading out of a number of reasons. First, the caregivers might have been influenced by their relationships to their therapists to give incorrect reports, and the therapists asking leading questions. However, since the participants came to sessions over a period of time, misleading answers can be more easily noticed than from single interviews. Second, the fact that the caregivers were part of a therapeutic setting, could lead to a reluctance to generalize a validity of the re-

sults outside of therapeutic settings. In general, it has been stated that using therapeutic sessions as data gives the researcher a unique in-depth position to gain knowledge of lived experiences about issues that are usually private, personal, and serious, such as sexual abuse. Third, even though the number of participants in the study was fairly large for a qualitative study, caution can be emphasized against generalizing across differences such as age, gender, and the severity and duration of abuse. For such purposes, the analysis could have expanded its relevance by supplying further inter-rater scoring, as a supplement to the actual one (Haavind, 2002; Jensen et al., 2005; Kvale, 1997). Fourth, there has been outlined a general validity problem aroused towards a retrospective study based solely on self-report (Hardt & Rutter, 2004). Recall biases regarding both sexual abuse and the disclosure are to be expected, but can be considered to be a lesser problem since the events studied were close in time. Finally, suspected perpetrators in the study were family members or family friends, which can complicate a disclosure process. However, taking into account the high prevalence of child sexual abuse from inside the family network, studies of disclosure processes in such cases are highly relevant. Exploring cases from outside the family network would offer valuable comparison. Additionally, analyzing who served as outside helpers, and how did they get involved and contributed – in this study as many as seven out of twenty cases – would have added valuable knowledge towards strengthening door-openings for children’s early signs. This was, however, not the focus of the present study.

#### **4.8.2 Study II**

It can be argued that since the data used comprised the professionals’ own evaluation of main crossroads, dilemmas, and challenges, the information presented might be misleading out of a number of reasons. First, the professionals could be influenced by their own methodological preferences and therefore not give representative answers. However, since the answers were analyzed conjointly on the basis of descriptive summarized statistics, skewed presentation can be more easily rectified than single or individual presentations. Second, it might be argued that the lack of information about concrete therapeutic approaches applied by each professional may blur necessary knowledge of how divergent therapeutic practices influence the services provided. Given the nature of violence, studies of detailed therapeutic approaches are highly relevant and add valuable knowledge to the field. However, such focus did go beyond the time and economic limits given by including the research into the pressure of the daily service delivery. Third, the lack of pre-post measures, e.g., of risk factors, risk circumstances, and possible changes, as evidence of effect can be considered a major drawback, disguising a possibility of unsuccessful therapeutic work. Certainly, a stronger completion of outcome measures is needed for future evaluation of the FPS and comparable services. Finally, a more detailed study of the cooperation between the FPS and main collaboration agencies, e.g. the Child Protection Service, could have been expected, as well as a more thorough outline of research and clinical

literature on therapeutic approaches for the inclusion of children into family collaborations. This was, however, not the aim of the study.

### 4.8.3 Study III

It can be argued that since the data used comprised the researcher's own qualitative analysis based on partaking over time as a member of the studied team, the data might be misleading out of a number of reasons. First, the researcher as a partaking member of the research field, could be influenced by own methodological preferences and therefore not supplying representative knowledge. However, since the data were collected based on verbatim notes of ongoing practices across cases and across team meetings over a long period of time, skewed presentations could be more easily rectified than a single or a short period account. Second, it might be argued that the lack of information from partaking team members based on a more systematic participatory research approach, might distort a representative account. However, since the data were presented and discussed conjointly based on notifications and summary from the author, lopsided presentation could be more easily alleviated. Additionally, a more participatory informed study of each team member's experiences of the consulting work as well as the experiences of the recipients of provided services, would have added valuable knowledge to the field. As well, given the nature of child sexual abuse, violence, and maltreatment, studies are highly relevant of the outcome of the consulting services for requesting services and for the wellbeing of affected children and caregivers. This was, however, not the focus of the study.

### 4.8.4 Reflections on dialogical research for a combined critical review on the three studies

In the following section some main suggestions towards a dialogically and participatory oriented research are presented and then seen in relation to how it may raise arguments in common against the research methods at use in the three papers.

An epistemological position of dialogicality bears relevance not only for the understanding of clinical meetings, but as well for research. It poses a challenge of how to include the other as an unknown and to create space and time for her/his unknown anticipated future-answers as part of the research approaches.

When at this point, looking back at the critique from the dialogical theoreticians and scholar against an understanding from outside positions, and their contributions to understand meaning from *within* encounters, Bakhtin's dialogical critique of the linguist Saussure bears relevance and makes up a point of departure for dialogically oriented research. In correspondence with both Rommetveit, the bodily oriented theoreticians, and the suggestions brought forward by the child development researchers, meaning is situated *within* embodied encounters. To reiterate Bakhtin's words here, any single word is polyphonic, sat-

urated by many meanings and possibilities developed through history and culture, where the exact content which develops in the encounter cannot be tapped or known of on beforehand or from outside the actual encounter.

Following, as suggested by Shotter (1990), a challenge concerning research stands out: How then can one contribute towards research if one is *not* to see words as having already determined meaning?

Inspired by this challenge, substantial contributions have more recently emerged suggesting methods to get close to the experiences of peoples' own lived life. Inspired by the statement of Husserl (1970) that Western science had lost its roots *in lived world* and that a phenomenological approach was needed, Finley (2011) provides a detailed overview of current research approaches seen from a phenomenological orientation. Her purpose is to assist therapists generating knowledge in accordance with the experiences of partaking subjects. Alongside Finley, others have elaborated qualitative approaches adding to quantitative means (e.g., Brinkmann & Kvale, 2009; Kvale, 1997, 2003; Landridge, 2007, 2008; Malterud, 2001a, 2001b; McLeod, 2011, Smith, 2011, 2015; Smith, Flowers & Larkin, 2012; Stige, Malterud & Midtgarden, 2009). Their approaches underscore the continually *interpretative* character of research and the needs for and means to clarify the researcher's own position, reflexivity, and involvement in interpretative analysis. Congruently, Polkinghorne, as a hermeneutically inspired clinical theoretician and researcher, stated with reference to Gadamer, that "inquiry always takes place within one's textured background and the object always appears embedded in a particular situation. Understanding derives from the active participation of inquiries with the situated subject matter into which they are inquiring" (Polkinghorne, 2000, s. 473).

Yet, although the approaches outlined do spell out a concern to contextualize, value, and respect research as close as possible to the context and phenomenon at hand, they do not outline how to include *the partaking subjects themselves* into the generation and calibrations of knowledge. The final knowledge claims end up as the researchers' own summary, although reservations are explicated about contexts of time and space as well as possible influences of the researcher's own pre-understandings.

To counteract such shortages, a number of suggestions have been launched. Some approaches focus more closely how one's own research is situated in time and thus may change the future (e.g., Haavind 2001, 2002, 2005, 2006, 2007, 2017). Another answer to this dilemma comes from Sullivan (2012), who urges to give the respondents the possibility through quotes and citations to "hover above the interpretations" (p. 151).

More radically, Cresswell (2011, 2012) as a psychologist and researcher inspired by Bakhtin, drew the conclusion that when looking into our research approaches as clinicians and theoreticians, all one can hope to apprehend as researchers, is what happens on the *boundary* of social discourse and our socially constituted experience. Following, interpretative endeavors are focused upon accounts as expressions that are personally experienced, unique to the situation, and "yet generic to communities in relation to one another" (Cresswell, 2012, p.

569). However, he upholds that “one can describe patterns and regularities in accounts, but one *cannot* make claims with definitive certainty or with mechanically determinate antecedent codes or descriptions of discrete social discourse” (Cresswell, 2012, p. 569, italics by author).

Following this concern, Brinkmann and Kvale (2009) advocate a *dialogical co-construction* of validity as a general stance for researchers. They state that “in a postmodern era, truth is constituted through a dialogue; valid knowledge claims emerge as *conflicting interpretations* and action possibilities are discussed and negotiated among members of a community” (p. 247, my italics). They argue for a clarification of validity by clarifying *how, why, and with whom* the knowledge claims are validated. Accordingly, they argue for a validity process that while *not necessarily striving for consensus, aims at creating new ideas and differentiation of knowledge*. Consequently, they state that the complexity of transferability and validity raised in qualitative research, need not indicate a *weakness* of such methods, but may “rest on an extraordinary power to picture and question the complexity of the social reality investigated” (Brinkmann & Kvale, 2009, p. 53).

However, in spite of these important contributions towards expanding ways of doing research in accordance with lived experiences of partaking subjects, more substantial approaches are asked for to calibrate research in accordance with an external validity of participants. Following, attempts towards collaborative, polyphonic, and participatory research practices have emerged, partly as a critique towards the evidence-based medicine trends (e.g., Faulkner & Thomas, 2002; Rose, Thornicroft & Slade, 2006), including recent Norwegian attempts (e.g., Borg & Kristiansen, 2009; Bøe, 2016; Bøe et al., 2014; Johannessen, Natland & Støkken, 2011; Moltu, Stefansen, Svisdal & Veseth, 2013; Møllersen, 2017). As a general stance, the pioneers of participatory research approaches proclaim that “the key element of participatory research lies not in methods but in the *attitudes* of researchers, which in turn determine how, by, and for whom research is conceptualized and conducted” (Cornwall & Jewkes, 1995, p. 1674, my italics). One example is given by Colaizzi’s (1978), as a modification of the qualitative methods elaborated by Giorgi (1970, 1992), suggesting a process for validating the findings *together* with the participants. This process asks the researcher to return the analysis of transcripts and the structure of the phenomenon to the participants for *review*. Additional viewpoints arising from clarification and/or elaboration by participants would then necessitate their inclusion in the final explication of findings (Edwards & Welch, 2011).

As a general claim of participatory research, the key difference between participatory and other research methodologies lies in the location of *power* in the various stages of the research process (e.g., Brox, 2017). While many practitioners of participatory research have come to it through ethical unease with the inadequacies of conventional research, participatory research is trying to carve out methods that realize that local people are knowledgeable and “together with researchers, they can work towards analyses and solutions. It involves recognizing the rights of those whom research concerns, enabling people to set their own

agendas for research and development and so giving them *ownership over the process*" (Cornwall & Jewkes, 1995, p. 1674, my italics).

Along the same lines, new voices from the therapy field have emerged outlining means towards a *patient- and user focused research* to change knowledge in line with what clients and users themselves find useful (e.g., Aaraas, 2017; Duncan, 2012; 2016; Duncan & Reese, 2015, 2016; Rønnestad 2008, Sundet, 2009, 2014, 2015).

From the divergent contributions towards a participatory and dialogically informed and formed research, a common challenge enters: How to include the living, partaking subject as partakers into ongoing research to inform, form, and change the validity of knowledge. A recent voice calls this challenge an obligation of science and research to respect the movements of life in all its messiness and to respect the otherness of the other (Freeman, 2011).

Seeing the three studies of the present thesis together, they provide three examples of how to include partaking subjects in situated contexts into research. The research approaches explored knowledge in naturalistic settings with no arrangement organized in advance for establishing extraordinary circumstances in the pursuit of the studies. All got the empirical data from services delivered as "practice as usual".

However, in line with the requests for participatory research approaches, it can be argued against all three studies in common that the inclusion of voices of the partaking subjects could have been strengthened by more deliberately validating the explications given in the studies in accordance with the partaking members' own viewpoints. Following Rommetveit, it could have exemplified a stronger co-creation of meaning.

Certainly, the analysis would have been expanded by supplying a participatory validation, as a supplement to the actual ones. Further research on children's own voices, caregivers' experiences, and professionals' knowledge will be of great importance to strengthen a future addressivity towards the needs and anticipations of involved persons when child sexual abuse, violence, and maltreatment happen.

Yet, as Rommetveit argued, a dialogically oriented researcher *always* has to approach the study of dialogue from "within the *perspectivized social world* which the interlocutors temporarily *establish throughout their dialogue*" (Kowal & O'Connell, 2016, p. 439, my italics). Making a similar reservation, Shotter (1990) claimed that rather than *already having* a meaning, one should see the use of a word as *a means among many others* in the *social making of meaning*.

Along similar lines, Rasanen et al. (2012a) by referring to Linell (2003), stated: "Where communication is analyzed from a dialogical point of view, the communication is not viewed as a *product* of someone, but rather as a *process in between the interlocutors*" (Rasanen et al., 2012a, p. 129, italics by authors). They illustrate by applying the research method Dialogical Investigations of Happenings of Change as elaborated by Seikkula, Laitila and Rober (2012). Thus, they add attempts to address and develop methods for analyzing the polyphony in



ongoing dialogues (e.g., Rasanen et al., 2012b; Seikkula, 2002; Vall, Seikkula, Laitila & Holma, 2016; Vall, Seikkula, Laitila, Holma & Botella, 2014).

Yet, a related though more critical voice, enters from the social researchers Haraway (1988) and Harding (2004), stating that a researcher must *both* explicate *that* and *how* a research is anchored in time and contexts *and* add a critical view on whose interests the research serves. Harding (2004) argues that this undertaking makes up a needed Standpoint Theory. However, these researchers do not explicate any dialogical research approach for this critical endeavor. Trying to combine their critical demand with a dialogical and participatory oriented approach, Cunliff and colleagues argue and exemplify how dialogical and participatory research can open for critical perspectives and thus transform canonized knowledge claims (Cunliffe & Eriksen, 2011; Cunliff & Scaratti, 2017).

However, a *not-polarized* dialogical approach is suggested by Linell (2003). He does so by disputing a strict division between monological and dialogical research practices, a dichotomy that he claims stands out as frozen and static. Congruent with Gillespie (2006), Linell points towards an inherent ambiguity of dialogical research, where many monological practices can appear within a dialogical world since all texts and discourses are dialogical in the sense that they respond to a situation or an interlocutor, although some may be more mono-perspectival than other may. From this standpoint, Linell recommends a softer approach, where research and scientific practices are seen as *both* monologizing *and* context-bounded by its re-contextualizing of social life into specific contexts that are designed for scientific de-contextualization. Therefore, he suggests the term *situated decontextualized practices* about science and theory building to underscore that science and research are always situated.

However, pinpointing the dilemma of dialogical research, Shotter (2014) simply suggested anchoring research into *anticipations*. For a dialogical understanding and research, he recommends that in order to deal with:

“the fluid common-sense understanding of *relational becomings* of our lives and with the unique circumstances that we encounter, and to do it in a way that others can *benefit from our explorations*, then we must articulate our experiences in such a way that arouses in the others around us *anticipations as to possible next steps* that make it possible for them to coordinate their behavior with ours’ (p. 534, my italics).

Congruently, Polkinghorne (1989) radically claimed that *any* research can be considered as searching knowledge and sharing it with a society that evaluates it. Seen from the dialogical contributions into which this study has been looking, *anticipations* seem to enter into the center of dialogically oriented research. As well, for research a *responsibility* enters of attuning towards anticipations of future answers from others around. As highlighted by the dialogical contributors, understanding evolves as an active process of answering, which is the act of taking responsibility.

Following, in line with these suggestions, the three studies are passed on as a means to a broader professional field for sharing, evaluation, and for anticipations of possible next steps, although the present studies are situated in concrete naturalistic contexts and are, according to Rommetveit, placed “within the

perspectivized social world which the interlocutors temporarily established throughout their dialogue" (Kowal & O'Connell, 2016, p. 439). Thus, following Linell (2003), they can be seen as "situated decontextualized practices".

At the same time, the three studies can be considered as "situated *re*-contextualized practices", by addressing a field of child sexual abuse, violence, and maltreatment where involved persons are *anticipating and dependent upon* attuned future-answers from trusted others, such as caregivers, confidants, civilians, professionals, and researchers, to find their ways around for possible next steps and for new relational becomings.

In line with this understanding, the three studies were made, and are passed on, re-addressed, and re-contextualized to a broader field as "a means among many others" for sharing, evaluation, and for possible anticipations of next steps.

## 4.9 Conclusions and future steps

When starting the exploration of the questions raised in the three studies of the thesis on how sense and meaning making evolve in contexts where children live with violence in close relationships, one question was raised with reference to Gillespie and Zittoun (2010). Does it suffice to pre-suppose a Cartesian assumption that things in the world and in the mind have a prior existence to processes, whether they be in the world or in the mind, that "things" exist, and interactions are secondary? Does rather knowledge – such as about violence in close relationships with children – hinge upon dialogical processes to be generated?

Together the studies illuminate the fine-tuned dialogical meaning making processes that are in operation in contexts with children and violence in close relationships. The studies outline an understanding of sense and meaning making as dialogically embedded and embodied. What particularly stands out, are the contingency for dialogues constituted by tensions, of space and time, of having a different voice, of trust, risk and vulnerability, and of ethics intertwined inside each encounter. These are contingences interwoven into generating dialogical processes among involved and stand out as constitutive for the meaning making processes. By turning the attention towards what kinds and in what ways such micro-webs of situated dialogical processes are constitutive for what meaning is made possible inside an encounter, the studies illustrate the importance and challenges of a dialogical understanding of human sense and meaning making.

By so doing, it connects to the contributions from the dialogical theoreticians and scholars outlined as a vantage point from which to explore. In accordance with their contributions, the studies offer a departure from looking for meaning from an individual thinking position accumulating knowledge from outside. It advocates a knowledge position from within situated encounters, with combined ethical and epistemological consequences for the meaning to emerge among involved persons.

By shifting the focus from looking for centers of influence at work hidden inside individuals which can be expressed in rules, systems, and principles from an outside thinking position, the studies turn the attention onto the fine-tuned dialogical processes that are constitutive for the sense and meaning making going on between partakers.

Comprehensively, a dialogical turn makes it possible to realize how intricate it may be to differentiate and understand when child sexual abuse, violence, and maltreatment occur. Subsequently, it calls for holding an open stance and a responsive attunement for meaning making and needed alternatives to emerge. Support offers need to address not only strengthening children and involved persons to tell, but also for caregivers, confidants, professionals, and researchers to take into account the necessity of a dialogically oriented attunement and responsibility for the telling to occur, for the hearing to take place, and for needed knowledge and alternatives to be worked out.

## SUMMARY

**“I need your eyes to see myself.” On the inclusion of dialogues and an otherness of the other into psychology and clinical work. Explored through studies of contexts where children live with violence in close relationships**

Violence in close relationships with children raises some of the most intriguing questions for our society. Child sexual abuse, violence, and maltreatment challenge our ways to contribute towards exploration, meaning making, and actions, and can be highly provoking concerning keeping an open and dialogically oriented stance towards people involved. The meaning making may go on in a fragile balance between, on the one side, possible false accusations and standpoints, and, on the other side, a possible neglect of needed concerns. It puts extra uncertainty into what to focus, how to understand, and what to offer as contributions from whom. Subsequently, it generates situations where both questions of epistemological understanding, ethics, and judicial rights are confronted. This study explores contexts that children, caregivers, professionals, and helpers have to deal with when such concerns are at stake. From a vantage point of exploring main contributions towards a dialogical understanding of human meaning making and its departure from a Cartesian postulate of knowledge based on individual thinking and meaning making from an outside position, the study sets off to explore how sense and meaning making evolve among involved when issues of child sexual abuse, violence, and maltreatment are at stake. The study focuses on how knowledge emerges through dialogical processes where partakers try to explore, understand, and contribute.

The study comprises three naturalistic settings where such issues are at the agenda. A common focus goes across the three settings of what can be learnt about contingences for a dialogical understanding of human sense and meaning making. The three settings are: (1) A Norwegian university hospital's outpatient specialty mental health clinic. Included were all cases (N = 20) referred during a two-year period for treatment after the disclosure of sexual abuse that was reported to the police and child protective service. Non-abusing caregivers' awareness of first signs were recollected in hindsight as part of therapy. (2) One of Norway's larger public family protection services (FPS) with a mandate to prioritize families with children and violence. Data comprises the work in all such cases in one year (N = 106) and entails answers to semi-structured questionnaires and a participatory research approach among all professionals. (3) A regional multi-agency, cross-professional team supplying consultation to agencies working in cases of child sexual abuse, violence, and maltreatment. Data comprises an analysis of the team's consultation process across cases over time. The main aim of the studies was to contribute to the understanding of contingences for creating an opening and attuned dialogical process that is responsive towards the addressivity of the persons involved.

Three research questions were addressed in the three papers. The first question concerns how non-abusing caregivers during ordinary daily living become

aware of their child's first signs of sexual abuse and how do they respond. What promotes a process of disclosure and what hinders? As identified by caregivers, all children gave signs. The study suggests that children's signs of sexual abuse can be understood as "test balloons" to explore understanding and if anything is to be done. A disclosing continuation hinges on the trusted adult's dialogical attunement and supplementary door-openings. Divergent from an idea of behavioral markers, or purposeful versus accidental disclosures, this study calls for a broader attention: Moments of first signs are embedded in dialogue. A uniqueness at moments of first signs appears: Both to form such moments and to transform them into moments of meeting for joint exploration and telling, hinge upon how trusted caregivers scaffold opportunities for the child to tell.

The second study addresses what cases with children living in families with violence were referred to the FPS, what services were provided, and what were main crossroads, dilemmas, and challenges of the work. The study shows success in supplying a fast-track, much used route both for private persons and main collaborative agencies. The service succeeds to pioneer brief treatment combined with taking a stand against violence. However, despite mandated priority for such cases, a major neglect of the child occurs: almost no child partakes in ongoing work. On the basis of this study and consistent with a general reluctance in the family therapy field to include children, a main challenge arises when domestic violence happens, how to include children as partaking members in family therapy and what consequences it may bear if not including them.

The third study addresses the detailed ingredients and features of the cross-professional and multi-agency consultation team, its collaborative and reflecting consultation process, its main components, and detailed elements of exposing each member's knowledge and attunement towards the knowledge of the co-members of the team and towards the requesters of services. The study exemplifies a way to share and form knowledge diversity relevant for the situations at hand and for the practice in general. It shows a team that challenges the idea outlined in research of team consultation as aiming at one united knowledge front to counteract documented hierarchical barriers towards cross-professional and multi-agency team collaboration. Alternatively, it illustrates an approach to invite a community of knowledge diversity and a vertically shared, collaborating knowledge production. There was no forerunner to such a consultation team format in the field of child sexual abuse, violence, and maltreatment. Although the theoretical assumptions of the team can be described in various ways, its organization, design, and collaborative processes point towards the possibility for interdisciplinary consultation teams to find alternatives to hierarchical team structures common in the field.

Together the papers illuminate the fine-tuned dialogical, meaning making processes that are in operation during all settings. The studies outline an understanding of sense and meaning making as dialogically embedded and embodied. What particularly stands out are the contingencies for dialogues that are constituted by tensions of space and time, of having a different voice, of trust, risk, and

vulnerability, and of ethics entwined inside each encounter. These are contingences intertwined into generating dialogical processes among involved and stand out as constitutive for the sense and meaning making processes. By turning the attention towards what kinds and in what ways such micro-webs of situated dialogical processes are constitutive for what meaning and what truth is made possible to evolve inside an encounter, the studies illustrate the importance and challenges of a dialogical understanding of human meaning making. By so doing, it connects to the contributions from the dialogical theoreticians and scholars outlined as a vantage point from which to explore. In accordance with their contributions, the studies offer a departure from looking for meaning from an individual thinking position accumulating knowledge from outside. It advocates a knowledge position from within situated encounters, with combined ethical and epistemological consequences for the meaning to emerge among persons involved. By shifting the focus from looking for centers of influence at work hidden inside individuals which can be expressed in rules, systems, and principles from an outside thinking position, the study turns the attention onto the fine-tuned dialogical processes that are constitutive for the sense and meaning making going on between partakers. Comprehensively, a dialogical turn makes it possible to realize how intricate it may be to differentiate and understand when child sexual abuse, violence, and maltreatment occur and it calls for holding an open stance and a responsive attunement for meaning making and needed alternatives to emerge.

## YHTEENVETO (SUMMARY)

**"Tarvitsen silmäsi nähdäksesi itseni." Kuinka sisällyttää dialogit ja toisen toiseus psykologiaan ja kliiniseen työhön. Tutkimus lasten kokemasta väkivalta läheisissä ihmissuhteissa.**

Väkivalta läheisissä ihmissuhteissa lapsiin herättää kaikkein haastavimpia kysymyksiä yhteiskunnassamme. Lasten seksuaalinen hyväksikäyttö, väkivalta ja kaltoinkohtelu haastavat tapamme edistää tutkimusta, merkityksenantoa ja toimintaa, jossa voi olla erittäin hankalaa pitää avoin ja dialogisesti suuntautunut asenne ihmisiin. Merkityksen antaminen voi tapahtua haastavassa tasapainossa toisaalta mahdollisten väärin syytösten ja näkökulmien välillä ja toisaalta oikeutettujen kaltoinkohteluun liittyvien huolenaiheiden kanssa. Antamamme merkitykset tuovat lisää epävarmuutta siitä, mihin keskittyä, miten ymmärtää ja miten tarjota apua ja kenen toimittamana. Tässä kaikessa syntyy tilanteita, jotka haastavat epistemologista ymmärrystämme, etiikkaa ja oikeustajuamme. Tässä tutkimuksessa tarkastellaan tilanteita, mitä lapset, hoitajat, ammattilaiset ja avustajat joutuvat käsittelemään tällaisia huolenaiheita. Tutkimuksen lähtökohtana on tutkia tärkeimpiä panostuksia merkityksen antamiseen liittyvästä vuorovaikutteisesta ymmärryksestä ja se pyrkii ylittämään kartesiolaisen position, jossa merkitykset annetaan ilmiön ulkopuolelta. Tämän tutkimuksen lähtökohtana on ajatus, että merkitykset kehittyvät osallistumalla keskusteluihin, kun kyseessä on lasten seksuaalisen hyväksikäyttö, väkivalta ja pahoinpitely. Tutkimuksessa keskitytään siihen, miten tieto syntyy dialogisissa prosesseissa, joihin tulemme osallisiksi, kun selvitämme ja yritämme ymmärtää näitä tapahtumia.

Tutkimus sisältää kolme luonnollista tilannetta, joissa tällaiset asiat ovat olleet esillä. Yhteistä näille tutkimuksille on se, mitä voidaan oppia dialogisesta ymmärryksestä ja merkityksenannosta. Kolme tutkimusasetelmaa ovat: (1) Ensimmäinen Norjassa yliopistollisen sairaalan mielenterveysklinikalla kahden vuoden aikana hoidetut tapaukset (N = 20), jotka tulivat hoitoon poliisin ja lastensuojelun ilmoittaman seksuaalisen hyväksikäytön ilmoittamisen jälkeen. Kaltoinkohteluun osallistumattoman huoltajan kanssa keskusteltiin jälkikäteen kaltoinkohtelun ensimmäisistä merkeistä. (2) Toiseksi yhdestä Norjan suurimmasta julkisesta lastensuojelupalvelusta, jonka tehtävänä on hoitaa ensisijaisesti lapsiperheitä ja väkivaltaa. Aineisto koostuu kaikkien yhden vuoden aikana hoidossa olleiden tapauksien auttamiseen osallistuneiden ammattiauttajien vastauksista semi-strukturoituun kyselyyn (N = 106). (3) Kolmanneksi alueellisesta moniammatillisesta tiimistä, joka konsultoi lasten seksuaalisen hyväksikäytön, väkivallan ja kaltoinkohtelun tapauksissa työskenteleviä ammattiauttajia. Aineisto koostuu näiden konsultaatiotapauksien kuvauksista. Opinnäytetyön päätavoite oli auttaa ymmärtämään epävarmuustekijöitä, jotka liittyvät avaavan ja ainutkertaisen vuoropuheluprosessin luomiseksi, joka huomioi vastaanottavien henkilöiden lähtökohdat. Kolme tutkimuskysymystä käsiteltiin kolmessa artikkelissa.

Ensimmäinen tutkimuskysymys koskee sitä, miten ei-hyväksikäyttävä huoltaja tavallisessa päivittäisessä elämässä alkaa havaita ensimmäisistä merkkejä lapsensa seksuaalisesta hyväksikäytöstä ja miten he vastaavat lapsen ilmaisuihin. Mikä edistää tai haittaa asian paljastamista? Huoltajat totesivat, että kaikki lapset antoivat merkkejä kohtaamastaan hyväksikäytöstä. Tutkimus viittaa siihen, että lasten seksuaalisen hyväksikäytön merkkejä voidaan pitää lapsen lähettämänä "koepalloina" siitä, miten asia pitäisi ymmärtää ja voiko sille tehdä mitään. Asia voitiin paljastaa ymmärtävän ja tukevan huoltajan lapsen tarpeisiin virittäytyvällä huomiolla ja oven edelleen avaamisella. Eri tutkimuskäytännöistä poiketen, tässä tutkimuksessa ei kiinnitetä päähuomiota ensimmäisiin käyttäytymismerkkeihin, vaan ehdotetaan laajempaa huomiota: Ensimmäisten merkkien hetket ovat vuorovaikutuksessa, dialogissa. Ainutlaatuisuus ensimmäisten merkkien hetkinä ilmaantuu siinä, miten tällaiset hetket muodostuvat ja miten ne muodostuvat yhteisen tutkimisen paikoiksi ja miten huolehtiva huoltaja luo tilaa lapsen kertomukselle.

Toisessa tutkimuksessa käsitellään väkivaltaisten perheiden tapauksia lastensuojelussa, mitä palveluita tarjottiin ja mitkä olivat työn tärkeimmät ulottuvuudet, ongelmat ja haasteet. Tutkimus osoittaa nopean työskentelyn merkitystä, sekä yksityishenkilöille että tärkeimmille yhteistyökumppaneille. Palvelu onnistuu luomaan uudenlaista lyhyttä hoitokäytäntöä väkivaltaa vastaan. Kuitenkin siitä huolimatta, että tällaiset tapaukset ovat huomion kohteen, lapsen kaltoinkohtelu saattaa jatkua: pääosa lapsista ei osallistu käynnissä olevaan työhön. Tämän tutkimuksen perusteella, joka on johdonmukainen sen havainnon kanssa, että perheterapiassa lapset otetaan mukaan haluttomasti, nousee kysymys siitä, miten ottaa lapset mukaan perheterapiaan ja mitä seuraamuksia on siitä, jos lapsi jätetään ulkopuolelle.

Kolmannessa tutkimuksessa käsitellään rajat ylittävän ja monitoimijaisen konsultaatiotiimin työn yksityiskohtia ja ominaisuuksia, sen yhteistoimintaa ja reflektioivaa konsultaatioprosessia. Tarkastellaan työn tärkeimpiä osia ja yksityiskohtaisia elementtejä, jotka tuovat esiin kunkin tiimin jäsenen tietämyksen ja sen sovittamiseen toisten tiimin jäsenten ja palvelus tarvitsevan lähtökohtiin. Tutkimus on esimerkki tavasta jakaa ja muodostaa tietoon liittyvää monimuotoisuutta, joka on merkityksellinen näissä erityisissä tilanteissa ja käytännössä yleisesti. Se tuo esiin tiimin käytännön, joka haastaa perinteisen tiimityön tutkimuksessa esitetyn ajatuksen yhtenäisestä osaamisalueesta. Yhtenäisyyden vaatimus saattaa luoda hierarkiaa, joka estää luovaa työyhteyttä. Tavoitteena on torjua hierarkkiset esteet työyhteydelle. Vaihtoehtoisesti tämän tiimin työssä painotetaan tietämyksen moninaisuutta vertikaalisesti jaettujen kokemusten yhteisessä työstämisessä. Tällaisesta konsultaatiosta ei ollut mallia lasten seksuaalisen hyväksikäytön, väkivallan ja huonon kohtelun alalla. Vaikka tiimin teoreettiset oletukset voidaan kuvata eri tavoin, sen organisaatio, suunnittelu ja yhteistyöprosessit viittaavat siihen mahdollisuuteen, että monitoimijaiset tiimit löytävät vaihtoehtoja tämän alan yleisimpiin hierarkkisiin toimintamalleihin.

Yhdessä artikkelit valaisevat hienosäädettyjä dialogisia, kaikissa olosuhteissa käytössä olevia merkityksenantoprosesseja. Tutkimuksissa hahmotellaan



ymmärrystä merkitysten antamisesta erityisesti dialogisena tapahtumana. Erityisen tärkeiksi nousevat sellaiset dialogit, jotka rakentuvat jännitteistä ajassa ja paikassa, jossa eri äänet, luottamus, riskit, haavoittuvuus ja toiminnan eettisyys muokkaavat jokaista tapaamista. Huomio kohdistetaan nyt siihen, millaisia tällaisten dialogisten prosessien mikroverkot ovat ja millä tavoin ne luovat merkityksiä ja millaista totuutta on mahdollista kehittää kohtaamisessa. Toteutetut tutkimukset havainnollistavat dialogisen ymmärtämisen tärkeyttä ja haasteita inhimillisessä merkityksenannon prosessissa. Dialogisuuden teoreetikoiden ja dialogin tutkijoiden esitykset tarjoavat näkökulman tämän tutkimuksen tulosten merkitysten ymmärtämiseen. Yhdenmukaisesti dialogin peruslähtökohtien kanssa, tämän tutkimuksen havainnot ottavat etäisyyttä sellaiseen tiedonmuodotukseen, jossa havaitsija nähdään tiedon kohteen ulkopuolella olevan yksilöllisenä havainnoitsijana. Tutkimus korostaa tiedon syntymistä yhteisissä kohtaamisissa osallistujana sisältä käsin korostaen sitä, että havainnoillamme ja antamillamme merkityksillä ovat eettiset ja epistemologiset seuraukset. Perinteisesti vaikuttavan työn taidon on ajateltu olevan työtä tekevän yksilön sisällä ja ilmenevän ilmaistavina sääntöinä, systeemeinä ja periaatteina ilmiöstä ulkopuolisena. Tästä poiketen tutkimuksessa kiinnitetään huomiota hienosäädettyihin vuorovaikutusprosesseihin, jotka luovat uusia merkityksiä siten, että ne syntyvät dialogiin osallistujien välillä. Dialoginen käänne tekee kokonaisvaltaisesti mahdolliseksi ymmärtää, kuinka monimutkaista ja hienovaraista on ymmärtää ja toimia lasten seksuaalista hyväksikäyttöä, väkivaltaa ja pahoinpitelyä sisältävissä auttamistilanteissa. Keskeinen haaste on se, kuinka voimme vaalia avointa mieltä ja vastavaa asennetta tehdäksemme vaihtoehdot mahdolliseksi.

## REFERENCES

- Aaraas, I. (2017, October). *Korleis kan praksisforankra kunnskap i legestudiet vere til hjelp for folks helseplager* [How can practice-anchored knowledge in the medical study be of help for people's health complains?]. Paper presented at the Seminar Practice and people's lived life and its importance for professional psychology, UiT – The Arctic University of Norway, Tromsø.
- Aarnes, A. (1993). *Den annens humanism* [The humanism of the other]. København: H. Aschehoug.
- Aarnes, A. (1998). (Ed.). *Underveis mot den annen. Essays av og om Levinas ved Asbjørn Aarnes*. [On the way towards the other. Essays of and on Levinas by Asbjørn Aarnes]. Oslo: Vidarforlaget.
- Aas, M. (2017). Langtidsvirkninger av barndomstraumer [Longtime squeals of childhood trauma]. *Tidsskrift for Norsk Psykologforening*, 54, 937-940.
- Act relating to the strengthening of the status of human rights in Norwegian law (The Human Rights Act) 21.5 1999 No. 30. Retrieved from <http://www.ub.uio.no/ujur/ulovdata/lov-19990521-030-eng.pdf>
- Adams, J. (2004). Medical evaluation of suspected child sexual abuse. *Journal of Pediatric & Adolescent Gynecology*, 17, 191-197.
- Adams, P. J. (2012). Interventions with men who are violent to their partners: Strategies for early engagement. *Journal of Marital and Family Therapy*, 38, 458-470.
- Ahmed, S. (2012). *On being included: Racism and diversity in institutional life*. Durham and London: Duke University Press.
- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore: Johns Hopkins University Press.
- Ainsworth, M. D. S. (1968). Object relations, dependency, and attachment: A theoretical review of the infant mother relationship. *Child Development*, 40, 969-1025.
- Alaggia, R. (2004). Many ways of telling: expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect*, 28, 1213-1227.
- Alanen, L. & Mayall, B. (Eds.). (2001). *Conceptualizing child- adult relations*. London: Routledge.
- Alisic, E., Zalta, A. K., van Wesel, F., Larsen, S. E., Hafstad, G. S., Hassanpour, K., & Smid, G. E. (2014). Rates of post-traumatic stress disorder in trauma-exposed children and adolescents: meta-analysis. *British Journal of Psychiatry*, 204, 335-340.
- Anda, R., Felitti, V.J., Bremner, J. C., Walker, J. D., Whitfield, C., Perry, B. D..., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.
- Andenæs, A. (1991). Fra undersøkelsesobjekt til medforsker? Livsformsintervju med 4-5 åringer [From research object to participatory researcher. Life

- form interviews with 4-5 years old children]. *Nordic Psychology*, 43, 275-292.
- Andersen, N. M., & Lundquist, J. (2003). *Smutthuller. Perspektiver på dansk Bakhtin-forskning* [Loopholes. Perspectives on Danish Bakhtin research]. København: Forlaget Politisk Revy.
- Andersen, T. (1987.) The reflecting team: Dialogues and meta-dialogues in clinical work. *Family Process*, 26, 415-428.
- Andersen, T. (1991). *The reflecting team: Dialogues about dialogues*. New York: W.W. Norton & Company.
- Andersen, T. (1995). *Reflecting processes: Acts of informing and forming: You can borrow my eyes, but you must not take them away from me!* New York: Guilford Press.
- Andersen, T. (2001). Ethics before ontology: a few words. *Journal of Systemic Therapies*, 20, 11-14.
- Andersen, T. (2003). See and hear. Be seen and heard. In S. Friedman (Ed.), *The new language of change. Constructive collaboration in psychotherapy* (pp. 303-323). New York: Guilford Press.
- Andersen, T. (2007). Human participating: Human "being" is the step for human "becoming" in the next step. In H. Anderson & D. Gehart (Eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp. 81-93). New York: Routledge.
- Andersen, T., & Jensen, P. (2007). Crossroads. In H. Anderson & P. Jensen (Eds.), *Innovations in the reflecting process: the inspirations of Tom Andersen* (pp. 158-174). London: Karnac.
- Anderson, C., & McCune, V. (2013). Fostering meaning: fostering community. *Higher Education*, 66, 283-296.
- Anderson, H. (1990). Then and now: a journey from "knowing" to "not knowing." *Contemporary Family Therapy*, 12, 193-197.
- Anderson, H. (1997). *Conversations, language and possibilities. A postmodern approach to therapy*. New York: Basic Book.
- Anderson, H. (2005). Myths about not-knowing. *Family Process*, 44, 497-504.
- Anderson, H. (2007). Creating a space for a generative community. In H. Anderson & P. Jensen (Eds.), *Innovations in the reflecting process: the inspirations of Tom Andersen* (pp. 33-45). London: Karnac.
- Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. *Family Process*, 51, 8-24.
- Anderson, H., & Gehart, D. (2007). *Collaborative therapy: relationships and conversations that make a difference*. New York: Routledge.
- Anderson, H., & Goolishian, H. (1988). Human system as linguistic systems: Preliminary and evolving ideas about the implication for clinical theory. *Family Process*, 27, 371-394.
- Anderson, H., & Goolishian, H. (1992a). *Från påverkan til medverkan. Terapi med språkssystemisk synsatt* [From instructions to collaboration. Therapy from a language-systemic viewpoint]. Stockholm: Mareld.

- Anderson, H., & Goolishian, H. (1992b). The client is the expert: A not-knowing approach to therapy. In McNamee & K.J. Gergin (Eds.), *Therapy as social construction* (pp. 25-39). London: Sage.
- Anderson, H., & Jensen, P. (2007). *Innovations in the reflecting processes. The inspiration of Tom Andersen*. London: Karnac.
- Antonovsky, A. (2000). *Helbredets mysterium* [Unravelling the mystery of health]. København: Hans Reitzlers Forlag.
- Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment, 3*, 63-71.
- Arendt, H. (1958). *The human condition*. Chicago, IL: University Press of Chicago.
- Arendt, H. (1998). *Eichmann i Jerusalem. En beretning om det ondes banalitet* [Eichmann in Jerusalem. A story about the banality of the evil]. Oslo: Pax Forlag.
- Ask, H., & Kjeldsen, A. (2015), *Samtaler med barn (4)* [Conversations with children (4)]. Oslo: Folkehelseinstituttet.
- Askeland, I. R., Lømo, B., Strandmoen, J. F., Heir, T., & Tjersland, O. A. (2012). *Kjennetegn hos menn som har oppsøkt Alternativ til Vold (ATV) for vold i nære relasjoner* [Characteristics of men searching Alternative to Violence (ATV) because of violence in close relationships]. Oslo: NKVTS. Rapport 2/2012.
- Backe-Hansen, E., Smette, I., & Vislie, C. (2017). *Kunnskapsoppsummering. Vold mot barn og systemsvikt* [A summary of knowledge. Violence against children and system-shortcomings]. Oslo: NOVA Rapport nr. 4.
- Bae, B. (2016). *Å se barnet som subject – noen konsekvenser for pedagogisk arbeid i barnehage*. [To see the child as a subject – some consequences for pedagogical work inside kindergarden]. Retrieved from <http://www.regjeringen.no/no/dep/kd/id586/>
- Bagøien, T. E. (1999). *Barn i friluft* [Children in fresh air]. Oslo: SEBU forlag.
- Bakhtin, M. M. (1981). *The dialogical imagination*. Austin: University of Texas Press.
- Bakhtin, M. M. (1985). *Problems of Dostoevsky's poetics*. Minneapolis: University of Minnesota Press.
- Bakhtin, M. M. (1986). *Speech genres and other late essays*. Austin: University of Texas Press.
- Bakhtin, M. M. (1990). *Art and answerability. Early philosophical essays by M.M. Bakhtin*. Austin, TX: University of Texas Press.
- Bakhtin, M. M. (1993). *Towards a philosophy of the act*. Austin: University of Texas Press.
- Bakhtin, M. M. (1998). *Spørsmålet om talegenrane* [The question of the speech genres]. Bergen: Ariadne Forlag.
- Bateson, G. (1972). *Steps to an ecology of mind*. Toronto: Ballantine.
- Baudin, G., Szoke, A., Richard, J. R., Pelissolo, A., Leboyer, M., & Schürhoff, F. (2017). Childhood trauma and psychosis: Beyond the association. *Child Abuse & Neglect, 72*, 227-235.

- Berger, P. L., & Luckmann, T. (1966). *The social construction of reality*. New York: Anchor Books.
- Biere, J., Kaltman, S., & Green, B. L. (2008). Accumulated childhood trauma and symptom complexity. *Journal of Traumatic Stress, 21*, 223-226.
- Bonney, S., & Stickley, T. (2008). Recovery and mental health: a review of the British literature. *Journal of Psychiatric and Mental Health Nursing, 15*, 140-154.
- Borg, M., & Kristiansen, K. (2009). *Medforskning – å forske sammen for kunnskap om psykisk helse* [Co-research - to do research together for the knowledge of mental health]. Oslo: Universitetsforlaget.
- Borg, M., Karlsson, B., & Stenhammer, A. (2013). *Recovery-orienterte praksiser: en systematisk kunnskapsammenstilling* [Recovery oriented practice: A systematic review]. Oslo: Nasjonalt kompetansesenter for psykisk helsearbeid. Rapport 4/2013.
- Borge, A. I. H. (2018). *Resiliens: risiko og sunn utvikling* [Resilience: risks and healthy development]. Oslo: Gyldendal Akademisk.
- Braarud, H. C., & Nordanger, D. Ø. (2011). Kompleks traumatisering hos barn: En utviklingspsykologisk forståelse [Complex traumatization in children: A developmental understanding]. *Tidsskrift for Norsk Psykologforening, 48*, 968-972.
- Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research, 42*, 1758-1777.
- Brantzæg, I., Smith, L., & Torsteinson, S. (2011). *Mikroseparatorer, tilknytning og behandling* [Microseparations, attachment, and treatment]. Oslo: Fagbokforlaget.
- Brattfjell, M. L. (2016). «Jeg ville så gjerne fortelle ... Fra overgrep til avsløring: Voksnes erindringer om forsøk på å fortelle» [«I wanted so much to tell...». From abuse to disclosure: Adults' memories of attempts to tell]. Master thesis, UiT- The Arctic University of Norway, Norway.
- Brattfjell, M. L., & Flåm, A. M. (2018). "They were the ones that saw me and listened." *From child sexual abuse to disclosure: Adults' recalls of eliciting steps towards actual disclosure*. Manuscript submitted for publication.
- Brinkmann, S., & Kvale, S. (2009). *Det kvalitative forskningsinterøju*. København: Gyldendal Akademisk.
- Bronfenbrenner, U., & Morris, M. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 793-828). N.Y.: John Wiley & Sons.
- Brottveit, Å. (2012). *Åpne samtaler – mer enn ord? Nettverksmøter som kommunikative hendelser, kunnskapsproduksjon og sosial strukturering* [Open conversations – more than words? Network meetings as communicative events, knowledge production, and social structuring] (Doctoral dissertation, The University of Oslo, Norway).

- Brown, J. (2015). Wherefore art «Thou» in the dialogical approach: The relevance of Buber's ideas to family therapy and research. *Australian & New Zealand Journal of Family Therapy*, 36, 188-203.
- Browne, A., & Finkelhor, D. (1985). The impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99, 66-77.
- Brox, O. (2017, October). *Med utgangspunkt i UiTs forplikning om å vere landsdelsrelevant: Om å ta folks levde liv på alvor* [From the vantage point of the mandate of the university (UiT) to be relevant for its geographical region: On taking people lived life seriously]. Paper presented at the Seminar Practice and people's lived life and its importance for professional psychology, UiT - The Arctic University of Norway, Tromsø.
- Bruner, J. (1990). *Acts of meaning*. Cambridge MA: Harvard University Press.
- Bråten, S. (1996). Videoanalyser av spedbarnet i samspill bidrar til å oppheve et modellmonopol [Videoanalysis of the infant in interplay add to abolishing a monopoly of models]. In H. Holter & R. Kalleberg (Eds.), *Kvalitative metoder i samfunnsforskning* [Qualitative methods in social research] (pp. 165-91). Oslo: Universitetsforlaget.
- Bråten, S. (2007). *Dialogens speil i barnets og språkets utvikling* [The mirror of the dialogue in the development of children and language]. Oslo: Abstrakt Forlag.
- Buber, M. (1967). *A believing humanism. My testament 1902-1965*. Amherst, N.Y.: Humanity Books.
- Butchart, A. M. C. (2014). *Global status report on violence prevention*. Geneva: World Health Organization.
- Bøe, T. D. (2016). *"They say yes. They don't say no". Experiences of change in dialogical approaches to mental health – a qualitative exploration*. (Doctoral dissertation: University of Agder, Norway). Retrieved from <http://hdl.handle.net/11250/2381188>
- Bøe, T. D., Kristoffersen, K., Lidbom, P. A., Ruud Lindvig, G., Seikkula, J., Ueland, D., & Zachariassen, K. (2014). «She offered me a place and a future»: Change is an event of becoming through movements in ethical time and space. *Contemporary Family Therapy*, 34, 474-484.
- Carpendale, J. I. M., Atwood, S., & Kettner, V. (2013). Meaning and mind from the perspective of dualist versus relational worldviews: Implications for the development of pointing gestures. *Human Development*, 56, 381-400.
- Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Child and Youth Services Review*, 31, 831-839.
- Cater, Å. K. (2014). Children's descriptions of participations processes in interventions for children exposed to intimate partner violence. *Journal of Child Adolescent Social Work*, 31, 455-473.
- Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balchova, T., et al. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, 72, 500-510.

- Chaffin, M., Funderburk, B., Bard, D., Valle, L. A., & Gurwitch, R. (2011). A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology, 79*, 84-95.
- Chomsky, N. (1980). Rules and representations. *Behavioral and Brain Sciences 3*, 1- 15.
- Chugani, H. T., Behen, M. E., Muzak, O., Huhasz, C., Nagy, F., & Chungani, D. C. (2010). Local brain functional activity following early deprivation: a study of post-industrialized Romanian orphans. *Neuroimage, 14*, 1290-1301.
- Cohen, J. A., & Mannarino, A. P. (2008). Trauma-focused cognitive behavioral therapy for children and parents. *Child and Adolescent Mental Health, 13*, 158-162.
- Colaizzi, P. (1978). Psychological research as the phenomenologist's view it. In R. Vale & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.
- Conzolino, L. (2014). *The neuroscience of human relationships. Attachment and the developing social brain*. New York: W.W. Northon & Company.
- Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Soc. Sci. Med., 42*, 1667 -1676.
- Cresswell, J. (2011). Being faithful: Bakhtin and the potential postmodern psychology of self. *Culture & Psychology, 17*, 491-490.
- Cresswell, J. (2012). Including social discourses and experience in research on refugees, race, and ethnicity. *Discourse & Society, 23*, 553-575.
- Crisma, M., Bascelli, E., Paci, D., & Romito, P. (2004). Adolescents who experienced sexual abuse: fears, needs and impediments to disclosure. *Child Abuse & Neglect, 28*, 1035-1048.
- Cunliff, A., & Scaratti, G. (2017). Embedding impact in engaged research: Developing socially useful knowledge through dialogical sensemaking. *British Journal of Management, 28*, 29-44.
- Cunliff, A., & Eriksen, M. (2011). Relational leadership. *Human relations, 64*, 1425-1449.
- d'Andrea, W., Ford, J., Stolbach, B., Spinazzola J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children. Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry, 82*, 187-200.
- Damasio, A. R. (1994). *Descartes's Error*. New York: Avon Books.
- Damasio, A. R. (1999). *The feeling of what happens: Body, emotions, and the making of consciousness*. New York: Harcourt Brace.
- Damasio, A. R., & Carvahli, G. (2013). The nature of feelings: Evolutionary and neurobiological origins. *Nature, 14*, 143-152.
- Dastur, F. (2000). Francise Dastur by herself. *Hypatia, 15*, 174-177.
- Duesund, L. (1995). *Kropp, kunnskap og selvopppfatning*. Oslo: Universitetsforlaget.
- Duncan, B. (2012). Fra enveisspeil til løsvegger [From one-way-screen to moveable walls]. In A. K. Ulvestad & U. F. Kårki (Eds.), *Flerstemt veiledning* (pp. 195-205) [Polyphonic supervision]. Oslo: Gyldendal Akademisk.

- Duncan, B. (2016). Commentary: Client v. therapist-directed supervision: A question of emphasis. *Australian and New Zealand Journal of Family Therapy*, 37, 299–300.
- Duncan, B. L., & Reese, R. J. (2015). The Partners for Change Outcome Management System (PCOMS): Revisiting the client's frame of reference. *Psychotherapy*, 52, 391–401.
- Duncan, B., & Reese, R. J. (2015). Supervision for a change in both clients and therapists. Downloaded 12.10.2015 from: [www.heartandsoalofchange.com](http://www.heartandsoalofchange.com)
- Dunn, J. (1996). Family conversations and the development of social understanding. In B. Bernstein & J. Brannen (Eds.), *Children, research, and policy. Essays on Barbara Tizard* (pp. 81-95). Philadelphia, PA: Taylors & Francis.
- Dyregrov, A. (2013). *Barn og traumer. En håndbok for foreldre og hjelpere* [Children and trauma. A handbook for parents and helpers]. Oslo: Fagbokforlaget.
- Dysthe, O. (1995). *Det flerstemmige klasserommet* [The polyfonic classroom]. Oslo: Gyldendal Ad Notam.
- Dysthe, O. (1999). *Proceedings from The dialogical perspective and Bakhtin. Conference report*. Bergen: University of Bergen: PLF Report 2/99.
- Edward, K. L., & Welch, T. (2011). The extension of Colaizzi's method of phenomenological enquiry, *Contemporary Nurse*, 39, 163-171.
- Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offers tell us. *Child Abuse & Neglect*, 19, 579–594.
- Elliott, A. N., & Carnes, C. N. (2001). Reactions of non-offending parents to the sexual abuse of their child: A review of the literature. *Child Management*, 6, 314-331.
- Emerson, C. (1996). Keeping the self intact during the culture wars: A centennial essays for Mikhail Bakhtin. *New Literary History*, 27, 107-126.
- Emerson, C. (1997). *The firsts hundred years of Mikhail Bakhtin*. Princeton, NJ: Princeton University Press.
- Emerson, C. (2002). Bakhtin after the boom: pro et contra. *Journal of European Studies*, 32, 3-26.
- Emerson, C., & Holquist, M. (Eds.). (1986). *Bakhtin: Speech genres and other late essays*. Austin: University of Texas Press.
- Emery, R. E., & Laumann-Billings, L. (2002). Child abuse. In: M. Rutter & E. Taylor (Eds.), *Child and adolescent psychiatry 4<sup>th</sup> ed.* (pp. 325-339). Oxford: Blackwell Science.
- Eriksen, A. M. A. (2017). *"Breaking the silence" Interpersonal violence and health among Sami and non-Sami - a population-based study in Mid- and Northern Norway* (Doctoral dissertation, UiT - The Arctic University of Norway, Norway). Retrieved from <http://hdl.handle.net/10037/11290>
- Eriksson, M., & Näsman, E. (2012). Interviews with children exposed to violence. *Children et Society*, 26, 63-73.
- Ernst, A. (2006). *Jag sa at jag hadde en mardrøm* [I told I had a nightmare]. Stockholm: Sveriges Kvinnojourers Riksforbund.



- Evang, A., & Øverlien, C. (2014). "If you look you have to leave": Young children regulating research interviewees about experiences of domestic violence. *Journal of Early Childhood Research*, 1, 1-13.
- Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: a meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*, 13, 131-140.
- Faulkner, A., & Thomas, P. (2002). User led research. *The British Journal of Psychiatry*, 180, 1-3.
- Fauske, U. (2011). *Barns erfaringer med familieterapi og hva de opplever som nyttig hjelp* [Children's experiences with family therapy, and what they see as useful help]. Master Thesis, University of Oslo, Norway. Retrieved from <http://hdl.handle.net/10642/1575>
- Figes, O. (2010). *Hviskerne. Stillhet og frykt i Stalins Russland* [The whispers. Silence and anxiety in Stalin's Russia]. Oslo: Cappelen Damm.
- Finley, L. (2011). *Phenomenology for therapists. Researching the lived world*. Oxford: Wiley-Blackwell.
- Flåm, A. M. (2013). "Men man kan ikke leve i ensomhet»: Barnet som forskande stifinnar når vold skjer [«But one cannot live in solitude»: The child as a researching pathfinder when violence happens]. In H. Johnsen (Ed.), *Vekst i det vanskelige* [Growth during difficulties] (pp. 366-381). Oslo: Gyldendal Akademisk.
- Flåm, A. M. (2014). *On becoming a psychologist – an auto ethnographic professional story*. Unpublished manuscript.
- Flåm, A. M. (2016). Dialogical research in supervision: Practical guidelines from experienced supervisors in family therapy, child protection, and specialty mental health services. *Australian and New Zealand Journal of Family Therapy*, 37, 282-296.
- Friedman, M. (2001). Martin Buber and Mikhail Bakhtin: The dialogue of voices and the word that is spoken. *Religion & Literature*, 33, 25-36.
- Freeman, M. (2011). Towards poetic science. *Integrative Psychological and Behavioral Science*, 45, 389-396.
- Fuchs, T. (2005). Overcoming dualism. *Philosophy, Psychiatry & Psychology*, 6, 115-118.
- Fuller, R., Hallett, C. M., & Murray, C.A. (2001). *Young people and welfare: Negotiating pathways. Children 5-16 ESRC Research Report*. Retrieved from <http://www.hull.ac.uk/children5to16programme>
- Fängström, K. (2017). *'I don't even remember anything': Optimising the choice of method when interviewing preschoolers*. (Doctoral dissertation, The Uppsala University, Sweden). Retrieved from <http://urn.kb.se/resolve?urn=urn:uu:diva-331193>
- Gadamer, H. G. (1975). *Sannhet og metode* [Truth and method]. Oslo: Pax Forlag.
- Gadamer, H. G. (2001). *Helsens skjulte natur* [The hidden nature of health]. Tromsø: Filmintervju, University of Tromsø, ISM.
- Gamst, K. T., & Langballe, Å. (2004). *Barn som vitner. En empirisk og teoretisk studie av kommunikasjon mellom avhører og barn i dommeravhør. Utvikling av en*

- avhørsmetodisk tilnærming* [Children's testimonies. An empirical and theoretical study of the communication between the forensic interviewer and the child through forensic interviews. Development of a forensic interviewing approach] (Unpublished doctoral dissertation). University of Oslo, Norway.
- Gallese, V. (2005). Embodied situation: From neurons to phenomenal experience. *Phenomenology and the Cognitive Sciences*, 4, 23-48.
- Gallese, V. (2009). Mirror neurons, embodied simulation, and the neuronal basis of social identification. *Psychoanalytic dialogues*, 19, 519-536.
- Gallese, V. (2013) Mirror neurons, embodied simulation and a second-person approach to mindreading. *Cortex*, 49, 2954-2956.
- Geffner, R., Igelman, R. S., & Zellner, J. (2003). *The effects of intimate partner violence on children*. N.Y.: The Haworth Press, Inc.
- Gilbert, M. (2014). «Ikke en av mine tåra skal dem få! [None of my tears they shall get]!» In H. Stenmark and V. Aarethun (Eds.), *Krigens ulike ansikt. Psykososialt arbeid i internasjonale kriseområde* [The many faces of war. Psychosocial work in international areas of crises] (pp. 13-35). Oslo: Fagbokforlaget.
- Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D. & MacMillan, H. L. (2009a). Recognizing and responding to child maltreatment. *Lancet*, 373, 167-180.
- Gilbert, R., Widom, C.S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009b). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373, 68-81.
- Gillespie, A. (2006). Descartes' demon: a dialogical analysis of meditations on first philosophy. *Theory & psychology*, 16, 761-781.
- Gillespie, A., & Zittoun, T. (2010). Studying the movement of thought. In A. Toomela and J. Valsiner (Eds.), *Methodological thinking in psychology: 60 years gone astray?* (pp. 69-89). Charlotte NC: Information Age Publishing Inc.
- Gilligan, C. (1982). *In a different voice. Psychological theories and women's development*. Cambridge: Harvard University Press.
- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. Menlo Park, CA: Addison-Wesley.
- Giorgi, A. (1992). Description versus interpretation: Competing alternative strategies for qualitative research. *Journal of Phenomenological Psychology*, 23, 119-135.
- Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D.P., & Gordon, D. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27, 525-540.
- Grammer, C. (2009). *The child's voice in family therapy: A systemic perspective*. New York: Norton.
- Haavind, H. (1987). *Liten og stor – mødres omsorg og barns utviklingsmuligheter*. Oslo: Universitetsforlaget.

- Haavind, H. (2002). På jakt etter kjønne betydninger. In H. Haavind (Ed.), *Kjønn og fortolkende metode. Metodiske muligheter i kvalitativ forskning* [Gender and interpretative methodology. Methodological possibilities in qualitative research], (pp. 7–60). Oslo: Gyldendal.
- Haavind, H. (2002). (Ed.). *Kjønn og fortolkende metode. Metodiske muligheter i kvalitativ forskning* [Gender and interpretative methodology. Methodological possibilities in qualitative research]. Oslo: Gyldendal Akademisk.
- Haavind, H. (2005). How my text is situated in time and may change the future. In E. Engelstad & S. Gerrard (Eds.), *Challenging situatedness* (pp. 235–259). Honingen: Eron Verlag.
- Haavind, H. (2006). *Writing it up: procedures and formats. Finding a format for reporting empirical results based on interpretative analyses: a possible way to the impossible*. Oslo: Internal paper, The Institute of Psychology, University of Oslo.
- Haavind, H. (2007). To spor i psykologisk forskning? Er det mulig for målere og meningssøkere å trekke veksler på hverandre. *Impuls. Tidsskrift for psykologi*, 2, 26–33.
- Haavind, H. (2017, October). *Subjektive erfaringar frå levd liv som privilegerte kjelder til psykologisk kunnskap* [Subjective experiences from lived life as privileged sources to psychological knowledge]. Paper presented at the Seminar Practice and people's lived life and its importance for professional psychology, UiT – The Arctic University of Norway, Tromsø.
- Habermas, J. (1962). *Borgerlig offentlighet* [Civil public]. Oslo: Pax Forlag.
- Hafstad, R. (2004). Marte Meo – en veilednings- og behandlingsmetode [Marte Meo – a supervision and therapy approach]. *Tidsskrift for Norsk Psykologforening*, 41, 447–456
- Hagtvedt, B., & Heen Wold, A. (2003). On the Dialogical Basis of Meaning: Inquiries into Ragnar Rommetveit's writings on language, thought, and communication. *Journal of Mind, Culture, and Activity*, 10, 186–204.
- Hald, M., & Hoven, S. (2009). Psykiatrisk senter for Tromsø og omegn – et forsøk på organisering av et helhetlig brukernært spesialisthelsetilbud [Tromsø Psychiatric Center – an attempt to organize a user-supported speciality mental health service]. *Tidsskrift for psykisk helsearbeid*, 6, 224–233.
- Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers, *Journal of Interprofessional Care*, 1, 188–196.
- Haraway, D. (1988). Situated Knowledge: The science question in feminism and the privilege of the partial perspective. *Feminist Studies*, 14, 575–599.
- Hardt, J., & Rutter, M. (2004). Validity of adults retrospective reports of adverse childhood experiences. Review of the evidence. *Journal of Child Psychology and Psychiatry*, 45, 260–273.
- Harding, S. (2004). A socially relevant philosophy of science? Resources from standpoint theory controversiality. *Hypatia*, 19, 25–47.
- Hart, S. (2009). *Hjerne, samhörighet og personlighet: Introduksjon til neuroaffektiv utvikling* [Brain, togetherness, and personality: Introduction to neuroaffective development]. København: Hans Reitzel.

- Hart, S., Lee, Y., Wernham, M. (2011). A new age for child protection – General comment 13: Why it is important, how it was constructed, and what it intends? *Child Abuse & Neglect*, 35, 970–978.
- Hartzell, M., Seikkula, J., & von Knorring, A.L. (2009). What children feel about their first encounter with child and adolescent psychiatry. *Contemporary Family Therapy*, 31, 177–192.
- Heltne, U., & Steinsvåg, P. Ø. (2010). *Sluttrapport for prosjektet Barn som lever med vold i familien* [Final rapport from the project Children living with violence in the family]. Oslo/Bergen: Rapport ATV/Senter for Krisepsykologi.
- Heltne, U., & Steinsvåg, P. Ø. (Eds.). (2011). *Barn som lever i relasjoner med vold. Grunnlag for beskyttelse og hjelp* [Children living in relationships with violence. Groundwork for safety and help]. Oslo: Universitetsforlaget.
- Hermans, H. J. M. (2002). The dialogical self as a society of mind. *Theory and Psychology*, 12, 147–160.
- Hermans, H. J. M., Kempen, H. J. G., & van Losen, R. J. P. (1992). The dialogical self. Beyond individualism and rationalism. *American Psychologist*, 47, 23–33.
- Hermstad, K. (2006). *Forbrytelse og selvforståelse. Om men som begår seksuelle overgrep mot barn* [Crime and self-perception. Men who do child sexual abuse]. Oslo: Tapir Akademisk Forlag.
- Herschell, A. D., Lumley, V. A., & McNeil, C. B. (2000). Parent-child interaction therapy. In L. Vandecreek (Ed.), *Innovations in clinical practice: A source book* (pp. 103–120). Sarasota, FL: Professional Resources Exchange.
- Herschell, A. D., & McNeil, C. (2005). Theoretical and empirical underpinnings of parent-child interaction therapy with child physical abuse populations. *Education and treatment of children*, 28, 142–162.
- Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect*, 31, 111–123.
- Hertz, S. (2008). Børne- og ungdomspsykiatri. Nye perspektiver og uanede muligheter [Child- and adolescent psychiatry. New perspectives and uncountable possibilities]. København: Akademisk Forlag.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196–205.
- Holm, H. V., & Skorgen, T. (2006). *Dialogens tenker. Nordiske perspektiver på Bakhtin* The thinker of the dialogue. Nordic perspectives on Bakhtin. Oslo: Skandinavisk Academic Press.
- Holma, J., & Aaltonen, J. (1997). The sense of agency and the search for a narrative in acute psychosis. *Contemporary Family Therapy*, 19, 463–477.
- Holmesland, A. L., Seikkula, J., & Hopfenbeck, M. (2015). Inter-agency work in open dialogue. The significance of listening and authenticity. *Journal of Interprofessional Care*, 28, 433–439.
- Holt, T. (2014). *Treatment of childhood trauma in Norway: Targets, treatments, and next steps*. Doctoral thesis. University of Oslo. Oslo.

- Holt, T., Jensen, T., & Wentzel-Larsen, T. (2014). The change and the mediating role of parental emotional reactions and depression in the treatment of traumatized youth. Results from a randomized controlled study. *Child and Adolescent Psychiatry and Mental Health, 8*, 1-7.
- Holquist, M. (1986). Introduction. In Bakhtin, M.M. (1986). *Speech genres and other late essays. A selection of essays from the Russian original "Estetika slovesnojo tvorčesta"* [1979] (pp. ix-xxiii). (Trans by V. McGee, edited by G. Emerson & M. Holquist). Austin: University of Texas Press.
- Holquist, M. (1990). *Dialogism: Bakhtin and his world*. London: Routledge.
- Hopstadius, K. (2015). Worry as compass. *The Swedish Journal of Family Therapy, 3*, 1-7.
- Horwath, J., & Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse & Neglect, 31*, 55-69.
- Horwath, J., & Morrison, T. (2011). Effective inter-agency collaboration to safeguard children: Rising to the challenge through collective development. *Children and Youth Services Review, 2*, 368-375.
- Hophenbeck, M. (2015). Peer-supported open dialogue. *Context, 138*, 29-31.
- Houston, J., & Galloway, S. (2008). *Sexual offending and mental health. Multidisciplinary management in the community*. London: Jessica Kingsley Publishers.
- Hundeide, K., & Armstrong, N. (2011). ICDP approach to awareness-raising about children's rights and preventing violence, child abuse, and neglect. *Child Abuse & Neglect, 35*, 1053-1062.
- Husserl, E. (1970). *The crisis of European science and transcendental phenomenology: An introduction to phenomenological philosophy*. Evanston: Northwestern University Press.
- Håkanson, C. (2014). *The extended therapy room*. (Doctoral dissertation, University of Jyväskylä, Finland).
- Håkanson, C. (2015). Om diagnoser och konsten at møtas. [On diagnosis and the art of meeting]. *Fokus på familien, 4*, 345-358.
- Inhelder, B., & Piaget, J. (1958). *The Growth of logical thinking from childhood to adolescence*. New York: Basic Books.
- Iversen, C. (2013). *Making questions and answers work: Negotiating participation in interview interaction* (Doctoral dissertation, The Uppsala University, Sweden). Retrieved from <http://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-20131818>
- Isdal, P. (2013). *Definisjon av vold* [Definition of violence]. Retrieved from <http://www.familiestiftelsen.no/book/export/html/11333>
- James, Å., & Prout, A. (1997). *Constructing and reconstructing childhood: Contemporary issues in the sociological study of childhood*. London: Routledge Falmer.
- Jensen, T. (2004). *Suspicious of child sexual abuse. Dialogicality and meaning making* (Doctoral dissertation, Department of Psychology, University of Oslo, Norway). Retrieved from [http://urn.nb.no/URN:NBN:no-nb\\_digibok\\_2016091908076](http://urn.nb.no/URN:NBN:no-nb_digibok_2016091908076)

- Jensen, T. K., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. A. (2005). Reporting possible sexual abuse. A qualitative study on children's perspectives and the context of disclosure. *Child Abuse & Neglect*, 29, 1395-1413.
- Jensen, T. K., Haavind, H., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. A. (2010). What constitutes a good working alliance in therapy with children that may have been sexually abused? *Qualitative Social Work*, 9, 461-478.
- Joas, H. (1985). *A contemporary re-examination of his thought*. Cambridge: Polity Press.
- Johannessen, A., Natland, S., & Støkken, A. M. (2011). *Samarbeidsbasert forskning i praksis* [Collaborative research in practice]. Oslo: Universitetsforlaget.
- Johnsen, H. (2013). (Ed.). *Vekst i det vanskelige* [Growth in difficulties]. Oslo: Gyldendal Akademisk.
- Johansson, S., Stefansen, K., Bakketeig, E., & Kaldal, A. (2017). (Eds.), *Collaborating against child abuse. Exploring the Nordic barnahus model*. Retrieved from <https://doi.org/10.1007/978-3-319-58388-4>
- Josephs, I. E. (1998). Do you know Ragnar Rommetveit? On dialogue and silence, poetry and pedantry, and cleverness and wisdom in psychology (An interview with Ragnar Rommetveit). *Culture and Psychology*, 4, 189-212.
- Katzenbach, J., & Smith, D. (1994). *The wisdom of teams: Creating the high-performance organization*. New York: Harper Business.
- Kemp, P. (1996). *Kjærlighet – forening og adskillelse* [Love – union and segregation]. *Morgenbladet*, 02.02.1996.
- King, D. N. (2006). Multidisciplinary teams and collaboration in child abuse interventions. A selected, annotated bibliography. *Professional bibliographies series*, 5. Retrieved from <http://www.nationalcac.org/professionals/images/stories/pdfs/mdt%20bib2.pdf>
- Kirkengen, A. L. (2002). Begrepet «funksjonelle lidelser» bevitner biomedisinens dysfunksjonelle teorigrunnlag [The concept «functional pains» witnesses the dysfunctional theoretical fundament of the biomedicine] *Tidsskrift for Norsk Lægeforening*, 1, 2617-2649.
- Kirkengen, A. L. (2005). *Hvordan krenkede barn blir syke voksne* [How offended children become sick adults]. Oslo: Universitetsforlaget.
- Kirkengen, A. L. (2007). *Forstyrret barn – forstyrret liv* [Disturbed child – disturbed life]. Oslo: Emila Forlag.
- Kolko, D., & Swenson, C. C. (2002). *Assessing and treating physically abused children and their families. A cognitive behavioral approach*. New York: Sage Publication.
- Kowal, S., & O'Connell, D. C. (2016). Ragnar Rommetveit's approach to everyday spoken dialogue from within. *Journal of Psycholinguist Research*, 45, 423-446.

- Kristoffersen, K. W. (2014). *Jeg vil, jeg vil, men jeg får det ikke til. Menn som har søkt behandling ved Alternativ til Vold: Hvilke beskrivelser bruker de om egen og barnets opplevelse, når barnet utsettes for fars sinne?* [I will, I will, but I do not manage. Men who have asked for treatment at Alternative to Violence: What descriptions do they use about their own and the child's experiences, when the child is exposed to the father's anger?]. Master Thesis, University of Oslo, Norway. Retrieved from <http://urn.nb.no/URN:NBN:no-4421>
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.
- Kvale, S. (1997). *Det kvalitative forskningsintervju* [The qualitative research interview]. Oslo: Ad Notam, Gyldendal.
- Kvale, S. (2003). The psychoanalytical interview as an inspiration for qualitative research. In P. Camie, J. Rodes, & L. Yardley (Eds.), *Expanding Qualitative research in psychology perspectives in methodology and design* (pp. 275-297). Washington, D.C: American Psychological Association.
- Kvarnstrøm, S. (2008). Difficulties in collaboration. A critical incident study of interpersonal healthcare teamwork. *Journal of Interprofessional Care*, 22, 191-203.
- Kåven, A. S., & Maack, J. K. (2016). *Det er mitt ansvar, men...En kvalitativ studie av utøveres forståelse av seksuelle overgrep mot barn* [It is my responsibility, but...A qualitative study of perpetrators' understanding of child sexual abuse]. Master Thesis, UiT – The Arctic University of Norway, Norway.
- Lakoff, G., & Johnson, M. (1980/2003). *Metaphors we live by*. Chicago: University of Chicago Press.
- Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams. A research agenda. *Child Welfare*, 84, 433-459.
- Langballe, Å., Gamst, T.K., & Jacobsen, M. (2010). *Den vanskelige samtalen. Barneperspektiv på barnevernsarbeid. Kunnskapsbasert praksis og behandlingskompetanse* [The difficult conversation. A child perspective on child protection work. Knowledge based praxis and treatment competency]. Oslo: NKVTS, Rapport 2/2010.
- Langballe, Å., & Schultz, J.H. (2016a). 'I couldn't tell such things to others': Trauma-exposed youth and the investigative interview. *Police Practice & Research*, 18, 62-74.
- Langballe, Å., & Schultz, J. H. (2016b). Elever utsatt for vold og seksuelle overgrep – samtalen som redskap for å oppdage og hjelpe [Pupils exposed to violence and sexual abuse – the conversations as a means to disclose and help]. In K. E. Mevik, O. G. Lillevik & O. Edvardsen (Eds.), *Vold mot barn. Teoretiske, juridiske og praktiske tilnærminger* [Violence against children. Theoretical, judicial, and practical approaches (pp. 117-134)]. Oslo: Gyldendal Akademisk.
- Langballe, Å., & Davik, T. (2017). Sequential interviews with preschool children in Norwegian Barnehus. In S. Johansson, K. Stefansen, E. Bakketeig & A. Kaldal, (Eds.), *Collaborating against child abuse. Exploring the Nordic barnahus*

- model* (pp. 165-187). Retrieved from <https://doi.org/10.1007/978-3-319-58388-4>
- Landridge, D. (2007). *Phenomenological Psychology. Theory, Research and Method*. Harlow: Pearson Education.
- Landridge, D. (2008). Relating through differences: A critical narrative analysis. In L. Finlay and K. Evans (Eds.), *Relational-Centered Research for Psychotherapists: Exploring Meanings and Experience* (pp. 213-226). Chichester, Sussex: Wiley-Blackwell.
- Lanius, R., Vermetten, E., & Pain, C. (2010). *The Impact of Early Life Trauma on Health and Disease*. Cambridge: Cambridge University Press.
- Lanius, R., Vermetten, E., & Pain, C. (2012). The Impact of early life trauma on health and disease. *British Journal of Psychotherapy*, 28, 132-135.
- Larkin, C., & Callaghan, P. (2005). Professionals' perception of interprofessional working in community mental health teams. *Journal of Interprofessional Care*, 19, 338-346.
- Larner, G. (2003). Integrating family therapy in child and adolescent mental health practice: An ethic of hospitality. *The Australian and New Zealand Journal of Family Therapy*, 24, 211-219.
- Leira, H. (1990). Fra tabuisert traume til anerkjennelse og erkjennelse. Del 1. Om arbeidet med barn som har erfart vold i familien [From taboo and trauma to acknowledgement and knowledge. Part 1. Working with children who have been exposed to violence in the family]. *Tidsskrift for Norsk Psykologforening*, 27, 16-77.
- Levi, P. (1996). *Survival in Auschwitz. The Nazi assault on humanity*. New York: Touchstone.
- Levi, P. (2000). *If not now, when?* New York: Penguin Books.
- Levi, P. (2003) *Samtaler og interøju 1963-1987 ved Marco Belpolitti* [Conversations and interviews 1963-1987 by Marco Belpolitti]. Oslo: Forum.
- Levinas, E. (1995). *Etik og uendelighet*. [Ethics and unfinability]. København: Hans Reitzels Forlag.
- Lidbom, P., Bøe, T. D., Kristoffersen, K., Ulland, D., & Seikkula, J. (2014). A study of a network meeting: Exploring the interplay between inner and outer dialogues in significant and meaningful moments. *Australian and New Zealand Journal of Family Therapy*, 35, 136-149.
- Lidbom, P., Bøe, T. D., Kristoffersen, K., Ulland, D., & Seikkula, J. (2015). How participants' inner dialogues contribute to significant and meaningful moments in network therapy with adolescents *Contemporary Family Therapy*, 37, 122-129.
- Lilleskare Lunde, A. (2017). Barndomstraumer i nytt lys [Childhood trauma in a new perspective]. *Tidsskrift for Norsk Psykologforening*, 54, 908-915.
- Linell, P. (2003). Dialogical tensions: On Rommetveit's themes of minds, meanings, monologues, and languages. *Mind, Culture, and activity*, 10, 219-229.



- Linell, P. (2009). *Rethinking language, mind and the world dialogically: Interactional and contextual theories of human sense-making*. Charlotte N.C: Information Age Publishing.
- Linell, P. (2017a, October). *The nature of dialogue: various perspectives*. Paper presented at the Forth International Conference on Dialogical Practices, Torino.
- Linell, P. (2017b). Dialogue, dialogicality, and interaction. A conceptually bewildering field? *Language & Dialogue*, 7, 301-306.
- Linell, P., & Rommetveit, R. (1998). The many forms and facets of morality in dialogue. Epilogue for the special issue. *Research in language and social interaction*, 31, 465-473.
- Linell, P., & Markova, I. (Eds.). (2014). *Dialogical approaches to trust in communication*. Charlotte NC: Information Age Publishing.
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse. What does the research tell us about the ways that children tell. *Psychology, Public Policy and Law*, 11, 194-226.
- Løgstrup, K. E. (1956). *Den etiske fordring* [The ethical obligation]. København: Gyldendal.
- Løgstrup, K. E. (1978). *Skabelse og tilintetgjørelse. Religionsfilosofiske betraktninger* [Creation and distruction. Religious philosophical reflections]. København: Gyldendal.
- Lømo, B., Haavind, H., & Tjersland, O. A. (2016). From resistance to invitations: How man voluntarily in therapy for intimate partner violence may contribute to the development of a working alliance. *Journal of Interpersonal Violence*, 1-23.
- Lund, L. K., Zimmerman, T. S., & Haddock, S. A. (2002). The theory, structure, and techniques for the inclusion of children in family therapy: A literature review. *Journal of Marital and Family Therapy*, 28, 445-454.
- Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. Cohen (Eds), *Developmental psychopathology: Risk, disorder, and adaptation* (pp. 739-795). Hoboken, US: John Wiley & Sons Inc.
- Luther, S. (2014). *Prosjekt Støtte til seksuelt misbrukte barn*. Tromsø: Universitetet i Tromsø. Rapport.
- Luther, S. (2016). *Prosjekt Støtte til seksuelt misbrukte barn*. Tromsø: Universitetet i Tromsø. Rapport.
- MacGregor, J. C. D., Wathen, N., Kothari, K, Hundal, K. P., & Naimi, A. (2014). Strategies to promote uptake and use of intimate partner violence and child maltreatment knowledge: An integrative review. *BMC Public Health*, 14, 2-16.
- Madsen, K. (1998). Emanuel Levinas: Avsporing i etikken [Emanuel Levinas: Derail in ethics]. In A. Aarnes (Ed.), *Underveis mot den annen. Essays av og om Levinas ved Asbjørn Aarnes* [On our way to the other. Essays of and on Levinas by Asbjørn Aarnes] (pp. 167-171). Oslo: Vidarforlaget.

- Malterud, K. (2001a). The art and science of clinical knowledge: evidence beyond measures and numbers. *The Lancet*, 358, 397-400.
- Malterud, K. (2001b). Qualitative research: standards, challenges, and guidelines. *The Lancet*, 358, 483-488.
- Markova, I. (2000). The individual and society in psychological theory. *Theory and Psychology*, 10, 107-116.
- Markova, I. (2003). *Dialogicality and social representations. The dynamics of mind*. Cambridge: Cambridge University Press.
- Markova, I. (2006). On the "inner alter" in dialogue. *International Journal of Dialogical Science*, 1, 125-147.
- Markova, I. (2016.) *The dialogical mind. Common sense and ethics*. Cambridge: University Press.
- Markova, I., & Gillespie, A. (Eds.). (2008). *Trust and distrust. Sociocultural perspectives*. Charlotte, NC: Information Age Publishing, Inc.
- Markova, I., & Gillespie, A. (Eds.). (2012) *Trust and conflict. Representation, culture and dialogue*. London: Routledge.
- McCallin, A., & McCallin, M. (2009). Factors influencing team working and strategies to facilitate successful collaborative teamwork. *New Zealand Journal of Physiotherapy*, 37, 61-67.
- McFarlane, A. C., Ellis, N., Barton, C., Browne, D., and Van Hooff, M. (2008). The conundrum of medically unexplained symptoms: Questions to consider. *Psychosomatics*, 49, 369-377.
- McLean, S. (2012). Barriers to collaboration on behalf of children with challenging behaviours: a large qualitative study of five constituent groups. *Child and Family Social Work*, 17, 478-486.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. CA: Sage.
- Mellberg, N. (2002). *När det överkliga blir verklighet. Mödrars situation när deras barn utsätts för sexuella övergrepp av fäder* [When the unreal becomes reality. The situation of mothers when their child experiences sexual abuse]. Umeå: Borea Bokförlag.
- Melby, L., & Tjora, A. (2013). Samhandlingens mange ansikter. I A. Tjora & L. Melby (Eds.), *Samhandling for helse. Kunnskap, kommunikasjon og teknologi i helsetjenestene* [Cooperation towards health. Knowledge, communication, and technology in health services] (pp. 13-30). Oslo: Gyldendal Akademisk.
- Mevik, K. E., Lillevik, O. G., & Edvardsen, O. (2016). (Eds.). *Vold mot barn. Teoretiske, juridiske og praktiske tilnærminger* [Violence against children. Theoretical, judicial, and practical approaches]. Oslo: Gyldendal Akademisk.
- Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge.
- Merleau-Ponty, M. (2000). *Øyet og ånden* [The eye and the spirit]. Oslo: Pax Forlag.
- Middelborg, J., & Samoilo, D. K. (2014). *Tryggere barndom. Et behandlingsperspektiv på vold i familien* [A safer childhood. A treatment perspective on violence in the family]. Oslo: Gyldendal Akademisk.
- Ministry of Children, Equality and Social Inclusion (2013): *Barndommen kommer ikke i reprise. Strategi for å bekjempe vold og seksuelle overgrep mot barn og*

- ungdom* (2014-2017) [Childhood does not come in repeat. Strategy against violence and sexual abuse towards children and youths (2014-2017)]. Oslo: Barne- og likestillingsdepartementet.
- Ministry of Children, Equality and Social Inclusion (2014): *En god barndom varer livet ut. Tiltaksplan for å bekjempe vold og seksuelle overgrep mot barn og ungdom* (2014-2017) [A good childhood lasts the whole life. Plans for working against violence and sexual abuse against children and youths (2014-2017)]. Oslo: Barne- og likestillingsdepartementet.
- Ministry of Children, Equality and Social Inclusion (2017): *Sviikt og svikt. Gjennomgang av saker hvor barn har vært utsatt for vold, seksuelle overgrep og omsorgssviikt*. [Defeat and betrayal. A review of cases where children have been exposed to violence, sexual abuse, and neglect]. Oslo: Norges offentlige utredninger 12/2017.
- Ministry of Health Care Services (2009): *Samhandlingsreformen: rett behandling på rett sted til rett tid. St. meld. Nr. 47, 2008-2009* [The cooperation reform: right treatment at the right time at the right place]. Oslo: Norges offentlige utredninger.
- Moltu, C., Stefansen, J., Svisdahl, M., & Veseth, M. (2013). How to enhance the quality of mental health research: Service users' experiences of their potential contributions through collaborative methods. *American Journal of Psychiatric Rehabilitation*, 16, 1-21.
- Montoya, C., & Agustin, R. L. (2013). The othering of domestic violence: The EU and cultural framings of violence against women. *Social Politics*, 20, 534-557.
- Mossige, S. (1998). *Har barnet mitt vært utsatt for seksuelle overgrep? En narrativ analyse av mødres fortelling* [Has my child been exposed to sexual abuse? A narrative analyses of the mothers stories]. Oslo: Nova Rapport 21.
- Mossige, S., & Stefansen, K. (2007). *Vold og overgrep mot barn og unge. En selvrapporteringsstudie blant avgangselever i videregående skole* [Violence and abuse against children and youths. A self-report research among college pupils]. Oslo: NOVA, Rapport 20/07.
- Mossige, S., & Stefansen, K. (2016). *Vold og overgrep mot barn og unge. Omfang og utviklingstrekk 2007-2015* [Violence and abuse against children and youths. Prevalence and estimated change 2007 - 2015]. Oslo: NOVA: Rapport 5/16.
- Myklebust, T. (2012). The position in Norway. In J. R. Spencer & M. Lamb (Eds.), *Children and cross-examination: The time to change the rules* (pp. 147-170)? Oxford: Hart Publishing.
- Myklebust, T. (2017): The Nordic model of handling children's testimony. In: S. Johansson, K. Stefansen, E. Bakketeig & A. Kaldal, (Eds.), *Collaborating against child abuse. Exploring the Nordic barnahus model* (pp. 97-121). Retrieved from <https://doi.org/10.1007/978-3-319-58388-4>
- Møllersen, S. (2017, October). *Etikk og samforskning i møte med det reindriftssamiske samfunnet - nokre erfaringar* [Ethics and participatory research in meeting the Reindeer-Lappish society - some experiences]. Paper presented at the

- Seminar Practice and people's lived life and its importance for professional psychology, UiT – The Arctic University of Norway, Tromsø.
- Ness, O., Karlson, B., Borg, M., Biong, S., Sundet, R., McCornmack, B., & Kim, H. S. (2014). *Towards a model for collaborative practices in community mental health care*. Retrieved from: <http://psykologisk.no/sp/2014/11/e6/>
- Nesset, M., (2017). *Mikrofonen i øredobben. Et magisk menneskemøte i psykosens univers* [The microphone in the ear jewelry. A magical moment of meeting in the universe of the psychosis]. (Unpublished Bachelor's Thesis). NTNU, Gjøvik, Norway.
- Nordanger, D. Ø., Johansen, E. R., Nordhaug, I., Dybsland, R., & Johansen, V. A. (2012). Konsultasjonsteammodellen i Vest-Norge: De første systematiserte erfaringene [The consultation-team model in the West: The first systematic experiences]. *Norsk Barnevern*, 2, 4–14.
- Nordanger, D. Ø., & Braarud, H. C. (2017). *Utviklingstraumer: Regulering som nøkkelbegrep i ny traumepsykologi* [Developmental trauma: regulation as a key concept in new trauma psychology]. Oslo: Fagbokforlaget.
- Norwegian Directorate for Children, Youth and Family Affairs (2014). *Dimensjonering og organisering av familieverntjenesten – en evaluering* [Dimensions and organization of the family protection service – an evaluation]. Oslo: Buf. Dir. Retrieved from [www.bufetat.no/Documents/Bufetat.no/NBBF/Dimensjonering\\_av\\_familievernet\\_evaluering.pdf](http://www.bufetat.no/Documents/Bufetat.no/NBBF/Dimensjonering_av_familievernet_evaluering.pdf)
- Ofstad, H. (1991). *Vår forakt for svakhet: en analyse av nazismens normer og vurderinger* [Our despise for weakness: an analyses of the Nazi norms and considerations]. Oslo: Pax Forlag.
- Olson, A-M., & Klaverud, M. (2017). To be summoned to Barnahus: Children's perspectives. In: S. Johansson, K. Stefansen, E. Bakketeig & A. Kaldal (Eds.), *Collaborating against child abuse. Exploring the Nordic barnahus model* (pp. 57-75). Retrieved from <https://doi.org/10.1007/978-3-319-58388-4>
- O'Reilly, M., & Parker, N. (2013). You can take a horse to the water, but you can't make it drink: Exploring children's engagement and resistance in family therapy. *Contemporary Family Therapy*, 35, 491–507.
- Ormhaug, S., Jensen, T. K., Hukkelberg, S. S., Holt, T., & Egeland, K. (2012). Traumer hos barn – blir de gjemt eller glemte? Kartlegging av traumatiske erfaringer hos barn og unge henvist til BUP [Childhood trauma- are they hidden or forgotten? A survey of trauma experiences for children referred to specialty mental health service for children and adolescents]. *Tidsskrift for Norsk Psykologforening*, 49, 234–240.
- Pampel, F.C. (2000). *Sociological historical ideas: an introduction to classical theorists*. N.Y.: Worth Publishers.
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22, 271-295.
- Patterson, J., & Vakili, S. (2014). Relationships, environment, and the brain: How emerging research is changing what we know about the impact of families on human development. *Family Process*, 53, 22–32.

- Perry, B. (1994). Neurobiological sequelae of childhood trauma: Post-traumatic stress disorder in children. In M. Murberg (Ed.), *Catecholamine function in Post-Traumatic Stress Disorders: Emerging concepts* (pp. 153-276). Washington DC: American Psychiatric Press.
- Perry, B. (2009). *The neurobiological impact of childhood maltreatment: Implications for programs, practice, and policy*. Presentation on the European Society for Trauma and Dissociation.
- Petronio, S., Reeder, H. M., Hecht, M.L., & Ros-Mendoza, T. M. (1996). Disclosure of sexual abuse by children and adolescents. *Journal of Applied Communication Research*, 24, 191-199.
- Philips, E., Oxburgh, G.E., Garvin, A., & Myklebust, T. (2012). Investigative interviews with victims of child sexual abuse: The relationship between question type and investigation relevant information. *Journal of Police and Criminal Psychology*, 27, 45-54.
- Pine, D. S., & Cohen, J.A. (2002). Trauma in children and adolescents: Risk and treatment of psychiatric sequelae. *Biological Psychiatry*, 51, 519-531.
- Plummer, C. A. (2006). The discovery process: What mothers see and do in gaining awareness of sexual abuse of their children. *Child Abuse & Neglect*, 30, 1227-1237.
- Polkinghorne, D. (1989). *Narrative knowing and the human sciences*. Chicago, IL: The University of Chicago Press.
- Polkinghorne, D. E. (2000). Psychological inquiry and the pragmatic and hermeneutic traditions. *Theory & Psychology*, 10, 453-479.
- Quillman, T. (2012). Neuroscience and therapist self-disclosure: Deepening right brain to right brain communication between therapist and patient. *Journal of Clinical Social Work*, 40, 1-9.
- Quillman, T. (2013.) Treating trauma through three interconnected lenses: Body, personality, and intersubjective field. *Journal of Clinical Social Work*, 41, 356-365.
- Rasanen, E. R., Holma, J., & Seikkula, J. (2012a). Constructing healing dialogues in group treatment for men who have used violence against their intimate partners. *Social Work in Mental Health*, 10, 127-145.
- Rasanen, E. R., Holma, J., & Seikkula, J. (2012b). Dialogical view on partner abuser treatment: Balancing confronting and support. *Journal of Family Violence*, 27, 357-368.
- Rasanen, E. R., Holma, J., & Seikkula, J. (2014). Dialogues in partner abusive clients group treatment: Conversational tools used by counselors with different motivated clients, *Violence and Victims*, 29, 195-215.
- Rasmussen, I., Strøm, S., Sverdrup, S., & Vennemo, H. (2012). *Samfunnsøkonomiske kostnader av vold i nære relasjoner* [Socioeconomical costs of violence in close relationships]. Oslo: Vista Analyse.
- Rasmussen, I., & Vennebo, H. (2017). *Samfunnsøkonomiske konsekvenser av omsorgssvikt og vold mot barn* [Socio-economical consequences of neglect and violence against children]. Oslo: Vista Analyse nr. 12.

- Raundalen, M. (2005). Åse Gruda Skard og kampen mot hardheten i barneoppdragelsen [Åse Gruda Skard and the struggle against ruff methods in upbringing]. *Tidsskrift for Norsk Psykologforening*, 12, 1092-1100.
- Reigstad, B. (2012). *Hva vet vi, og hva rapporter BUP-pasienter om ulike psykososiale belastninger. Trenger vi et familie- og nettverksperspektiv i vårt arbeid?* [What do we know, and what do BUP-patients tell about different types of psychosocial difficulties? Do we need a family and network perspective in our work?]. Paper presented at the National conference for children and adolescents' mental health, Oslo, Norway. Retrieved from <http://www.nbup.no/nbup/landskonf.php>
- Reigstad, B., Jørgensen, K., & Wichstrøm, L. (2006). Diagnosed and self-reported childhood abuse in national and regional samples of child and adolescent psychiatric patients: Prevalence and correlates. *Nordic Journal of Psychiatry*, 60, 58-66.
- Reigstad, B., & Kvernmo, S. (2016). Concurrent adversities among adolescents with conduct problems: The NAAHS study. *Social Psychiatry and Psychiatric Epidemiology*, 51, 1429-1438.
- Ricoer, P. (1992). *Oneself as another*. Chicago: University Press.
- Rober, P. (2008). Being there, experiencing and creating space for dialogue: About working with children in family therapy. *Journal of Family Therapy*, 30, 465-477.
- Rommetveit, R. (1966). *Ego i moderne psykologi* [Ego in modern psychology]. Oslo: Universitetsforlaget.
- Rommetveit, R. (1974). *On message structure*. London: Wiley.
- Rommetveit, R. (1988). On literacy and the myth of meaning. In R. Sæljø (Ed.), *The written world* (pp. 13-40). Berlin: de Gruyter.
- Rommetveit, R. (2003). On the role of «a psychology of the second person» in studies of meaning, language, and mind. *Mind, Culture, and Activity*, 10, 205-218.
- Rommetveit, R. (2008). *Språk, individuell psyke og kulturelt kollektiv* [Language, individual psyche, and cultural collective]. Oslo: Gyldendal Akademisk.
- Rose, D., Thornicroft, G., & Slade, M. (2006). Who decides what evidence is? Developing a multiple perspectives paradigm in mental health. *Acta Psychiatrica Scandinavica*, 429, 109-114.
- Ruble, N. (1999). The voices of therapists and children regarding the inclusion of children in family therapy: A systemic research synthesis. *Contemporary Family Therapy*, 2, 485-503.
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Science*, 1094, 1-12.
- Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, 24, 335-344.
- Røberg, L. (2011). Hvordan kan vold mot barn avdekkes i psykisk helsevern? [How can violence against children be disclosed in specialty mental health service?]. *Tidsskrift for Norsk Psykologforening*, 44, 538-543.

- Røed Hansen, B. (2012). *I dialog med barnet. Intersubjektivitet i utvikling og i psykoterapi* [In dialogue with the child. Intersubjectivity in development and therapy]. Oslo: Gyldendal Akademisk.
- Rønnestad, M. H. (2008). Evidensbasert praksis i psykologi [Evidence based practice in psychology]. *Tidsskrift for Norsk Psykologforening*, 45, 444-454.
- Rørtveit, G., & Hunskår, S. (2009). Samhandlingsreformen og universitetene [The cooperation reform and the universities]. *Tidsskrift for Den Norske Lægeforening*, 129, 1622.
- Schaeffer, P., Leventhal, J. M., & Asnes, A. G. (2011). Children's disclosure of sexual abuse: learning from direct inquiry. *Child Abuse & Neglect*, 35, 343-352.
- Schultz Jørgensen, J. H., & Kampmann, J. (Eds.). (2000). *Børn som informanter* [Children as informants]. København: Børnerådet.
- Seikkula, J. (1993). The aim of therapy is to generate dialogue: Bakhtin and Vygotsky in family session. *Human Systems: The Journal of Systemic Consultation and Management*, 4, 33-48.
- Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: examples from families with violence. *Journal of Marital and Family Therapy*, 28, 263-274.
- Seikkula, J. (2012). *Åpne samtaler* [Open conversations]. Oslo: Universitetsforlaget.
- Seikkula, J., Altonen, J., Alakare, B., Haarakangas, K., Keranen, J., & Sutela, M. (1996). Treating psychosis by means of open dialogue. In S. Fridman (Ed.), *The new language of change. Constructive collaboration in psychotherapy* (pp. 62-80). New York: Guilford Press.
- Seikkula, J., & Arnkil, T. E. (2011). *Sociala nätverk i dialog*. [Social network in dialogues] Lund: Studentlitteratur.
- Seikkula, J., & Arnkil, T. E. (2014). *Open Dialogues and Anticipations: Respecting Otherness in the Present Moment*. Retrieved from [www.youtube.com/watch?v=4Ix08L5ea20](http://www.youtube.com/watch?v=4Ix08L5ea20).
- Seikkula, J., & Arnkil, T. E. (2015). Developing dialogicity in relational practices: reflecting on the experience from open dialogues. *Australian & New Zealand Journal of Family Therapy*, 35, 142-154.
- Seikkula, J., Karvonen, A., Kykyri, V., Kaartinen, J., & Penttonen, M. (2015). The embodied attunement of therapists and a couple within dialogical psychotherapy: An introduction to the Relational Mind Research Project. *Family Process*, 54, 703-715.
- Seikkula, J., Laitila, A., & Rober, P. (2012). Making sense of multi-actor dialogues in family therapy and network meetings. *Journal of Family and Marriage Therapy*, 38, 667-687.
- Seikkula, J., & Trimble, D. (2005). Healing elements of therapeutic conversation: Dialogue as an embodiment of love. *Family Process*, 44, 461-475.
- Sheets-Johnstone, M. (2008). *The roots of morality*. Pennsylvania: Pennsylvania State University Press.

- Sheets-Johnstone, M. (2009). *The corporeal turn: An interdisciplinary reader*. Charlottesville: Imprint Academic.
- Sheets-Johnstone, M. (2011). Embodied minds or mindful bodies? A question of fundamental, inherently inter-related aspects of animation. *Subjectivity*, 4, 451-466.
- Sheets-Johnstone, M. (2014). Animation: Analysis, elaboration, and implications. *Husserl Stud*, 30, 247-268.
- Sheinberg, M., & True, F. (2008). Treating family relational trauma: A recursive process using a decision dialogue. *Family Process*, 47, 173-195.
- Shore, A. N. (2009). Relational trauma and the developing right brain. An interface of psychoanalytic self-psychology and neuroscience. *Self and systems: Exploration in contemporary self-psychology*, 1159, 189-203.
- Shotter, J. (1990). The myth of mind, and the mistake of psychology. In W. Baker, R. Hezewijk, M. and S. Terwee (Eds.), *Recent trends in theoretical psychology* (pp. 63-70). New York: Springer Verlag.
- Shotter, J. (2010). *Social construction on the edge. Witness therapy and embodiment*. Chargin Falls: Tao Institute Publications.
- Shotter, J. (2012a). Ontological social constructionism in the context of a social ecology: The importance of our living bodies. In A. Lock & T. Strong (Eds.), *Discursive perspectives in therapeutic practice* (pp. 51-84). Oxford: Oxford University Press.
- Shotter, J. (2012b). *Getting it. Witness-thinking and the dialogical ...in practice*. New York: Hampton Press.
- Shotter, J. (2014). From 'after the fact' objective analysis to immediate 'before the fact' living meanings. *Culture & Psychology*, 20, 525-536.
- Shotter, J. (2016). *Speaking, actually: Towards a new "fluid" common-sense understanding of relational becomings*. Franhill: Everything is Connected Press.
- Siegel, D. J., & Bryson, T. P. (2015). *No-drama discipline, the whole-brain way to calm the chaos and nurture your child's developing mind*. New York: Bantam Books.
- Siegel, J. (2013). Breaking the links in intergenerational violence: An emotional regulation perspective. *Family Process*, 52, 163-177.
- Sletvold, J. (2014). *The embodied analyst: From Freud and Reich to relationality*. NY: Routledge,
- Slåttilid, R. T. (1998). Bakhtins translingvistikk [Bakhtin's translanguistics]. In Bakhtin, M. M., *Spørsmålet om talegenrane* [The question of the speech genres] (pp. 47-85). Bergen: Ariadne Forlag.
- Slåttøy, A. (2002). *Problemadferd i klasserommet* [Problembehavior in the class room]. Oslo: Cappelen Akademisk Forlag.
- Smith, J. A. (2011). Evaluating the contributions of interpretative analysis. *Health Psychology Review*, 5, 9-27.
- Smith, J. A. (2015). *Qualitative psychology. A practical guide to research methods*. Los Angeles: Sage Publications.
- Smith, J. A., Flowers, P., & Larkin, M. (2012). *Interpretative Phenomenological Analysis: Theory, Method & Research*. Los Angeles: Sage Publications.



- Sommer, D., Samuelsson, I. P., & Hundeide, K. (2009). *Child perspectives and children's perspectives in theory and practice*. Heidelberg: Springer Verlag.
- Solberg, A. (2014). Reflections on interviewing children in difficult circumstances: courage, caution and co-production. *International Journal of Social Research Methodology*, 17, 233-248.
- Sori, C. F. (Ed.). (2006). *Engaging children in family therapy: Creative approaches to integrating theory and research in clinical practice*. New York: Routledge.
- Sori, C. F., & Sprenkle, D. H. (2004). Training family therapists to work with children and families: A modified Delphy study. *Journal of Marital and Family Therapy*, 30, 479-495.
- Staller, K. M., & Nelson-Gardell, D. (2005). "A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse & Neglect*, 29, 1415-1432.
- Stefansen, K. (2017). Staging a caring atmosphere: Child friendliness in Barnahus is a multidimensional phenomenon. In S. Johansson, K. Stefansen, E. Bakketeig & A. Kaldal (Eds.), *Collaborating against child abuse. Exploring the Nordic barnahus model* (pp. 35-57). Retrieved from <https://doi.org/10.1007/978-3-319-58388-4>
- Stern, D. (1992). *Et spedbarns dagbok. Hva ditt barn ser, føler og opplever* [A diary of an infant. What your child sees, hears, and experiences]. Oslo: Universitetsforlaget.
- Stern, D. (2004a). *The present moment of everyday life*. New York: Northon.
- Stern, D. (2004b). The present moment as a critical moment, *Negotiation Journal*, 20, 365-372.
- Stern, D. (2007). Applying developmental and neuroscience findings on other-centered participation to the process of change in psychotherapy. In S. Bråten (Ed.), *On being moved. From mirror neurons to empathy* (pp. 35-47). Amsterdam: John Benjamins Publishing Company.
- Stien, P. T., & Kendall, J. C. (2004). *Psychological trauma and the developing brain*. New York: Haworth Maltreatment and Trauma Press.
- Stige, B., Malterud, K., & Midtgarden, T. (2009). Toward an agenda for evaluation of qualitative research. *Qualitative Health Research*, 19, 1504-1516.
- Stith, S. M., Rosen, K. H., McCollum, E. F., Coleman, J. U., & Herman, S. A. (1996). The voices of children: Preadolescent children's experiences in family therapy. *Journal of Marital and Family Therapy*, 22, 69-86.
- Stith, S. M., McCollum, E. E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy*, 38, 220-240.
- Stoknes, P. E. (1996). *Sjelens landskap: refleksjoner over natur og myter* [The landscape of the soul: reflections on nature and myths]. Oslo: Cappelen.
- Stoknes, P. E. (2011). *Økonomiske metaforer- en flerfaglig vitenskapstudie av økonomiske metaforers implikasjoner på klimapolitikk og oppfatninger om penger* [Economic metaphors - a cross-professional research on the implications of economic metaphors on climate politics and the perception of money]

- (Doctoral dissertation, Institute of Social Sciences, University of Oslo, Norway). Retrieved from <http://urn.nb.no/URN:NBN:no-28411>
- Strandbu, A., & Thørnblad, R. (2015). Hva står på spill? Barns deltakelse og budskap i mekling [What is at stake? Children's participation and message in Mediation Institute Work]. *Fokus på familien*, 1, 271-291.
- Sullivan, P. (2007). Examining the self-other dialogue through 'spirit' and 'soul'. *Culture & Psychology*, 13, 105-128.
- Sullivan, P. (2012). *Qualitative data analysis using a dialogical approach*. London: Sage Publication.
- Sundet, R. (2009). *Client-directed, outcome informed therapy in an intensive family-therapy unit. A study of the use of research generated knowledge in clinical practice* (Doctoral dissertation, University of Oslo, Norway). Retrieved from <http://urn.nb.no/URN:NBN:no-24124>
- Sundet, R. (2014). Patient-focused research supported practices in an intensive family therapy unit. *Journal of Family Therapy*, 36, 195-216.
- Sundet, R. (2015.) Kunnskap i evidensens tid - mot en kunnskapsforståelse for praktiserende familieterapeuter [Knowledge in times of evidence - towards an understanding of knowledge for practicing family therapists]. *Fokus på familien*, 1, 6-24.
- Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care*, 23, 41-51.
- The Adverse Childhood Experiences Study. Retrieved from <http://www.aces-tudy.org>
- The Boston Change Process Study Group. (2010). *Change in psychotherapy. A unifying paradigm*. Boston: W. W. Norton & Company.
- Theron, L., & Ungar, M. (2017). Call for papers: Child abuse and resilience: Understanding the differential impact of protective processes. *Child Abuse & Neglect*, 1, 4.
- Thoresen, S., & Hjemdal, O. K. (2014). *Vold og voldtekt i Norge. En nasjonal forekomst-studie av vold i et livsløpsperspektiv* [Violence and rape in Norway. A national survey of violence in a life course perspective]. Oslo: NKVTS. Rapport 1/2014.
- Thylefors, I. (2012). Does time matter? Exploring the relationship between interdependent teamwork and time allocation in Swedish interprofessional teams. *Journal of Interprofessional Care*, 26, 269-275.
- Todorov, T. (1984). *Mikhail Bakhtin. The dialogical principle*. Minneapolis: University of Minnesota Press.
- Tomasello, M., Carpenter, M., Call, J., Behne, T., & Moll, T. (2005). Understanding and sharing intentions: The origins of cultural cognition. *Behavioral and Brain Sciences*, 28, 675-735.
- Tracy, E. M., & Johnson, P. J. (2006). The intergenerational transmission of family violence. In N. B. Webb (Ed.), *Working with traumatized youths in child welfare* (pp. 113-134). NY: Guilford.

- Trevarthen, C. (1977) Descriptive analysis in infant communication behaviour. In H. R. Schaffer (Eds.), *Studies in mother-infant interaction* (pp. 227-270). New York: Academic Press.
- Trevarthen, C. (1979). Communication and cooperation in early infancy: A description of primary intersubjectivity. In M.M. Bullowa (Ed.), *Before speech* (pp. 321-349). New York: Cambridge University Press.
- Trevarthen, C. (1980). The foundation of intersubjectivity: Development of interpersonal and cooperative understanding in infants. In D. Olson (Ed.), *The social foundation of language and thought* (pp. 316-342). New York: Norton.
- Trevarthen, C. (1989). Development of early social interaction and the affective regulation of brain growth. In C. von Euier, H. Forsberg & H. Lagercrantz (Eds.), *Neurobiology of early infant behaviour* (pp. 191-216). London: Macmillan.
- Trevarthen, C. (2001). Intrinsic motives for companionship in understanding: their origin, development, and significance for infant mental health. *Infant Mental Health Journal*, 22, 95-131.
- Trevarthen, C. (2011). What is it like to be a person that knows nothing? Defining the active intersubjective mind of a newborn human being. *Infant and Child Development*, 20, 119-135.
- Trevarthen, C. (2015, September). *Human life is a music to be shared. Rhythm and affect in mutual awareness – musicality and meaning*. Paper presented at the Third International Conference on Dialogical Practices, Kristiansand.
- Ungar, M. (2004). The importance of parents and other caregivers to the resilience of high-risk adolescents. *Family Process*, 43, 23-41.
- Ungar, M. (2015). Practitioner Review: Diagnosing childhood resilience – a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*, 56, 4-17.
- UN (1999). Convention on the Rights of the Child. Retrieved from <http://www.fn.no>
- Vall, B., Seikkula, J., Laitila, A., Holma, J., & Botella, L. (2014). Increasing responsibility, safety and trust through a dialogical approach: A case study in couple therapy for psychological abusive behavior. *Journal of Family Psychotherapy*, 25, 275-299.
- Vall, B., Seikkula, J., Laitila, A., & Holma, J. (2016). Dominance and dialogue in couple therapy for psychological intimate partner violence. *Contemporary Family Therapy*, 38, 223-232.
- van Reedt Dortland, A. K. B., Giltay, E. J., van Veen, T., Zitman, F. G., & Penninx, B. (2012). Personality traits and childhood trauma as correlates of metabolic risk factors: The Netherlands Study of Depression and Anxiety (NESDA). *Progress in Neuropsychopharmacology & Biological Psychiatry*, 36, 85-91.
- van der Kolk, B. A. (2005). Developmental trauma disorder. *Psychiatric Annals*, 35, 401-408.

- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.
- van der Kolk, B. A. (2017). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric annals*, 35, 401-408.
- van der Kolk, B. A., & Fisher, R. (1995). Dissociation and the fragmentary nature of traumatic memories. Overview and explanatory study. *Journal of Traumatic Stress*, 8, 505-525.
- Vedeler, A. H. H. (2011). *Dialogical practices: diving into the poetic movement exploring 'supervision' and 'therapy'* (Doctoral dissertation, University of Bedfordshire, England). Retrieved from <http://uobrep.openrepository.com/uobrep/bitstream/10547/223011/1/Thesis%20-%20Dialogical%20Practices%20-%20Anne%20Hedvig%20H.%20Vedeler.pdf>.
- Vetelainen, A., Grønholm, H., & Holma, J. (2013). Discussions of fatherhood in male batterer treatment group. *Sage Open*, April-June, 1-10.
- Vetere, A., & Dowling, E. (Eds.). (2008). *Narrative therapies with children and their families. A practitioner's guide to concepts and approaches*. N.Y.: Routedledge.
- Vetlesen, A. J. (2012). Habermas og Levinas i hver sin verden? [Habermas and Levinas in separate worlds?]. *Nytt Norsk Tidsskrift*, 2, 35-47.
- Vis, S. A. (2014). *Factors that determine children's participation in child welfare decision-making. From consultation to collaboration* (Doctoral dissertation, UiT - The Arctic University of Norway, Norway). Retrieved from <http://hdl.handle.net/10037/7042>
- Vis, S. A., Strandbu, A., Holtan, A., & Thomas, N. (2011). Participation and health. A research review of child participation in planning and decision-making. *Child and Family Social Work*, 16, 325-335.
- Voloshinov, V. N. (1986). *Marxism and the philosophy of language*. MA: Harvard University Press.
- Vygotsky, L. S. (1982). *Tænkning og sprog* [Thought and language]. København: Reitzel.
- Wachtel, E. F. (1994/2004). *Treating Troubled Children and Their Families*. New York: Guilford Press.
- Walker-Descartes, I., Sealy, Y. M., Danielle, L., & Rojas, M. (2011). Caregiver perceptions on sexual abuse and its effect on management after a disclosure. *Child Abuse & Neglect*, 35, 437-447.
- Wara, T. (2016). *Den mobile kroppen. En kroppsfenomenologisk studie av (re)orienteringspraksiser blant russiske kvinnelige migranter i Finnmark* [The mobile body. A body phenomenological study of (re)orienting practices among Russian female migrants in Finnmark] (Doctoral dissertation, UiT - The Arctic University of Norway, Norway). Retrieved from <http://hdl.handle.net/10037/10193>
- Wasserman, E. (2005). *Multidisciplinary teams and child protection teams. Child protection handbook*. University of Oklahoma Health Science Centre: Project Making Medicine. Downloaded from <http://www.icctc.org/Difference%20between%20MDT%20and%20CPT.pdf>

- Wassnes, V. M. (2012). *Vold mot barn. BUP- ansattes møte med barn utsatt for vold. En kvalitativ studie av BUP-ansattes møte med barn utsatt for vold* [Violence against children. Professionals' at the specialty mental health service for children and adolescents meetings with children exposed to violence]. Master Thesis, UiT-The Arctic University of Norway, Norway. Retrieved from <https://munin.uit.no/handle/10037/4627>
- Watson, A. J., & Valtin, R. (1997). Secrecy in the middle childhood. *International Journal of Behavioral Development*, 21, 431-452.
- Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse and Neglect*, 37, 93-101.
- Werner, E. (1993). Risk, resilience, and recovery. Perspectives from the Kauai Longitudinal Study. *Development and Psychology*, 5, 503-515.
- Wertsch, J. V. (1992). A dialogue on message structure: Rommetveit and Bakhtin. In A. H. Wold (Ed.), *The dialogical alternative* (pp. 65-77). Oslo: Scandinavian University Press.
- Wertsch, J. V. (2003). Introduction: «Ragnar Rommetveit: His work and influence». *Mind, Culture, and Activity*, 10, 183-185.
- Whitaker, R. (2014). *En psykiatrisk epidemi. Illusjoner om psykiatriske legemidler* [A psychiatric epidemic. Illusions on psychiatric medicine]. Oslo: Abstrakt Forlag.
- Wifstad, Å. (1997). *Vilkår for begrepsdannelse og praksis i psykiatri* [Conditions for conceptmaking and practice in psychiatry]. Oslo: Tano Aschehoug.
- Wilson, J. (2007). *The performance of practice: Enhancing the repertoire of the family therapist*. London: Karnac.
- Wilson, J. (2008). Engaging children and young people: A theatre of possibilities. In A. Vetere & E. Dowling (Eds.), *Narrative therapies with children and their families: A practitioner's guide to concepts and approaches* (pp.90-107). NY: Routledge.
- Wittgenstein, L. (1966). *Lectures and conversations on aesthetics, psychology and religious belief*. Oxford: Blackmill.
- Wittgenstein, L. (1980). *Culture and values*. Oxford: Blackwell.
- Wold, A. H. (1992). *The dialogical alternative*. Oslo: Scandinavian University Press.
- Wulff, D. (2017). *Holding tensions*. The TAOS Institute: Brief encounter April.
- Østrem, S. (2015). *Barnet som subjekt. Etikk, demokrati og pedagogisk ansvar* [The child as a subject. Ethical, democratic, and pedagogical responsibility]. Oslo: Cappelen Damm Akademisk.
- Øverlien, C. (2012). *Vold i hjemmet. Barns strategier* [Violence at home. Children's strategies]. Oslo: Universitetsforlaget.
- Øverlien, C., Jacobsen, M., & Evang, A. (2009). *Barns erfaring fra livet på krisesenter* [Children's experiences of living at crisis centers]. Oslo: NKVTS.
- Øverlien, C., Hauge, M. I., & Schultz, J. H. (Eds.). (2016). *Barn, vold og traumer. Møter med unge i utsatte livssituasjoner* [Children, violence, and trauma. Meetings with youths in exposed circumstances of life]. Oslo: Universitetsforlaget.

- Øvreeide, H. (2010). *Samtaler med barn. Metodiske samtalar med barn i vanskelige livssituasjoner* [Conversations with children. Methodological conversations with children in difficult life situations]. Oslo: Høyskoleforlaget.
- Øye, S. (2014). *Eg samtalar, altså er eg* [I together-talk, ergo I am]. Oslo: Forskingmagasinet Apollon, Universitetet i Oslo. Retrieved from <http://www.apollon.uio.no/portretter/1999/ragnar-rommetveit.html>
- Åkerlund, N., & Gottzén, L. (2017). Children's voices in research with children exposed to intimate partner violence: a critical review. *Nordic Social Work Research*, 7, 42-53.



*"I BELIEVE YOU!" (photographer unknown)*

## ORIGINAL PAPERS

### I

#### **TEST BALLOONS. SMALL SIGNS OF BIG EVENTS: A QUALITATIVE STUDY ON CIRCUMSTANCES FACILITATING ADULTS' AWARENESS OF CHILDREN'S FIRST SIGNS OF SEXUAL ABUSE**

by

Anna Margrete Flåm, & Eli Haugstvedt, 2013

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## Child Abuse & Neglect



# Test balloons? Small signs of big events: A qualitative study on circumstances facilitating adults' awareness of children's first signs of sexual abuse



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### ABSTRACT

This research examined caregivers' awareness of children's first signs of sexual abuse. The aim was to explore circumstances that facilitate adults' awareness of first signs in everyday natural settings. Data were obtained from a Norwegian university hospital's outpatient specialty mental health clinic. Included were all cases ( $N=20$ ) referred during a two-year period for treatment after the disclosure of sexual abuse that was reported to the police and child protective service. Nonabusing caregivers' awareness of first signs were recollected in hindsight as part of therapy. Qualitative analysis was conducted to capture caregivers' experiences. As identified by caregivers, all children gave signs. Thereafter, children either stopped, delayed, or immediately disclosed sexual abuse. At first signs, each child had time and attention from trusted adults, connection to the abuser, and exhibited signs of reservation against that person or related activities. Then, if met with closed answers, first signs were rebuffed as once-occurring events. If met with open answers and follow-up questions, children continued to tell. Unambiguous messages were prompted only in settings with intimate bodily activity or sexual abuse related content. In sum, when trusted adults provided door-openings, children used them; when carefully prompted, children talked; when thoughtfully asked, children told. The study suggests that children's signs of sexual abuse can be understood as "test balloons" to explore understanding and whether anything is to be done. A disclosing continuation hinges on the trusted adult's dialogical attunement and supplementary door-openings. Divergent from an idea of behavioural markers, or purposeful versus accidental disclosures, this study calls for a broader attention: Moments of first signs are embedded in dialogue. A uniqueness at moments of first signs appears: Both to form such moments and to transform them into moments of meeting for joint exploration and telling, hinge upon how trusted caregivers scaffold opportunities for the child to disclose. Subsequently, support offers need to be addressed not only to strengthen children to tell, but also for caregivers and professionals to take into account the necessity of a dialogically oriented sensitivity towards children, both for telling to occur and for hearing to take place.

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## Introduction

As clinical psychologists working with children and adolescents, we have been increasingly surprised and concerned about how difficult it is to see and hear when child sexual abuse happens and to recognize the first signs that a child gives. The present work examines nonabusing caregivers' experiences of how they became aware of the first signs and explores how they responded to meet the needs of the child.

The sexual abuse of children is a global problem; it occurs in every country and cuts across all socioeconomic, educational, and ethnic groups (Shackel, 2012). Studies show that serious obstacles hinder children from disclosing (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; London, Bruck, Ceci, & Shuman, 2005; Ungar, Tutty, McConell, Barter, & Fairholm, 2009). As a rule, it is difficult for a child to reveal secrets (Kelley & McKillop, 1996), and this type of secret sets formidable barriers towards disclosure (Crisma, Bascelli, Paci, & Romito, 2004; Paine & Hansen, 2002). One main barrier is the fact that the abuse often happens inside the child's family or by trusted persons in the child's life, combined with threats to prevent disclosure (Berliner & Conte, 1995). Second, across all types of sexual abuse, children usually feel responsible (Ney, Moore, McPhee, & Throught, 1986). Third, children fear hurting others, making trouble, and not being believed (Hershkowitz, Lanes, & Lamb, 2007; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005). Across settings, studies of the circumstances in which a child discloses sexual abuse, show that children face significant obstacles (Leventhal, Murphy, & Asnes, 2010; Priebe & Svedin, 2008; Ullman, 2003).

As for the circumstances that facilitate children to tell, most studies build upon retrospective data from adults who have experienced sexual abuse as children, or from peripheral data from other aspects of child sexual abuse (Alaggia, 2004; Arata, 1998). Depending on the child's age and who the perpetrator is, a distinction has been drawn between accidental versus purposeful disclosures and whether the child talks to trusted adults or peers (Shackel, 2009). Recently, however, studies exploring children and youngster's own decisions to tell or wait, expand the idea of making a distinction between purposeful and accidental disclosures. These studies demonstrate the importance for the child to perceive a purpose, an occasion, and a connection in the situation at hand to what they want to tell (Jensen et al., 2005), the many ways of telling (Alaggia, 2004), as well as their considerations of the possible consequences that inform their ongoing strategies of telling (Crisma et al., 2004; Petronio, Reeder, Hecht, & Ros-Mendoza, 1996; Staller & Nelson-Gardell, 2005). Likewise, when asked directly through forensic interviews, children tell (Gamst & Langballe, 2004; Myklebust, 2012; Philips, Oxburgh, Garvin, & Myklebust, 2012), and inform about their pros and cons whether to tell or to wait (Schaeffer, Leventhal, & Asnes, 2011). Additionally, they respond if asked considerately and directly when there is a good relationship and working alliance in therapy (Jensen et al., 2010). As emphasized by Staller and Nelson-Gardell (2005), children do not tell, delay, recant, or reaffirm accounts of their sexual victimization in a vacuum. They accommodate to the adult world. In order to better understand the process of disclosure, not only do the actions and words of children need to receive focus but also the reactions and responses from the adults (London et al., 2005). Lack of opportunities to tell may be a concrete obstacle that children face (Norwegian State's Barneombod, 2012; Schaeffer et al., 2011). Likewise, poor sensitivity towards children's first signs may be a concrete obstacle for adults to face.

Several studies point to the difficulties caregivers have in perceiving children's signs of abuse (Arata, 1998; Plummer, 2006). Obstacles are related to cultural codes and a lack of cultural rituals for initiating conversations with children on issues of sexual abuse (Jensen, 2005; Kogan, 2004), as well as to the puzzles connected to interpreting children's signs (Jensen, 2005). Other hindrances include adult's misconceptions of how children commonly disclose sexual abuse (Shackel, 2009), in addition to substantially insufficient professional assistance (Bruck & Ceci, 2004; Ormhaug, Jensen, Hukkelberg, Holt, & Egeland, 2012; Read, Hammersley, & Rudegeair, 2007; Reigstad, 2012; Reigstad, Jørgensen, & Wichstrøm, 2006). As Crisma et al. (2004) highlight in their study of Italian adolescents who had been sexually abused as children, the main problem is not primarily the children's reluctance to tell, but the poor willingness of adults to listen, believe, and to offer support.

Some studies have examined caregivers' responses at disclosure. These studies, however, set up choices among fixed, presumably typical scenarios (Walker-Descartes, Sealy, Laraque, & Rojas, 2011), or provide choices among close-ended responses (Plummer, 2006). Studies are needed to illuminate what caretakers themselves have experienced as being useful openings in natural settings for children to tell and their afterthoughts on circumstances that reinforced their child to tell or to wait. Studies on involved caregivers' own experiences on when and how to be receptive towards early signs so that children can feel safe and encouraged to tell, may add important knowledge to this field. The present study aims at examining children's first signs of sexual abuse as perceived by their involved, nonabusing caregivers.

### *Key-moments of change in an intersubjective field*

How an intersubjective field can be dramatically reorganized during a short, fast changing moment is outlined by Stern (2004, 2007). Stern's notion of *key-moments* highlights how an interchange between persons can change into completely new directions during a short moment that lasts only a few seconds. His notion supplies a tool to the study of moments of first signs of sexual abuse. To analyze key-moments, Stern suggests a distinction between *now-moments* and *moments of meeting*. In both cases something is at stake between persons. A *now-moment*, however, where something is at stake, differs from a moment of meeting, where what is at stake, is resolved. According to Stern, a moment of meeting is characterized by mutual other-centred participation in which both partners create and undergo a joint experience. Here, the resonant

experience enlarges the intersubjective field between persons, and opens up new possibilities for exploration. Then, quality leaps are accomplished, where change occurs.

In accordance with Stern's notion, the research question of the present study is as follows: At children's first signs of sexual abuse, what facilitates the now-moment, where something is at stake, to become a moment of meeting, for exploration and quality leaps towards disclosure to evolve? Or, on the contrary, what promotes closure, where the now-moment does not evolve into a moment of meeting, but remains unexplored and unresolved? Thus, exploring cases with a similar ending point in which sexual abuse has been disclosed, the study looks retrospectively across cases and asks if and how different coordinations during moments of first signs constituted divergent contingencies for the process to continue. The study explores *the interplay* between a child's expressions and signs, and the involved, nonabusing caregivers' answers as they happened during the short, fast-changing, interpretable moments of first signs.

The study inquires into caregivers' recollections of children's first signs, and their considerations in hindsight of what made their child tell or wait. The aim is to develop knowledge about the circumstances that facilitate disclosure in everyday settings on the basis of involved, nonabusing caregivers' intuitive actions, experiences, and reflections.

The focus is on nonabusing caregivers' report told as part of therapeutic settings, where they were invited to share and explore their experience with the aim of finding new ways to go on. In this study, however, it is not the therapeutic work that is studied. The subject is caregivers' knowledge told as part of the therapeutic sessions regarding what made their child tell or wait. Data from clinical settings has typically been lacking in child abuse and protection research. Collecting experiences from clinical practice can give the researcher a valuable position from which to do research on largely private, concealed, and serious issues (Jensen et al., 2005; Kvale, 2003). A qualitative approach to data collection and analysis was employed, suitable for the study of processes like this.

## Method

### Participants

Data were clinical cases from an outpatient specialty mental health service for children and adolescents at a Norwegian university hospital. Included were all cases ( $N=20$ ) during a period of two years referred for treatment after disclosure of sexual abuse that was reported to the police and child protective service. The referrals came from the support area of the clinic through hospitals, child protective services, community doctors, and primary public health services. The clinic covered a geographical area of approximately one sixth of Norway, with a similar ethnicity, and the same relative proportion of children under 18 years of age as the rest of the country.

Types of sexual abuse reported by the children ranged from fondling to intercourse, including intercourse ( $n=4$ ), masturbation with ejaculation ( $n=8$ ), and fondling genitals ( $n=8$ ). The children's ages ranged from 1 to 17. There were five preschool children, seven in middle childhood, and eight teenagers. All eight teenagers were girls. All of the children, both boys ( $n=3$ ) and girls ( $n=17$ ), experienced sexual abuse by a male (in one case from an older boy, the others were adults). All of the children were well acquainted with the abuser: In seven cases, he was a father or a step father who was either living with the child or who the child visited regularly. In six cases, he was a close relative, an uncle, a grandfather, or an older cousin. In the rest of the cases ( $n=7$ ), the abuser was a close neighbour or a teacher. The children revealed their experiences of being sexually abused either to their mothers ( $n=11$ ); to their mother and father together ( $n=2$ ); or to other persons who were tending to the child ( $n=7$ ), most often to a nurse or a teacher. One child disclosed the abuse to her peers. In the aftermath of the disclosure, all of the mothers—or the mothers and the fathers together—were able to identify earlier episodes during which the child had uttered something that could—in light of what was later revealed—be interpreted as a first sign of abuse.

### Procedure

The material included comprehensive reports from nonabusing caregivers who provided a hindsight perspective on the circumstances around the first signs given by the child, as well as these caregivers' afterthoughts about what facilitated or hindered disclosure on that particular occasion or later. The reports contained information about when anything happened that evoked, or might have evoked, some kind of wondering or suspicion that something was wrong with the child. The reports included what the child said, did, who took part, and what happened in the situation, as well as the continuing process towards disclosure. Questions were asked open-ended as part of ongoing clinical conversations and work, and based on a review of the literature and input from professionals working with child sexual abuse. The two authors, both experienced clinical psychologists in the field of specialty mental health service for children and adolescents, were among the clinicians and carried out the work. The material contained substantial verbatim notes of the caretakers' reports, the clinicians' reports in medical journals, as well as the clinicians' reflected notes. All of the cases were subsequently included into a systematic analysis, where the data were anonymized, with all of the specific personal identifications excluded, and any personal information changed and disguised.

At first, the aim of the work was carried out for internal use, in order to evaluate and better qualify the services given by the clinic in this area. Through this systematization process, it was noticed that each child had presented something that could be understood as first signs of abuse, and an analysis was conducted of the proceeding dialogues with the caregivers for

a more thorough view of the circumstances around these signs. We then consulted the The Regional Ethical Committee for Medical and Health Research of Northern Norway about using the clinical material in a research publication. They informed that as long as the data were sufficiently anonymized, it was not required to ask for permission in advance. The analysis carried out is therefore part of an internal evaluation of case work at the clinic. The study was approved by the data protection officer.

### Analysis

Areas for exploration and systematization across the subsequent cases included five extensive topics:

1. What do involved, nonabusing caregivers consider in hindsight to be the child's first signs, including what the child said or did?
2. How do these caregivers retrospectively remember the context, including the activities, participants, place, and time of first signs?
3. What were the caregivers' immediate answers and reactions, including how did they respond and act towards the child?
4. What consequences and subsequent actions took place both directly afterwards and in the long term in relation to disclosure?
5. What do these caregivers consider in hindsight they could have done better to notice the child's first signs?

The data generated contained extensive descriptions of these specifications in each case.

Substantial reports from all of the cases were collected and subjected to qualitative analyses by the two professionals to acquire expanded awareness of tendencies and exceptions, analyzing patterns, and synthesizing themes across cases and within each case. Each professional carried out independent reading using a systematic approach (Bradley, Curry, & Devers, 2007; Haavind, 2002; Kvale, 1997, 2003). The analysing process was structured according to Consensual Qualitative Research for individual and joint discussions to develop consensus (Hill et al., 2005). The themes that emerged and the similarities and differences within and across cases, were subjected to repeated analyses within the reports of all cases to see if, and how, the conclusions were consistent between cases, or if any case diverged from or negated the conclusions. Each professional analyzed the categories case-by-case to evaluate whether the themes and patterns were considered to be consistent with the data. To establish the reliability and trustworthiness of the analyses, each author conducted the case-by-case analysis separately and then reviewed the themes and patterns together. If differences appeared, the reports were reviewed until consensus was achieved. In employing such a rigorous analysis, a more comprehensive understanding of the complex dynamics of circumstances surrounding the first signs was made possible.

Based on analyses of the completed narratives of 20 cases, the material was synthesized and divided into distinct types of moments of first signs of abuse, which focus on the interplay between the nonabusive caregiver and the child according to how different coordinations during that moment constituted divergent opportunities for the process to continue. Three different and recognizable constellations of *moments of first signs of abuse* were categorized. Each illustrated divergent contingencies for an opening or closing process towards disclosure. The paper first describes the three typical moments of first signs and what constitutes their separate characteristics. Following, the main characteristics across the divergent moments are outlined. Finally, some suggestions are discussed with regard to fostering a process of disclosure in natural settings at children's first signs of sexual abuse.

### Results

The following three typical moments of first signs illustrate the different ways in which children's signs were noticed and reacted to by the adults. The first closed off the possibility of exploration and disclosure, the second delayed such possibilities, the third opened directly to exploration and disclosure. Examples are given under each type.

1. Moments of children questioning rules and obligations—with closed, not abuse-related adult answers.
2. Moments of children questioning rules and obligations—with open adult answers, establishing opportunities for later questions and actions.
3. Moments of direct information—with direct abuse-related adult questions and actions.

In all of these moments, the only information provided is according to the adults' recollection. Where an answer from a child is referred to in the text, it is not as a report from the child, but as it was remembered and told by the adult. Thus, when the term *children's first signs* is used, it points to the first signs as perceived by the adults. The term *caregiver* refers to nonabusing caregivers.

#### *Moments of children questioning rules and obligations—with closed, not abuse-related adult answers*

This moment characterized seven out of twenty cases, illustrated by the following examples:

The caregiver receives a question and answers by minimizing the child's report:

*The father, mother, and preschool daughter are visiting their family. The parents are going out, and tell the daughter that her uncle is going to look after her along with her cousins, as he usually does. As they are about to leave, the girl calls out: "Do I HAVE to go to uncle?" The adults interpret this reaction as being a temporary reluctance for them to leave, which requires a comfort: "Yes, your uncle is looking after you. He is so kind." They leave.*

The caregiver receives questions and normalizes the child's report:

*The time has come for the primary school girl to do the dishes at the neighbours'. She asks her father, who is standing close by: "Do I HAVE to wash the dishes even though I get paid?" The father thinks her question is a sign of laziness, which requires a reminder of her responsibility. He says: "You have to keep your promises. If make a promise, you keep it." The girl leaves.*

The caregiver receives questions and corrects and instructs the child:

*The little sister has just returned from visiting her uncle, and has gone to bed. The teenage sister approaches her parents relaxing in the dining room: "You should NOT allow sister go visit our uncle to get all those sweets!" Her parents think this is jealousy, which requires correction: "You have to learn to tolerate your little sister getting sweets even though you don't." The girl leaves.*

In each of these cases, the children never repeated any utterances of sexual abuse to that particular caregiver. Not until after a long delay did new information come forth by children telling through persons from outside, who then informed. The police and child care system was contacted, and comprehensive sexual abuse was disclosed.

In hindsight, these caregivers felt a deep sorrow in not having noticed the children's questions as being out of the ordinary, and they seriously blamed themselves for being insensitive.

From the perspective of the caregivers, the characteristics of this moment can be summarized in the following way: (a) The child expresses reservation. (b) The reservation is either about a specific person or activities related to that person. (c) The child uses questions as signs of reservation. This is done in the form of questions about rules. The child asks either about the existence of a rule (e.g., "Do I HAVE to wash the dishes even though I get paid?"), or about the relevance of an existing rule (e.g., "You should NOT allow sister go visit our uncle to get all those sweets."). (d) The child uses selected time. Selected time includes both attention from the trusted person, and a connection to the person the reservation is related to. (e) The caregivers give closed, not abuse-related answers, which finalizes any further interpretations. This is done either through minimizing, normalizing or correcting the child's report and questions. (f) No questions are asked by the adults.

In sum, as seen from the perspective of the caregivers, this moment is slightly different from ordinary settings, containing only slight divergences compared to issues of daily up-bringing. Yet, it is still divergent: The child introduces *reservation*, articulated in an upset, questioning form about the existence or application of rules connected to the abusing person or to activities related to that person. The adult closes the interpretation, without realizing the deep importance during the brief interaction of that very moment of first signs. Thus, this now-moment, where something is at stake, *does not expand or transform into a joint experience of a moment of meeting*, where what is at stake, could be explored and quality leaps towards disclosure could be accomplished. It became a single, once-occurring event between these persons.

#### *Moments of children questioning rules and obligations—with open adult answers, establishing opportunities for later questions and action*

This moment characterized ten out of twenty cases, illustrated by the following examples:

The child acts; the adult keeps the interpretations open and establishes opportunities for questions:

*The mother and teenage daughter are at home. The mother says good night, and tells her daughter to shut off the TV and go to bed. The daughter continues watching TV with all the lights on. When her mother asks why, she tells she HAS to have that arrangement to fall asleep. The mother repeats her good night. Upon returning later, she finds her daughter sleeping with the TV and all the lights on, and thinks: "How strange she can't sleep without - a grown-up girl. This is unusual; something serious must have happened to her." A following evening she asks directly: "Tell me, has anything serious happened? Has anyone done anything abusive to you?" The girl answers yes, and at her mother's request relates that the mother's ex-partner had abused her. The mother calls the police and professional helping system. Sexual abuse was disclosed.*

The child acts; the adult keeps the interpretations open and uses recurring opportunities for direct actions:

*The mother is about to leave for her night job. She goes to her teenage daughter's room to say good night, and opens the door silently. The daughter jumps up from the bed into a sitting position, and asks in a terrified voice: "Is it YOU, mommy? Do you HAVE to leave for work?" The mother thinks: "Such a strange voice. How scared she sounded? She was not like that before." Several nights later the mother wakes up to find her husband's side of the bed empty. She knows, without knowing how to explain it afterwards, that she has to go directly into her daughter's room. She finds her husband in her daughter's bed. Without the husband noticing, the mother calls the police at once. They arrive immediately. Comprehensive sexual abuse was disclosed.*

In hindsight, these adults regretted not having reacted earlier. However, they found the delay inevitable considering the unexpectedness of the situation.

From the perspective of the caregivers, the characteristics of this moment can be summarized in the following way: (a) Similar to moments with closed answers, the adult encounters a child who exposes signs of reservation, which are articulated in a stressed form as questions or reservations about some rules and obligations connected to the abuser or activities related to that person. (b) The caregiver gives answer where interpretations are kept open. (c) The adult utilizes new opportunities for exploring understanding through questions or actions.

Compared to moments with closed answers, it is the *open answers and reactions* that constitute the difference. No arresting interpretations are introduced. No finalizing answers are presented. Similar to moments with closed answers, the child's first signs are not strong enough to create an immediate alarm. However, the adult keeps his/her interpretations and answers open.

Furthermore, it is the adults' own initiative through *proceeding questions and actions* that enables the child to tell, and leads the child's first signs into a process of disclosure. This *openness of interpretation* provides room for the child's behaviour and signs to be re-expressed, so that the adult can re-act, re-hear, and hear, the child's issues as unusual. The signs can be recognized as deviant compared to the child's former capability or age.

Thus, through this adult's open dialogical attunement and answer, the transformative potential of the now-moment, where something was at stake, was *expanded into a moment of meeting*. Here, what was at stake, was resolved, new possibilities were explored, and quality leaps could be accomplished—divergent from moments of closed answers.

Apart from this difference, these two types of moments were similar. *None* of them included any direct verbal utterances from the child about sexual abuse. *None* revealed any broad or self-disclosing gateway from which the adult could interpret big events like sexual abuse. They both invited caregivers to puzzles. As will be shown below, this is different for the third type—moments of direct information.

#### *Moments of direct information—with direct abuse-related adult questions and actions*

This moment characterized three out of twenty cases, which is illustrated by the following examples:  
The child tells about unusual bodily experiences. The adult investigates:

*The preschool daughter has recently gotten her fourth diagnosis of urinary tract infection. The mother and child are in the bathroom, washing before the daughter goes to bed. The mother says: "And you have once more gotten a urinary tract infection." The daughter answers: "Maybe the fingers were dirty?" The mother asks whose fingers, and what those fingers did. The daughter tells about abuse from the neighbour. The mother calls the professional helping system.*

The child asks about words related to sexual abuse. The adult picks it up and acts on it:

*The mother and her primary school son watch a TV-program about paedophilia. Chairs are around for the siblings, who are playing in a nearby room. In the middle of the program the son asks his mother: "What is the name of what he is doing, Mom?" "The name is sexual abuse," the mother answers. The son continues: "Then, that is the name of what the neighbour is doing to me." The mother called the professional helping system and the police the next day. Comprehensive sexual abuse was disclosed.*

In hindsight of the cases of direct information, the adults considered their responses to be have been suitable.

From the perspective of the caregivers, the characteristics of this moment can be summarized in the following way: (a) The context has thematic similarity to sexual abuse. It includes activities having to do with intimate bodily contact or sexual abuse. (b) The child gives a direct, verbal message about unusual bodily experiences or sexual abuse. (c) The adult gives immediate answers that focus on abuse, picks up on the child's signs, asks to investigate, and seeks out help. As for the other moments, the child has the presence of and attention from a trusted person.

Compared to the two other types of moments of first signs of abuse, here it is the *context of thematic similarity* in moments of direct information that makes up the difference. This moment is the only occasion in which thematic similarity regarding issues pertaining to intimate bodily contact or sexual abuse is present. This elicits a direct opportunity and an available context for a now-moment, where something is at stake, to *immediately expand into a moment of meeting*, where an adult can hear, explore, and immediately act when a child asks or tells. What was at stake, could be resolved.

#### *Transformative potential across divergent moments of first signs*

In sum, as recollected by caregivers, *all* children had given signs of abuse. Yet from this point, three different situations followed: Seven children stopped disclosing, ten delayed disclosing, only three disclosed at first signs. Seven were stopped in receiving closed answers from a continuing process of telling to that particular caregiver; more information emerged after a long delay by the help of outsiders. Ten children waited and delayed the process of telling, after receiving open responses from the adults. Three provided direct information, followed by immediate adult exploration and disclosure. Thus, depending on the adult's open or closed answers, the transformative potential of a now-moment of first signs, where something was at stake between persons, was transformed and expanded into a joint experience of a moment of meeting, where exploration

and quality leaps towards disclosure could evolve. In sum, as identified by the caregivers in hindsight, moments of children's first signs can be summarized in the following way:

- (a) All children gave signs to their caregivers.
- (b) All children had the *presence and attention from a trusted adult*—with a joint focus.
- (c) The child showed signs of *reservations*. The reservation was usually articulated as questions and reservations about rules and obligations.
- (d) Contexts and reservations were *connected to the abusing person*, either directly to the person or to activities related to that person.
- (e) If met by *closed answers*, first signs were rebuffed as once-occurring events towards that particular caregiver.
- (f) *If no limiting or closed answers were introduced*, children continued to give signs.
- (g) Children *told if trusted adults offered door-openings* through direct questions.
- (h) Direct verbal messages related to sexual abuse were *prompted only in contexts with intimate bodily or sexual abuse-related content*. At that point, the child told directly about sexual abuse if the caregiver answered or asked questions related to verbal utterances from the child.

## Discussion

This study shows how small and indirect children's first signs of sexual abuse can be, and how sensitive it is to build contexts and opportunities so that caregivers can see, hear, and act. It demonstrates that even though all of the children had given first signs to their trusted caregivers, as many as 7 out of 20 were stopped from further exploration and telling to these adults. For 10 out of 20, the process was delayed. Only 3 gave direct information. The study highlights how a child's signs of abuse are easily rebuffed if met by closed answers at moments of first signs. In line with recent documentation of abused children's accurate perceptions of parents' reactions, as well as their extreme sensitivity towards caregivers' tolerance of disclosure, which informs their ongoing strategies of telling (Goodman-Brown et al., 2003; Hershkowitz et al., 2007), this study emphasizes the importance of adults acknowledging their child's need for assistance in his or her expressions and exploring. It illustrates how everyone, both caregivers and children, is situated in a *mutual challenge or collaboration*. Challenges arise as to what can be said or asked about, by whom, where, when, and how utterances can be understood. In this sense, each contribution can be considered to be a social offering in order to find meaning and ways to go on (Anderson, 1997; Bakhtin, 2003; Shotter, 1994, 2010).

Children's dialogical and other-directed nature is substantially documented in research and clinical literature. It is shown how children from their earliest moment involve into a mutual regulation of emotional states, attention to objects and signs, and later into understanding and using language (Bråten, 2007; Ferrari & Gallese, 2007; Siegel, 1999; Stern, 1992, 2007; Vygotsky, 1970). Raundalen (2005) summarizes the new direction in developmental psychology by naming this child a *researcher child*. This can metaphorically be called a child's innate *green light organization*, highlighting the notion that children explore in dialogue with their important persons where to go, where to find a green light for moving on. Difficulties arise if children do not have important adults to organize experiences and scaffold interpretations about danger and to point out at a *red light*. When child sexual abuse happens, maternal response is the strongest predictor of children's outcome, and parental support is consistently associated with abused children's recovery (Elliott & Carnes, 2001). Substantial studies, however, show the difficulties children have in finding warning signals in sexually abusive situations that may help them to find ways of getting support. The nebulous passages and slippery steps taken from an abusing person towards the child, and how the same person not seldom also charms and grooms the family of the child for better access and control, are well documented (Elliott, Browne, & Kilcoyne, 1995; Paine & Hansen, 2002). Many studies also show how threats function as red light to warn of serious danger in case of disclosure, which hinders the child from seeing a green light for chances to tell (Berliner & Conte, 1995). The fact that such mechanisms are strongly in operation, *fosters extensive loneliness for a child*, with the minimum of advice or encouragement in daring or deciding to use test balloons to find door-openings to explore how to understand and to tell.

The hard-gained knowledge of the caregivers in this study calls for an awareness towards that researching child: Children's signs of abuse can be understood as a *call for joint exploration, understanding and solution in a moment where something is at stake*. The first signs can be perceived as *an invitation to a dialogical enterprise*. On the basis of these caregivers' recollections, a child's approach can be conceived as being "test balloons" that are directed towards the trusted person to try out, to test, if that person is willing to or capable of participating in an exploration of how to understand what happened, and if anything is to be done. Thus, the child's turning to the adult can be viewed as *an exploring starting point*, from which the continuation depends upon the adult's answers for the child to find *door-openings* to continue. The exact type of child expressions is linked to contextual conditions. As shown, what these caregivers recollect, are contexts with a shared focus with a trusted adult, questions and stressed reservation expressed by the child in connection with the abusing person or related activities, or direct thematic information in contexts containing thematic similarity. What happens thereafter, how the child is met and how he or she experiences or imagines how the adult evaluates things, depends on the dialogue that the trusted adult creates towards the child. Thus, the adult *keeps the score* both to the formation and the transformation of moments of first signs.

In sum, on the basis of these caregivers' experiences, the study suggests a *three-sided attention* to create door-openings for exploring and telling: On the one side, to *arrange settings of joint attention with the child*. On the other side, to create joint settings *with intimate bodily activities or sexual abuse related issues for possible contextual prompting*. And, on the third side, to beware and dare at hints of reluctance and reservation from a child, to arrange for door-openings to address such signs by posing *concrete and open questions* to the child.

In general, caregivers' awareness and discovery of abuse has been described as a process (Alaggia, 2004). Supplementary to a process perspective, this qualitative study emphasizes *the uniqueness of moments of first signs*, and the possibilities they offer both for early detection and prevention and then for the necessary management and treatment. The study illustrates the *singularity* of moments of first signs, the uniquely new, the importance of the first time, the unrepeatable event that can emerge. It suggests an understanding of events in the present, more than being determined by events in the past, their being formed by anticipations, by their possible exploration and evolving into the future through anticipations and signs given during a present moment (Shotter, 2012). It shows how the transformative potential of moments of first signs, formed by anticipations and by their possible exploration and evolving into the future, hinges on the trusted adult's dialogical attunement and answers for moments of meeting to evolve.

In accordance with Stern, the study illustrates the fast changing fluency of a *present moment*. It shows how an intersubjective field can be dramatically reorganized at moments lasting only a few seconds. In line with Leira (1990), one of the pioneer researchers in the field, these caregivers' experiences show how child sexual abuse can, by its nature, be a taboo, remain a secret, and become an invalid and traumatic experience if not explored through adult invitation and acknowledgement.

### Limitations

It can be argued that since the material used here comprised caregivers' recollections conveyed as part of clinical conversations, the information presented might be misleading. First, the caregivers may be influenced by their relationships to their therapists to give incorrect reports, and the therapists might ask leading questions. However, since the participants came to sessions over a period of time, misleading answers can be more easily noticed than from single interviews. Second, the fact that the caregivers were part of a therapeutic setting, could lead to a reluctance to generalize the results outside of therapeutic settings. In general, it has been stated that using therapeutic sessions as data gives the researcher a unique in-depth position to gain knowledge of lived experiences about issues that are usually private, personal, and serious, such as sexual abuse. Third, even though the number of participants in this study is fairly large for a qualitative study, caution can be emphasized against generalizing across differences such as age, gender, and the severity and duration of abuse. Certainly, the analysis could have been expanded by supplying it with further inter-rater scoring, as a supplement to the actual one (Haavind, 2002; Jensen et al., 2005; Kvale, 1997). Fourth, there is a general validity problem aroused towards a retrospective study based solely on self-report (Hardt & Rutter, 2004). Recall bias regarding both sexual abuse and the disclosure are to be expected, but can be considered to be a lesser problem since the events studied were close in time. Finally, suspected perpetrators in the study were family members or family friends, which can complicate a disclosure process. Taking the high prevalence of child sexual abuse from inside the family network into account, studies of disclosure processes in such cases are highly relevant. Exploring cases from outside the family network would offer valuable comparison. Additionally, analysing who serve as outside helpers, and how they get involved and contribute—in this study as many as seven out of twenty cases—would add valuable knowledge towards strengthening door-openings for children's early signs. This is, however, not the focus of the present study.

### Conclusion

Divergent from an idea of behavioural markers, or purposeful versus accidental disclosures, this study calls for a broader attention: Moments of children's first signs of sexual abuse are embedded in dialogue. A uniqueness at moments of first signs appears: Both to form such moments and to transform them into moments of meeting for joint exploration and telling, hinge upon how trusted caregivers scaffold opportunities for the child to disclose. In sum, when children's trusted adults provide openings, the study shows that children use them; when carefully prompted, children talk; and, when thoughtfully asked, quality leaps towards moments of meeting are created, for the child to tell. Subsequently, offers of support need to be addressed not only to strengthen children to tell, but also for caregivers, confidants and professionals to take into account the necessity of a dialogically oriented sensitivity and attunement towards children, both for the telling to occur, and for the hearing to take place.

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## References

- Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect*, 28, 1213–1227.
- Anderson, H. (1997). Conversations, language and possibilities. In *A postmodern approach to therapy*. New York, NY: Basic Book.
- Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment*, 3, 63–71.
- Bakhtin, M. M. (2003). Toward a reworking of the Dostoevsky book. In C. Emerson (Ed.), *Problems of Dostoevsky's poetics*. Minneapolis: University of Minnesota Press.
- Berliner, L., & Conte, J. R. (1995). The effects of disclosure and intervention on sexual abused children. *Child Abuse & Neglect*, 19, 371–384.
- Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research*, 42, 1758–1777.
- Bruck, M., & Ceci, S. J. (2004). Forensic development psychology: Unveiling four scientific misperceptions. *Current Directions in Psychology*, 13, 229–232.
- Bråten, S. (2007). *(The mirror of the dialogue in the development of children and language) Dialogens speil i barnets og språkets utvikling*. Oslo, Norway: Abstrakt.
- Crisma, M., Bascelli, E., Paci, D., & Romito, P. (2004). Adolescents who experienced sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect*, 28, 1035–1048.
- Elliott, A. N., & Carnes, C. N. (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Management*, 6, 314–331.
- Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offers tell us. *Child Abuse & Neglect*, 19, 579–594.
- Ferrari, P. F., & Gallesse, G. (2007). Mirror neurons and intersubjectivity. In S. Bråten (Ed.), *On being moved. From mirror neurons to empathy* (pp. 73–89). Amsterdam, The Netherlands: John Benjamins.
- Gamst, K. T., & Langballe, Å. (2004). *(Children's testimonies. An empirical and theoretical study of the communication between the forensic interviewer and the child through forensic interviews. Development of a forensic interviewing approach) Barn som vitner. En empirisk og teoretisk studie av kommunikasjon mellom avhører og barn i dommeravhør. Utvikling av en avhørsmetodisk tilnærming*. Norway: University of Oslo (unpublished doctoral dissertation).
- Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P., & Gordon, D. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27, 525–540.
- Hardt, J., & Rutter, M. (2004). Validity of adults retrospective reports of adverse childhood experiences. Review of the evidence. *Journal of Child Psychology and Psychiatry*, 45, 260–273.
- Haavind, H. (2002). *(Gender and interpretative methodology. Methodological possibilities in qualitative research) Kjønn og fortolkende metode. Metodiske muligheter i kvalitativ forskning*. Oslo, Norway: Gyldendal.
- Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect*, 31, 111–123.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196–205.
- Jensen, T. (2005). The interpretations of signs of child sexual abuse. *Culture & Psychology*, 11, 469–498.
- Jensen, T. K., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. A. (2005). Reporting possible sexual abuse. A qualitative study on children's perspectives and the context of disclosure. *Child Abuse & Neglect*, 29, 1395–1413.
- Jensen, T. K., Haavind, H., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. A. (2010). What constitutes a good working alliance in therapy with children that may have been sexually abused? *Qualitative Social Work*, 9, 461–478.
- Kelley, A. E., & McKillop, K. J. (1996). Consequences of revealing personal secret. *Psychological Bulletin*, 120, 450–465.
- Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect*, 28, 147–165.
- Kvale, S. (1997). *(The qualitative research interview) Det kvalitative forskningsintervju*. Oslo, Norway: Ad Notam, Gyldendal.
- Kvale, S. (2003). The psychoanalytical interview as an inspiration for qualitative research. In P. Camie, J. Rodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 275–297). Washington, DC: American Psychological Association.
- Leira, H. (1990). Fra tabuisert traume til anerkjennelse og erkjennelse. Del 1. Om arbeidet med barn som har erfart vold i familien [From taboo and trauma to acknowledgement and knowledge. Part 1. Working with children who have been exposed to violence in the family]. *Tidsskrift for Norsk Psykologforening*, 27, 16–77.
- Leventhal, J., Murphy, J. L., & Asnes, A. (2010). Evaluations of child sexual abuse: Recognitions of overt and latent family concerns. *Child Abuse & Neglect*, 34, 289–295.
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse. What does the research tell us about the ways that children tell. *Psychology, Public Policy and Law*, 11, 194–226.
- Myklebust, T. (2012). The position in Norway. In J. R. Spencer, & M. Lamb (Eds.), *Children and cross-examination: The time to Change the Rules?* Oxford, England: Hart Publishing.
- Ney, P. G., Moore, C., McPhee, M., & Thought, P. (1986). Child abuse: A study of child's perspective. *Child Abuse & Neglect*, 10, 511–518.
- Norwegian State's Barneombod. (2012). *(Suggestions to the government's strategy document against violence in close relationships) Innspill til regjeringens handlingsplan mot vold i nære relasjoner*. Retrieved from <http://www.barneombudet.no>
- Ornhaug, S. M., Jensen, T. K., Hukkelberg, S. S., Holt, T., & Egeland, K. (2012). Traumer hos barn—blir de gjemt eller glemt? Kartlegging av traumatiske erfaringer hos barn og unge henviset til BUP [Children's trauma—Are they hidden or forgotten? A survey of traumatical experiences for children referred to BUP]. *Tidsskrift for Norsk Psykologforening*, 49, 234–240.
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22, 271–295.
- Petronio, S., Reeder, H. M., Hecht, M. L., & Ros-Mendoza, T. M. (1996). Disclosure of sexual abuse by children and adolescents. *Journal of Applied Communication Research*, 24, 191–199.
- Philips, E., Oxburgh, G. E., Garvin, A., & Myklebust, T. (2012). Investigative interviews with victims of child sexual abuse: The relationship between question type and investigation relevant information. *Journal of Police and Criminal Psychology*, 27, 45–54.
- Plummer, C. A. (2006). The discovery process: What mothers see and do in gaining awareness of sexual abuse of their children. *Child Abuse & Neglect*, 30, 1227–1237.
- Priebe, G., & Svedin, C. G. (2008). Child sexual abuse is largely hidden from the adult society. An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect*, 32, 1095–1108.
- Raundalen, M. (2005). Åse Gruda Skard og kampen mot hardheten i barneoppdragelsen [Åse Gruda Skard and the struggle against ruff methods in upbringing]. *Tidsskrift for Norsk Psykologforening*, 12, 1092–1100.
- Read, J., Hammersley, P., & Rudegeair, T. (2007). Why, when and how to ask about childhood abuse. *Advances in Psychiatric Treatment*, 13, 101–110.
- Reigstad, B. (2012). Hva vet vi, og hva rapporter BUP-pasienter om ulike psykososiale belastninger. Trenger vi et familie- og nettverksperspektiv i vårt arbeide? In *Paper presented at the National Conference for Children and Adolescents' Mental Health*. Abstract retrieved from <http://www.nbup.no/>
- Reigstad, B., Jørgensen, K., & Wickstrøm, L. (2006). Diagnosed and self-reported childhood abuse in national and regional samples of child and adolescent psychiatric patients: Prevalence and correlates. *Nordic Journal of Psychiatry*, 60, 58–66.
- Schaeffer, P., Leventhal, J. M., & Asnes, A. G. (2011). Children's disclosure of sexual abuse: Learning from direct inquiry. *Child Abuse & Neglect*, 35, 343–352.
- Shackel, R. (2009). Understanding children's medium for disclosing sexual abuse: A tool for overcoming potential misconceptions in the courtroom. *Journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law*, 61, 379–393.
- Shackel, R. (2012). *The dynamics of disclosure of child sexual victimization: Implications for investigation and prosecution*. Abstract retrieved from <http://www.ssrn.com/>
- Shotter, J. (1994). *Conversational realities. Constructing life through language*. London, England: Sage.

- Shotter, J. (2010). *Social construction on the edge. Witness therapy and embodiment*. Chargin Falls: Tao Institute.
- Shotter, J. (2012). Ontological social constructionism in the context of a social ecology: The importance of our living bodies. In A. Lock, & T. Strong (Eds.), *Discursive perspectives in therapeutic practice* (pp. 51–84). Oxford, England: Oxford University Press.
- Siegel, D. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York, NY: Guilford Press.
- Staller, K. M., & Nelson-Gardell, D. (2005). A burden in your heart: Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse & Neglect*, 29, 1415–1432.
- Stern, D. (1992). *(A diary of an infant. What your child sees, hears and experiences) Et spedbarns dagbok. Hva ditt barn ser, føler og opplever*. Oslo, Norway: Universitetsforlaget.
- Stern, D. (2004). *The present moment of everyday life*. New York, NY: Northon.
- Stern, D. (2007). Applying developmental and neuroscience findings on other-centred participation to the process of change in psychotherapy. In S. Bråten (Ed.), *On being moved. From mirror neurons to empathy* (pp. 35–47). Amsterdam, The Netherlands: John Benjamins.
- Ullman, S. E. (2003). Social reactions to child sexual abuse and disclosure: A critical review. *Journal of Child Sexual Abuse*, 1, 89–121.
- Ungar, M., Tutty, L. M., McConell, S., Barter, K., & Fairholm, J. (2009). What Canadian youths tell us about disclosing abuse. *Child Abuse & Neglect*, 33, 699–708.
- Vygotsky, L. S. (1970). *Thought and language*. Cambridge: Massachusetts Institute of Technology Press.
- Walker-Descartes, I., Sealy, Y. M., Danielle, L., & Rojas, M. (2011). Caregiver perceptions on sexual abuse and its effect on management after a disclosure. *Child Abuse & Neglect*, 35, 437–447.



*Photo by Audun Rikardsen*

## II

### **WHERE IS THE CHILD IN FAMILY THERAPY SERVICE AFTER FAMILY VIOLENCE? A STUDY FROM THE NORWEGIAN FAMILY PROTECTION SERVICE**

by

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## Where is the Child in Family Therapy Service After Family Violence? A Study from the Norwegian Family Protection Service

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**Abstract** Extensive documentation on consequences of family violence laid the ground for a politically decided mandate for the Norwegian Family Protection Service (FPS) to prioritize families with children and violence. This study explores the practice of one of the country's larger FPS offices following this mandate and its kick-off start. Data from all cases in 1 year with families with children and violence were gathered (106) as to what were cases referred, services provided, main cross-points, dilemmas, and challenges. Descriptive statistical analyses were utilized and qualitative analysis conducted. The study shows success in supplying a direct, much used route both for private persons and main collaborative agencies, although all abusers need others as promoters for change. The service succeeds to pioneer brief treatment combined with taking a stand against violence. However, while services are provided fairly quickly when violence is reported, several changes are called for: A more violence-sensitive intake procedure, stronger cooperation with specialty mental health service and primary health service, extended use of assessment tools and outcome measures. Given the nature of violence, particularly follow up measures are required. However, first and foremost, the study calls for a better inclusion of the child. Despite mandated priority, a major neglect of children takes place. In line with the UN Convention on the Rights of the Child, the Norwegian Family Protection Services in a country complying with

this Convention is obliged to take the child more successfully into account in its own right. Future efforts are required to safeguard child-focused services.

**Keywords** Child therapy · Family therapy · Domestic violence · Family violence · Child maltreatment · UN Convention on the Rights of the Child

### Introduction

Providing access to psychological treatment services for children and their caregivers after domestic violence is a general challenge. Even in a Norwegian context, with one of the strongest public health and welfare systems in the world, a critical view is needed of how professional services meet the treatment needs of those involved. Established professional habits may hinder seeing what are benefits or perhaps main gaps to be aware of in living, ongoing practice. In this study we explore the public Norwegian Family Protection Service (FPS) which has a mandated priority to provide specialized psychological treatment in cases where children live with violence in the family. We explore the structure, benefits, and challenges of this service, and discuss what implications can be drawn to strengthen such services.

Many studies show the frequency of domestic violence (Gilbert et al. 2009a; Thoresen and Hjemedal 2014), the consequences on the health and developmental well-being of children and young people, as well as on the capacity of adults for taking sufficient care (ACE-study 2013; Anda et al. 2006; Evans et al. 2008; Geffner et al. 2003; Gilbert et al. 2009a, b; Lanius et al. 2012a, b). The need for access to psychological treatment for the involved family members is well documented (e.g. Holt et al. 2008;

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Patterson and Vakili 2014; Read and Bentall 2012; Siegel 2013).

However, clinical research and literature point to many family therapy providers having been too hesitant to include children as part of the relevant collaborations, stating that despite the advocacy to include children, the youngest members of the family have often been excluded and more likely a topic talked about than active participants (Hartzell et al. 2009; Rober 2008; Ruble 1999; Sori and Sprenkle 2004). This tendency has been noticeable when issues relate to violence (Heltne and Steinsvåg 2010, 2011; Siegel 2013). In general, clinical research and literature point to a dichotomy between, on the one side, the family therapy traditions accused of ignoring the child and oversimplifying its intrapsychic processes, and, on the other side, the child psychiatry approaches accused of seeing the child isolated from its environment, thus individualizing and pathologizing the child's problems (Lund et al. 2002).

As a parallel, substantial studies in Norway document the overall difficulties and almost blindness in the specialty mental health service for children and adolescents in perceiving children and youth's experiences of violence, thus excluding such experiences from informing important treatment processes (Ormhaug et al. 2012; Reigstad et al. 2006; Røberg 2011; Wassnes 2012). Reluctance in the same services to include children's families as part of ongoing work (Reigstad 2012), highlights the consequent risks of neglecting children's experiences of violence, underestimating their need for family support, and not creating sufficient space for families to participate. Thus, a double risk turns up: fragmenting the child's experiences and minimizing the family's importance.

In a Norwegian context, such documented shortcomings stand out as a paradox. That is, major political plans and strategies are elaborated across governmental departments with the exact aim to provide treatment services *both* to children exposed to violence *and* to their caregivers (Ministry of Children, Equality and Social Inclusion 2013), *and* to collaborate across agencies (Ministry of Health Care Services 2009). But paradoxically, children still "fell through the cracks". To tighten such pitfalls, additional measures have been taken: Children Advocacy Centers and National and Regional Competency Centers for Violence and Traumatic Stress were established and the Child Protection System (CPS) and Family Protection Services (FPS) strengthened.

### **The Family Protection Service (FPS) as a Main Part of the Public Service Web at Family Violence**

The Norwegian FPS's general mandate is to provide specialized treatment for relational problems and crises. As a

public service, its obligation is to supply treatment to single persons, couples, families, and children. This is either obtained by people referring themselves, by other services' recommendation, or by the CPS mandating specialized treatment from the FPS in order to safeguard and secure necessary child protection. Formalized by law in 1998, the FPS is free of charge, with open access and no precondition of being referred by other agencies—that is, a so-called "low threshold" service. The only exception is the CPS's judicial possibility to mandate treatment. Financed by the state, the service is organized with in total 52 offices (Jensen 2013), with approximately 3 offices in each of the 19 counties in the country to provide services where people live. The professionals are mainly psychologists, social workers, specialized teachers, some psychiatrists; most of them working under an umbrella of different systemic therapy approaches. Most professionals are certified family therapist according to credential programs of Norwegian schools and educational organizations (Jensen 2013). Initially, when the FPSs were established, most clients came for partnership difficulties. From 2007, a compulsory Mediation Institute was added, defined as a compulsory negotiation ritual for all parents in Norway to mediate arrangement for their children's care and custody after parental divorce. Recently, the state authorities mandated a new obligation, to prioritize risk cases, defined as cases in which there are concerns about child neglect and violence against children (Norwegian Directorate for Children, Youth and Family Affairs 2014).

This new priority represents a major thematic shift consistent with a growing awareness, politically and professionally, of the prevalence of domestic violence and its major consequences, especially for involved children. The new mandate relates to major changes in the general society in Norway: a political awareness in the 70s of domestic violence, the subsequent development of the crisis centers throughout the country, the development of treatment services for men committing violence, and the following growing awareness of child sexual abuse, violence, and maltreatment. These changes laid the ground for a subsequent incorporation of the UN Convention on the Rights of the Child into Norwegian law (1999) to guarantee children rights to live without violence and for the views of the children to be given due weight in all matters affecting them.

### **A Kick-Off Project in the FPSs**

In the FPSs, this thematic shift got a kick-off by a goal-directed project implemented from 2004 until 2007, and thereafter prolonged through 2010. Initiated by Minister Laila Dævøy at the Ministry of Children, Equality, and Social Inclusion and funded by the national government at

the time, the project “Children Living in Families with Violence” was mentored by two professional institutions, The Alternative to Violence (ATV), Oslo, and the Centre for Crisis Psychology (SfK), Bergen. Nine FPS offices throughout the whole country took part. The aim was to strengthen the knowledge, the organization, and the methodological capacity of the FPSs to offer treatment to families with children and violence. Knowledge development was secured through seminars and clinical supervision arranged for partaking offices continuously throughout the project period (Heltne and Steinsvåg 2010), however, without including any cut-off for pre- or post-criteria of the services.

Although definitions of domestic violence vary (Gilbert et al. 2009a; Krug et al. 2002), the one used in the kick-off project was: “Any actions directed towards another, that, by harming, injuring, frightening, or insulting, makes this person do something against his/her will, or abandon doing something that he/she wants” (Isdal 2013). It is, however, clear that where children are involved, the definition has to be expanded (MacMillian et al. 2013): violence in the family strikes the home as the most important developmental arena for attachment and trust. Children are forced to live with a lack of security, support and comfort from their main caregivers. The same persons engaged in violence abandon their competency to regulate the emotional climate and to provide necessary support.

#### The quest for evaluation

However, in spite of this major investment in the FPS in order to prioritize families with children and violence, no study has been undertaken to explore the aftermath and sustainability of the kick-off project. Limited areas are described, but not the general policy of the partaking offices or the FPS in general (see e.g. Norwegian Directorate for Children, Youth and Family Affairs 2011, 2013). Recently, Middelborg and Samoilow (2014) introduced a treatment perspective on violence in the family in a child focused and child imagined way, with detailed guidelines for conversations with the parents, giving, however, but a few examples of the inclusion of children as partaking subjects. No studies illuminate how the FPSs in more general terms practice the continuation of the knowledge developed through the project.

The unique existence of having a state-financed and sanctioned public treatment agency at a low threshold—the FPS, with a mandate to give priority to specialized treatment for families with children and violence Norwegian Directorate for Children, Youth and Family Affairs 2014, creates an urge to explore the general ongoing practices after the initiating project. Given such a mandate, how are the services provided when children live in families with violence?

The Tromsø FPS took part in the kick-off project and subsequently aimed to give priority to families with children and violence (Rostadmo 2011). This office is one of the largest FPSs in the country. Therefore, it offered an excellent opportunity to explore this office as an example of ongoing practice in the aftermath of the project. As a newcomer to the FPS in Tromsø in 2010, the first author therefore initiated a study, which was undertaken in agreement with the leadership.

The study asks the following interrelated research questions: What cases are referred to the agency with children living in families with violence and what services are provided? What stands out as main choice points, dilemmas, and challenges in supplying specialized treatment in these cases? How does the FPS practice *violence-sensitivity*? And how is the child included and *the psychological child position* taken care of?

The aim of the study is to contribute to the development of a public, low-threshold, specialized family treatment service that best meets the needs of families with children and violence.

## Method

### Participants

Data were all cases at the Tromsø FPS through a period of one calendar year (2012) with children living in families with violence, where violence was reported at referral and/or exposed later. Cases were collected from the total case-load of clinical and Mediation Institute cases, and then cross-checked through the logbook from an internal, weekly quality meeting for all cases with children and violence. 103 out of 554 clinical and 3 out of 336 Mediation Institute cases were included (106). The total number of children was 205, with 58 children below 4 years and 147 from 4 years and above. 33 families had children all below 4 years, 21 families both above and below age 4, and 51 only above age 4. The average number of children inside each family was similar to the rest of the country. The office covered a geographical area of 4.5 % of mainland Norway plus Longyearbyen, with similar ethnicity and the same relative proportion of children below 18 years as the rest of the country.

### Procedure

All professionals (9)—psychologists (2), clinical psychologists (3), social workers and special teachers (4)—of these certified family therapists (5), under family therapy education (1), without such certification (3), completed a semi-structured questionnaire for each of his/her cases for the

total of 106 cases. The questionnaire was filled out separately by the professional(s) working in the specific case and anonymized for all except that/those person(s). The questions were developed through the study of relevant literature, consultations with professionals with extended knowledge in the field, and through thorough discussions among all the colleagues at staff meetings about what made up a manageable amount of questions to complete within an acceptable limit of time given the daily pressure of service delivery. Descriptive summary statistics were presented at subsequent staff meetings for the collective explorations of main cross-points, dilemmas, and challenges. The first author was among the clinicians and carried out the work. Areas for exploration across all cases included three extensive topics:

1. What cases are referred?

How many cases have violence reported at intake or later? What type of violence is reported, from whom against whom, and who refers and informs about violence?

2. What services are provided?

What cases get priority with how long waiting time? Who defines that actions are to be called violence and who informs the police and the CPS? What cooperation and conversations are going on? Are steps taken to safeguard clients? Are assessment tools used, e.g. about other problems like psychic health or substance abuse? Is there any connection between the work done and types of violence—for instance the inclusion of children, of other services, number of sessions, or the closure of cases?

3. What stands out as main choices, dilemmas, and challenges and how is the psychological child position taken care of?

The Norwegian Data Protection Authority was consulted, who informed that this study did not require their approval.

#### Analysis

Data were analyzed by the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to get summary statistics on all cases. Areas for systematization across all cases included the three extensive topics. The Fisher Exact Test was applied to test statistical significance in 2\*2-crosstables and the Brown-Forsythe-Test for group differences on the number of conversations. Specifications of main cross-points, dilemmas, and challenges were analyzed and systematized through conversations with all colleagues at the office applying a participatory research approach (Johannessen et al. 2011). This was done by presenting descriptive summary statistics

for discussions at three consecutive meetings; at each meeting the discussions from the previous meeting was pursued and expanded in order to get as rich and extensive differentiations as possible of the main cross-points, dilemmas, and challenges. Similarities and divergence in opinions were discussed and summarized conjointly until consensus. In the following the authors first describe what cases are referred, then the provided services, thereafter main choices, dilemmas, and challenges.

## Results

### What Cases are Referred?

#### *Information About Violence at Referral or Later*

One-fifth of all clinical cases in 1 year are families with children and violence (106 of a total of 554 clinical cases) and 3 Mediation Institute cases (3 out of a total of 336). Violence is reported at referral in 62.3 % of the clinical cases (66 of 106) and later in 37.7 % (40 of 106). No Mediation Institute case has violence informed at referral.

#### *Types of Violence*

Physical violence and combined physical and psychic violence are included in more than three quarters of all cases (77.4 % of all cases). Remaining cases are psychic violence. The degree and amount of physical/psychic violence varies from life-threatening actions to knocking, hitting, pressing, pulling over time combined with threats, criticism, and detailed control. Psychic violence is extended use of threats of physical harm, criticism, and detailed control over time.

Looking more closely, there is a statistically significant association between types of violence and whether violence is reported at referral or not ( $p = 0.03$ ). If violence is reported, physical violence is most common. There is also a statistically significant association between physical violence and the request at referral for getting help against physical and psychic violence ( $p = 0.004$ ), but no statistically significant association between psychic violence and types of request at intake.

#### *Who Uses Violence and Who are Exposed?*

Most frequent offenders are biological fathers, involved in 76.4 % of all cases—acting alone in three-fifths (62.3 %). Mothers alone are offenders in 10 %, but are involved in 25.4 % of all cases. Stepfathers act alone in 5 %. Looking at the total amount where either one or both primary



caregivers act violently, this aggregates to ca. 89.6 % of all cases (95 of 106). Children (teenage sons/brothers) offend in 6 of 106 cases.

Most exposed are mothers alone, or mothers and children together (66.1 % of all cases). Children are exposed in all, as main target in 64.1 % of the cases. Fathers are more seldom exposed (15 cases), and if exposed, they are mostly together with others who are exposed simultaneously (13 of 15).

#### *Who Initiates Referrals and Who Informs About Violence at Referral?*

The family itself is by far the most frequent referrer (78 of 106 cases), both when violence is reported at referral (41 of 66) and later (37 of 40). From inside the families, mothers refer the most. Next comes the CPS, either referring alone (18) or together with the family (8). The CPS refers one-fourth of all cases (26 of 106), with violence usually informed at intake (23 of 26).

Looking more closely at who refers from the family, of exposed and/or offender, the offender takes few initiatives, independent of that person's role in the family. If the mother offends alone (11 cases), she refers in 2. If together with the father (12 cases), she refers in 3. Also fathers are low referrers, mainly if he himself is subject to the violence (15 of 17 referrals from fathers).

#### *What Services are Provided?*

Here we look at main characteristics of the services provided from intake to discharge.

#### *What Referrals get Priority and Bypass the Waiting List?*

All cases *with* violence reported at referral, bypass the waiting list (66 of 106). All *without* reported violence at intake go to the waiting list (40 of 106). Referrals from the family dominate both cases bypassing the list (41 of 66) and those going to that list (37 of 40).

#### *Time Before First Appointment*

A significant difference in waiting times is evident in cases placed on the waiting list versus those that are not. Of cases bypassing the list, 37.0 % gets an appointment within the first week, and almost 68.2 % within 2 weeks. All cases with known violence at referral are offered a first appointment within the first consecutive days. Any *prolonged waiting* is due to reasons from outside of the FPS. Typically, cases going to the waiting list have a waiting time of 4 months; the only exceptions are Mediation Institute cases with a mandated delay limit of 3 weeks (3 of 106 cases).

#### *Cases Reported to the CPS and/or Police, and by Whom*

The majority of the cases are reported to the CPS and/or the police (78 of 106 cases). Only ca. one quarter is not (28 of 106). All cases with no reports to the CPS (36 of 106) are self-referred by the family to the FPS.

Looking more closely at who reports to the CPS, most referrals come from the FPS and the police, thereafter from mothers, only a few from fathers. Others from outside are also important reporters, these are the extended family and private network. In one instance only the *child* contacts the CPS. Cases referred to the CPS most frequently contain physical violence.

Looking more closely at who reports to the police, mothers are the largest category, followed by the CPS. Also here, outsiders are important. *Five children* contact the police directly—alone (2), together with father/mother/school (2), or with the CPS (1). Cases reported to the police contain most frequently physical violence, which is most often reported at referral.

#### *Who is the First to Define Violence?*

This refers to the one first defining violence independently of whether that case is reported to the police and/or CPS. If reported, these agencies can in their own terms be the first to define that violence is going on. Most frequent definers are mothers (61.3 %), fathers more seldom, and mostly if they themselves are subject to the violence (15 of 17 cases). Also the police and CPS are frequent definers (45.3 %), as well as the extended family/private network—in almost one-fifth of all cases. Additionally, FPS is a main contributor (45.3 % of all cases), most often together with others.

#### *Who Initiates Safety Precautions?*

Precautions are initiated in 76.4 % of all cases (81 of 106). FPS is the main initiator (55.7 % of all cases). The purpose is to protect the exposed from being more exposed. Precautions are effectuated by the police (23.6 %) and/or the CPS (30.2 %) according to their specific instructions, and/or are elaborated by the FPS in cooperation with the clients and their private network.

#### *Who are Cooperating Agencies?*

FPS collaborates mostly with the CPS (50.0 % of all cases), the police (8.5 %), and with most relevant public agencies in the field (22.6 % of all cases) such as crisis shelters for women, The Children Advocacy Center, adult psychiatry, hospital/somatic child department, and the judicial system. The least collaboration takes place with the

primary health system (3 of 106 cases) and specialty mental health services for children and adolescents (2 of 106 cases). In one fifth of all cases the FPS works alone.

#### *What Therapeutic Meetings and Standard Assessments Take Place?*

FPS arranges therapeutic meetings which include either adult—single or together as a couple or parents, children separately and/or together with adults, with or without the inclusion of referring services. Here the term “therapeutic meeting” refers to meetings independent of the specific theoretical/methodological approaches applied by the professional. Most meetings are with adults. Children are included in 39 of 106 cases, but in few of the total sessions of these 39 cases (15.2 %). *Almost no child below 4 years partakes* (4 out of the 39 cases; 4 out of a total of 58 children below 4 years). *No child* is included in 67 out of 106 cases.

Standard assessment tools are used in 22.6 % of all cases to assess experiences and impact of violence and evaluate risk. Problems of substance abuse or mental health are reported as known in 17.0 % of the cases; for the rest, there is reported no knowledge of such issues. The tools consist of an extensive cluster of internationally elaborated measures for trauma, abuse, and violence exposure, sequels, and risk—a cluster collected and made available by the mentor institutions of the kick-off project (Kartleggingspakke ATV-SfK 2008).

#### *Number of Sessions and the Closing of Cases*

Mainly, services are brief: most common are 7 or fewer sessions (70 % of all cases), 84 % of the cases get at most 12 sessions, the remaining cases get up to 49 sessions. Looking more closely, there is a statistically significant higher number if *both mother and children are exposed* to violence compared to mother alone or not mother ( $p = 0.02$ ), and *if children are included into the work* compared to when they are not ( $p = 0.01$ ).

The closing of cases (76 closed and 30 not closed) suggests that cases last longer when both child and mother are exposed and combined violence happens than if mother alone is exposed to one type of violence. But these differences are not large enough to be statistically significant.

#### *Differences Across Professionals*

A distinct difference appears among professionals concerning the inclusion of children: *those with the prior most extensive therapeutic practice with children* include children far more often, both concerning the total number of cases and the total number of sessions in each case; and if

children participate, the number of sessions grows, and, subsequently each case consumes more time. This difference is independent of the professionals being certified family therapists or not.

#### *Main choices, Dilemmas, and Challenges*

In the following we note and discuss main choices, dilemmas, and challenges as analyzed through the participatory research approach. Eight areas are outlined. We focus on what this can tell about providing *both a child focused and a violence-sensitive family treatment service*. The elaborated recommendations are highlighted by italics.

#### *A Public FPS Can Succeed in Giving Fast Priority When Violence is Reported at Intake*

Most of all, this study tells that *if* a Norwegian FPS, as a public, specialized treatment service, gives priority to families with children and violence, *a great amount of the total case-load* becomes exactly so—here one fifth of all clinical cases in 1 year. Every fifth case is a large number, considering the open and free of charge access for all types of family- and relational problems. Moreover, the study shows that the same FPS *can manage to live up to* a political mandate of supplying both priority and short waiting time when violence is reported at intake. *All cases with known violence at referral are offered a first appointment within the first consecutive days. Any prolonged waiting is due to reasons from outside of the FPS. Succeeding with such a goal is surprising*, since the office—like most FPSs in Norway, serves a large geographical and population area with a major pressure of other cases.

Such success can be obtained only through professional dedication and a clear leadership. And it depends on political priority. Because the practice has *a major drawback*. The priority creates a queue. Other relational problems—like couple therapy and complicated family relations—have to wait, which is in conflict with the aim of prevention by early service that counts as a target for the same service (Norwegian Directorate for Children, Youth and Family Affairs 2014).

On the other hand, the proportion of cases *with no reports of violence at referral is large*, 38.6 %, going to the waiting list with long delay. This later emergence of violence *may indicate* a service providing violence-sensitive collaboration. It may, however, also point to shortcomings in the intake routines, the practice being too imprecise to invite issues of domestic violence. As stated by Posada and Pratt (2008) and as outlined by Todahl and Walters (2011) on the basis of a systematic review of screening practices of partner violence, family therapists as helping agencies

have a unique professional possibility to examine the role of domestic violence in their work. Accordingly, they recommend acknowledging the great and unique social and professional responsibility of these agencies to see and hear domestic violence. In line with these suggestions, the large amount of late reporters of violence seen in this study underscores *the benefit of including violence-specific questions as part of an ordinary intake procedure in family treatment services.*

#### *The Home as the Central Arena of Safety and Growth is Affected in all Cases*

Second, in line with a national survey of the prevalence of violence in Norway (Thoresen and Hjemdal 2014), mothers or mothers and children are the most exposed to all kinds of violence. Fathers are almost exclusively exposed to violence when together with others who also are directly exposed. Children are affected in all cases, some of them as offenders. On the other hand, abusers are mostly fathers (76.4 % of all cases), or stepfathers (5.8 %), but *also* mothers offend—alone or involved with others (25.5 % of all cases). In total, one or both of the primary caretakers are offenders in 89.6 % of all cases. Thus, consistent with Øverlien (2012), *the home as the central arena for safety and growth is affected by domestic violence in all cases.*

Such knowledge suggests that family therapists should expand on a more traditional view of domestic violence characterized by male perpetrators. Instead, in line with Stith et al. (2012) and George and Stith (2014), it seems necessary to be open to the fact that, although men and fathers are by far the most dominant abusers, both mothers and children use violence. As also stated by Allen (2012), recent research makes it necessary *to be open to include other participants' contributions in domestic violence.*

#### *Families and Mothers Refer the Most*

Third, the study shows that the most dominant referrer is *the family itself*, both when violence is reported at intake (62.1 % from the family) and underway (92.5 % from the family). From inside families, *mothers* are most frequent referrers. In total, mothers refer the most both to CPS, police, and FPS, while fathers refer much less, and almost exclusively when he himself is subject to the violence. Of all referrals, physical violence is most frequently reported both in the referrals to the FPS and later as reports from the FPS to the CPS and police.

Compared with the fact that many *never* tell about experiences of violence despite major sequels (Thoresen and Hjemdal 2014; Tracy and Johnson 2006), that violence is often minimized by the exposed because events are too painful to process or too shameful to tell (Siegel 2013; Tracy

and Johnson 2006), combined with the fact that offenders themselves often play down and minimize violence (Adams 2012), this high amount of family referrals sends a main message: giving priority from a FPS to families with children and violence provides a public service that the *families utilize*. It creates a place for people to dare to address questions of possible doubt, shame, and silence, *without necessarily having to inform about violence as a required entry ticket, or having to wait for obvious signs of trauma. They can come, taste, evaluate—and dare.*

However, substantial studies underscore that *more knowledge is needed in the general society about consequences for children* in order for both offenders and caregivers to ask more easily for help (Adams 2012; Askeland et al. 2012). In accordance with Raundalen (2007) and Wekerle (2013), an extended perspective is required on “childhood as having its own value and its own rights”, which means to realize that to ask for assistance to change violence is not exclusively for the benefit of the adults, but as an imperative and a need for the child itself. As the study tells, mothers refer; fathers need more hope and faith to see and dare. And, as we will see below, offenders of both sexes need more understanding of the consequences of domestic violence for their children, to nourish necessary willingness and courage to change.

#### *Offenders Need Others as Promoters for Change. Children Depend on Adult Advocates*

Four, across all cases, *the one who acts violently refer the least, no matter who that person is*. If the mother acts alone (11 cases), she refers in 2. If together with the father (12 cases), she refers in 3. Also fathers are low referrers if offending (17), and then mainly if he himself is subject to the violence (15 of 17). Thus, the driving force for change is the ones exposed. The one wearing the shoes, who knows where it hurts, is the one to call for change. *Except for the child: only one child contacts the CPS and only two the police.* When children otherwise initiate (3 out of 6), they call persons from outside the close family.

Again is illustrated, children are dependent on grown-up advocates and spokespersons. The ones executing violence need others as *prime motor* for change. The clear-sightedness and understanding of a necessity for change is unevenly distributed when violence happens. Recently, research from using client feedback to improve therapy (Duncan and Sparks 2008), also in a FPS naturalistic setting (Anker et al. 2009; Sundet 2014; Ulvestad et al. 2007), shows the importance of clients' feedback for the therapeutic processes to be useful for necessary changes. This study underscores *the importance of inviting the most silent voice—the child—into the treatment process, to inform and form that process to safeguard needed changes.*

### *FPS Succeeds in Providing an Open Route for Collaboration with the CPS and Main Public Services*

Five, a FPS, by its priority, can succeed in providing an *easy accessible and much used route for the CPS to refer families with children and violence to specialized treatment*. The study shows that the CPS is the most extensive referrer to this FPS, next to the family, delivering one fourth of all referrals, and usually informing about violence at intake. Each case thus informed, gets immediate appointment. Moreover, the other way around, the FPS reports approximately one fifth of all cases to the CPS. In sum, this makes up a *fluent two-sided collaboration between these two important public services, the CPS and the FPS*. Additionally, a FPS, by its priority, *also brings about an extensive collaboration with other relevant agencies, including the police*. Least cooperation takes place with the primary health service with but a few links, and the specialty mental health service for children and adolescents, with almost no cooperation.

Considering the studies documenting the overall difficulties in the Norwegian specialty mental health service to perceive children's experiences of violence, combined with this service's reluctance to include children's family in ongoing work (Ormhaug et al. 2012; Reigstad et al. 2006; Reigstad 2012; Røberg 2011; Wassnes 2012), as well as refusing referrals for children exposed to violence because they did not have a diagnosis and/or had too unstable caring situations (Heltné and Steinsvåg 2010, 2011), the present study again underscores the challenge of providing such services to families with children and violence. Given both the great amount of families referring themselves to the FPS when violence happens, and the many cases where violence is disclosed after referral, along with the research documenting the sequels for children of domestic violence, *an easier access is called for, to the specialty mental health service as well as a more fluent collaboration with the FPS*.

Moreover, the low frequency of collaboration with the primary health service sends an additional message: In line with recent voices from the Norwegian primary health field, urging to include questions about family violence into standard assessment procedures (Ude 2014), the present study amplifies the need for *an earlier recognition of violence in the primary health service as well as a more extensive inclusion of the FPS as part of their service delivery*.

### *FPS Provides Brief Specialized Treatment*

Six, this public FPS, by its priority, manages to deliver *brief treatment services*. Approximately 70 % of all cases get 7 or fewer sessions, and 84 % get at most 12 sessions. More sessions (from 13 to 49 sessions) happen mainly

*when children are included and when both mother and children are exposed*. Thus, considering the research on consequences of violence on mental and somatic health, the study suggests that *specialized treatment services can be brief if delivered at the right time—at an easy accessible place, with a low threshold, when the need for help is wanted and experienced as urgent*. Economic costs can diminish both for society and single persons, since violence has a high cost—in Norway between NOK 4.5–6 billion per year (Rasmussen et al. 2012).

Consistent with studies on cost-effectiveness of the practice of marriage and family therapy (see e.g. Crane and Christenson 2012; Crane and Payne 2011; Gelles and Maynard 1987; Klientz et al. 2010; Moore et al. 2011), the present study shows a relatively inexpensive modality of psychotherapy. However, far more thorough outcome measures are necessary. Although Partners for Change Outcome Management System is underway in the FPSs (Anker et al. 2009; Duncan and Sparks 2008; Sundet 2014), outcome measures in this study were not systematically completed. *A systematic use of such measures is required for accounts of effect*.

### *The Work is Violence Informed, But Includes Spare Use of Standard Assessment Tools*

Seven, only in 22.6 % of the cases are standard assessment tools used to assess experiences and impact of violence and to evaluate risk. Supplementary violence-informed focus takes place by the CPS referrals containing detailed reports of violence (25 % of the cases) and by FPS reports to the CPS (20 %), which lay the ground for extensive violence-informed cooperation between CPS and FPS, in addition to reports to and collaboration with the police.

However, such low-frequency use of assessment tools stands out as a challenge for several reasons: Substantial documentation shows that violence is frequently undercommunicated (Askeland et al. 2012), minimized both by the exposed (Siegel 2013; Tracy and Johnson 2006) and by the offender (Adams 2012), and also linked to strong feelings of parental shame when children are included (Holt 2014). A low-frequency use of standard assessments tools is especially challenging considering the family therapists' unique possibility to be the ones to examine the role of family violence as part of therapeutic collaborations (Posada and Pratt 2008; Todahl and Walters 2011).

Overall, there has been little published research to document how, or if, assessment tools are utilized by marital and family therapists (Stith et al. 2012). However, many studies have offered attempts to strengthen an integration of family assessment and intervention models (e.g., Asen et al. 1989; Bentovim 2004; Fernandez 2007; Cohen and Mannarino 2008; MacGregor et al. 2014; MacMillian et al. 2013; Schacht et al. 2009; de Melo and Alarcão 2011). In general,

although assessment tools need elaboration in contexts of violence-sensitive collaborations, a low frequency use may diminish a necessary respect for the need to be informed by all involved in suitable and safe enough contexts.

A similar dilemma appears for substance abuse and mental illness questions. Problems of substance abuse or mental health are reported as known in 17.0 % of the cases; for the rest, there is reported no knowledge of such issues. Recently, a growing understanding has emerged of violence often co-occurring with other significant problems, particularly substance abuse. A large body of research has found a relationship between domestic violence and substance abuse in both clinical and nonclinical samples (Christensen 2010; Donohue et al. 2006; Stith et al. 2012). Consequently, this study indicates an under-consumption of *standard assessment tools necessary to provide a sufficient violence-sensitive FPS*.

#### *Too Few Children are Invited*

Eight, surprisingly considering the specific mandate to focus on families with children and violence, services are *mainly offered to adults*. Only 39 out of 106 cases include children, and only a few of the total sessions of these cases (15.2 %). *Almost no child below 4 years takes part* (4 out of 39 cases; 4 out of a total of 58 children below 4 years)—although more than half of the cases (54 out of 106) have children below 4 years. Given the consequences for children of domestic violence—including for children below 4 years (ACE-study 2013)—this stands out as *an alarmingly low rate*. The study shows that also a service with a specific priority for families with children and violence includes the child far too rarely.

Thus, the practice illuminated in this study coincides with voices from the clinical research and literature pointing to family therapy providers having been too hesitant to include children (Hartzell et al. 2009; Lund et al. 2002; Rober 2008; Ruble 1999; Sori and Sprenkle 2004). However, the study shows a distinct *professional difference*: independent of professionals being certified family therapist or not, the ones most experienced in therapeutic work with children, include children far more often; and *if children participate, the number of sessions grows and subsequently consumes more time*. Accordingly, a new question comes up: Given the great impact of violence on children, how can the service bring about *a more de facto inclusion of the child?*

## Discussion

### Priority and Collaboration

Considering the unique existence of having a state-financed and sanctioned public treatment agency at a low threshold, the

FPS, with a mandate to prioritize specialized treatment to families with children and violence, this study conducted in one of the larger FPS in Norway, shows first and above all that *if such services get priority, these cases are flooding in*. Most of all, it opens for *people themselves to come and ask for assistance*. *It opens doors for people living in the midst of violence*. Moreover, the study elucidates that *it is possible for a public FPS to fulfill a mandate to provide fast-track services when violence is known at intake, and to supply a direct route for the CPS to get coordinated, specialized treatment, as well as collaboration with other main public agencies*.

In sum, the study indicates that the investments made through the national project “Children Living with Violence in the Family” *shows a promising start*. It shows that it is possible for a public FPS to *provide a direct, much used and efficient route both for private persons and cooperating agencies for collaboration and specialized treatment*. It exemplifies a *possible way to fast-track family therapy services when violence happens*.

### Both Family Therapy and Taking a Stand Against Violence

Moreover, the study illustrates a FPS that is not afraid to take part in understanding and defining actions as violence, and to initiate necessary safety precautions. In short, it shows a public FPS that *manages to take a standpoint against violence*. Such a FPS becomes an active collaborator with both private persons and main public agencies—mostly the CPS and police. Thus, the same FPS exemplifies a road that openly combines therapy with taking a stand against violence.

Such a combination bypasses the strong and general warnings from feminist-informed viewpoints that the family therapy field is minimizing power differences between men and women inherent in family violence. The field has been accused of providing an either-or approach, where violence is concealed for the profit of reconciliation (Stith et al. 2012) in combination with a too low-frequent use of assessment tools to recognize violence (Schacht et al. 2009). This FPS’s extensive collaboration in (1), defining violence, and (2), initiating safety precautions, exemplifies a *“both-and” approach*.

Simultaneously, a main challenge remains to strengthen the use of standard assessment tools. The request to realize the unique responsibility of family therapy services to thoroughly examine the role of domestic violence as part of treatment (Posada and Pratt 2008; Todahl and Walters 2011), is most relevant for this FPS.

### The Most Silent Person as the Ultimate Litmus Test

However, an overruling phenomenon is apparent: almost no offender asks for help. The one exposed to violence, is

the one asking for assistance—except for the child. All children are affected; almost none contacts any helping agencies. Because the offender needs others as promoters for change, to include experiences of the exposed into ongoing work, becomes crucial. In line with Per Isdal's (2013) definition of violence, the one met by violence is *the most important measure of change*—that good enough work is done and necessary changes worked out. Subsequently, *to include that person's account in ongoing work brings about the utmost litmus test for ensuring that sufficient work is done for families with children and violence*. However, as the study illuminates, this turns out to be the dominant shortcoming of the services provided.

#### The Absence of the Child

Because, paradoxically, the study elucidates that even a FPS with a precise priority to include a child perspective into family violence work, *runs with a dominant lopsidedness*: Violence is absolutely an issue. But although children are affected in all cases, treatment services are offered *almost exclusively* to the adults. Out of a total of 106 cases, only 39 families include children and only in 15 % of the total sessions in these families. Only 4 of them include children below 4 years. Given the substantial clinical research and documentations of the consequences of domestic violence for children, this sums up as *a major neglect of the child. The living, partaking child is to a large degree excluded and the psychological child position not adequately taken care of*. The absence of the child's specific experiences conceals necessary insight into the impact of violence, and reduces the possibilities of dialogically informed changes for those involved. In line with Raundalen's warning at the end of the kick-off project, this study from a large FPS shows a still ongoing and general risk when working with families and violence, that the service becomes "softhearted on behalf of adults, and hard-hearted on behalf of children" (Norwegian Directorate for Children, Youth and Family Affairs 2011).

#### The Rights of the Child

In a Norwegian judicial context, children's rights are strengthened by the UN Convention on the Rights of the Child being incorporated into Norwegian law by an amendment in 2003 to the Human Rights Act, which is given precedence over any other legislative provisions that conflicts (Act relating to the strengthening of the status of human rights in Norwegian law (The Human Rights Act) 21.5 (1999) No. 30.). This human rights approach to child protection constitutes the central catalyst for a paradigm shift to transform both child protection and participation (Wekerle 2013). A child's rights paradigm is "the

declaration of the child as a right holder and not as a beneficiary of benevolent activities of adults" (Article 13, Para. 72b); it constitutes premises for the inclusion of children.

In more details, according to the Convention's Article 13: "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse..." Article 12 says: "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

However, even for a country with the best of intentions, with a ratified UN Convention, with significant departmental plans and major measures taken to safeguard the child, the present study tells that the experiences and costs of the child when family violence happens are still almost not included into the work of this important public, state-organized family treatment service—despite its specific mandate to do so. *Children still "fall through the cracks". A major neglect of the child is taking place*. The political mandate calls for *a sharper look* at how the weakest part—the child—is taken care of and not been thrown "out with the bathwater".

#### A Triple Viewpoint: Rights of the Child, Violence, and Family Therapy

All the more surprising is an absence of the child, knowing that children themselves, if given opportunities, want and consider it crucial to be invited into sharing and understanding when violence happens (Ernst 2006; Flåm 2013; Flåm and Haugstvedt 2013; Jensen et al. 2005; Ungar 2004; Øverlien et al. 2009). And they overwhelmingly want to be involved in family therapy sessions when asked (Hartzell et al. 2009; Sheinberg and True 2008; Stith et al. 1996; Fauske 2011). Moreover, children find it frustrating if they are kept from participation either by being left in the waiting room or by being asked to participate in an adult-oriented process that do not include appropriate avenues for their participation (Stith et al. 1996).

However, as outlined by Vis et al. (2011), to engage children in collaborations and decisions affecting their lives, and for that participation to be helpful, sets standards for ongoing work: it calls for inviting children into contexts that provide information, explaining what is happening, and to be open to children's own agendas and questions. Because although invited, children do not necessarily join: children investigate, move, and remove from attending according to their own experiences of being properly

attended to (O'Reilly and Parker 2013). If asked, children give advices to what makes them feel included: to be accepted and allowed to express their own feelings and that therapists adjust to each person and give space for various perspectives (Hartzell et al. 2009). In short, children themselves are active researchers of ongoing dialogical avenues and possibilities (Bråten 2007; Flåm and Haugstvedt 2013).

As stated by family therapists themselves, to involve children may bring them to the limits of comfort, leading away from well-known approaches with adults into avenues of perhaps more unknown ways of talking, telling, and sharing (Hartzell et al. 2009; Lund et al. 2002; Rober 2008; Wilson 2008). However, if done, also caregivers regain better recovery after family violence if therapy is provided for their children (Holt et al. 2014) as well as for children and parents combined (Chaffin et al., 2004; Herschell et al. 2000; Herschell and McNeil 2005).

Although the focus of this study is not an elaboration of how to involve children into family and network-oriented work, recent clinical literature and research provide ample suggestions (see e.g. Chaffin et al. 2011; Cohen and Mannarino 2008; Grammer 2009; Herschell and McNeil 2005; Kolko and Swenson 2002; Kjellberg et al. 2013; Larner 2003; Lowenstein 2010; Lund et al. 2002; MacMillian et al. 2009; Rober 2008; Sheinberg and True 2008; Siegel 2013; Sori 2006; Swenson et al. 2010; Turns and Kimmes 2014; Vetere and Dowling 2008; Wilson 2007, 2008). As stated by pioneers in the field, a better understanding of attachment processes between parents and their children help guide a better treatment for maltreated youngster (Cicchetti et al. 1989). But warned by other forerunners, attachment lenses may contribute to mask the child's needs for differentiated support, disguising an overall responsibility which goes beyond the goals of reducing maltreatment by parents as a "partial solution", and calls upon a closer look at the needs of the child (Graciano and Mills 1992).

Across approaches, as the present study underlines, a triple viewpoint is needed: to include topics of violence, to include the child, and to explore room for dialogues among children and adults.

#### Integrative Family Perspectives are Called For

In sum, the fact that in all cases of this study the home as the central arena for safety and growth is affected, gives guidelines for future practices: since *violence creates asymmetry*, perspectives are called for that includes perspectives on *both* the child, *and* the adult exposed, *and* the abuser. To maintain a limited single person perspective, or solely a couple or parent perspective, or a more floating family perspective becomes restrictive.

Approaches are called for that promote and integrate *both* the uptake and use of intimate partner violence *and* child maltreatment knowledge (MacGregor et al. 2014). That means to include and integrate involved voices not solely conceptually but in vivo and de facto to inform needed changes.

As outlined by Stith et al. (2012), who offer a detailed review of the current state of the relationship violence literature, a major turn is needed in the domestic violence therapy field away from more individualized treatment perspectives towards family oriented approaches. And as stated by Siegel (2013), from a detailed review of the research in the field of family violence, services offered to families with violence have not kept pace with the emerging research providing extensive information about the sequels of family violence; most frequently, treatment has been offered as separate services to either the one or the other adult part, and too rarely in conjoint treatment, even though the rationale and indications for efficacy have been repeatedly stated for an expanded approach to treatments that incorporate family systems and the persons involved.

Looking into the future, the Norwegian FPSs will continue being a gateway for cases asking for treatment for crisis and relational problems. Many families with children and violence will enter into the FPS, where working with violence will require thorough intake practice, violence-sensitive follow-up and fluent cooperation. Fortunately, this public service *already has* a politically mandated priority for cases with children living in families with violence (Norwegian Directorate for Children, Youth and Family Affairs 2014). Therefore, a FPS more *prepared* for including children is needed. In line with the ACE-study (2013), an opening for children's voices when violence happens provides the strongest means to eliminate the misuse of power and the loneliness hidden in secrets and silence—and to open doors for change. Thus, a FPS with priority for children and families with violence constitutes a key to *better general public health both in the short- and long-terms*. Adults need to find such a service. Children have individual rights to get it (Lassen 2013).

Consistent with MacMillian et al. (2013) who take a close look at children's safety in domestic violence cases, and with Schacht et al. (2009), examining couple therapists' assessment practices, the present study tells that *integrative family perspectives are called for, which combine violence-sensitivity with safety precautions, including the child's partaking voice and position*.

#### Limitations

It can be argued that since the data used comprised the professionals' own evaluation of main choices, dilemmas and challenges, the information presented might be

misleading. First, the professionals may be influenced by their own methodological preferences and therefore might not give representative answers. However, since the answers were analyzed conjointly on the basis of descriptive summarized statistics, skewed presentation can be more easily corrected than from single presentations. Second, it may be argued that the lack of information about the concrete therapeutic practices of each professional may blur necessary insight into how divergent therapeutic approaches may influence. Certainly, the study could have been expanded by supplying a more detailed knowledge of each professional's concrete therapeutic practice, as a supplement to the actual one. Given the nature of violence, studies of detailed therapeutic practices are highly relevant, and could add valuable knowledge to guide future practices in the field. However, such detailed focus did go beyond the time and economic limits of the project. Third, the lack of pre-post measures as evidence of effect can be considered a major drawback, disguising a possibility of unsuccessful therapeutic work. Subsequently, measures in more details to assess risk factors and risk circumstances, and possible changes of these, would give valuable in-depth knowledge of changes. Certainly, a stronger future inclusion and completion of outcome measures in the FPS will provide needed evaluation knowledge. Finally, a more detailed study of the cooperation between the FPS and its closest cooperating agencies, e.g. the CPS, could have been expected, as well a more thorough description and discussion of useful therapeutic approaches based on research and clinical literature for the inclusion of children into family therapy.

## Conclusion

The overall message of this study is that the investments made through the national project "Children Living with Violence in the Family" in the FPSs in Norway *shows a promising start*. It illuminates that it is possible for a public FPS to *provide a direct, much used and efficient route both for private persons and cooperating services for specialized treatment and collaboration*. It exemplifies a *possible way to fast-track family therapy services when violence happens*. Thus, the study shows that the unique existence of having a state-financed and sanctioned public and specialized treatment agency at a low threshold—the FPS, with a mandate to prioritize treatment for families with children and violence, *has laid the ground for a practice according to intended goals*.

However, while services are provided fairly quickly when violence is reported, the service given calls for

changes in several ways: A more violence-sensitive intake procedure is called for, a more fluent and stronger cooperation with both specialty mental health service and primary health service is needed, the use of standard assessment tools is too low-frequent, and outcome measures need a major strengthening to document whether treatment is successful and if violence has been eliminated. Given the nature of violence, particularly follow up measures are required. However, first and foremost, the study calls for a better inclusion of the child. In family therapy, this means talking not solely *about or on behalf of* the child. It means *talking with*. It asks for "*with-ness*" work, *more than about-ness work* (Anderson 1997; Shotter 2010, 2012). It asks to enlarge the space and means for sharing, and telling *in ways other than those most common with adults*, suited to children's own age, and capability—to let them share, dare, and thus inform needed changes—without masking adults' responsibility.

To see the child is inherent in the Norwegian political mandate for the FPS to prioritize families with children and violence. Provoking, however, according to the UN Convention Article 13, to focus the child is required not solely "as a beneficiary of benevolent activities of adults", or as an ethic of hospitality (Larner 2003). Most important, the main obligation is for the child "as a rights holder in its own right". Thus, according to the same Convention, the Norwegian FPSs—as a family treatment service of a country complying with this Convention, is obliged to strengthen its efforts to take the child more successfully into account when domestic violence happens. A more de facto inclusion of the child is needed to provide *family-protection* according to the mandate, and not *adult-protection* with only *a side-glance at the child*. Subsequently, this study shows reason for and may give push-off to *a prolonged child focused investment* to build the necessary knowledge, therapeutic means, professional courage, and evaluation in the FPSs for a better de facto inclusion of children in cases with family violence.

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## References

- ACE-study (2013). Retrieved from <http://www.acestudy.org>
- Act relating to the strengthening of the status of human rights in Norwegian law (The Human Rights Act) 21.5 1999 No. 30. Retrieved from <http://www.ub.uio.no/ujur/ulovdata/lov-19990521-030-eng.pdf>
- Adams, P. J. (2012). Interventions with men who are violent to their partners: Strategies for early engagement. *Journal of Marital and Family Therapy*, 38(3), 458–470. doi:10.1111/j.1752-0606.2012.00320.x.
- Allen, M. (2012). Is there gender symmetry in intimate partner violence? *Child and Family Social Work*, 16, 245–254. doi:10.1111/j.1365-2206.2010.00735.x.
- Anda, R., Felitti, V. J., Bremner, J. C., Walker, J. D., Whitfield, C., Perry, B. D., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174–186. doi:10.1007/s004-005-0624-4.
- Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York: Basic Books.
- Anker, M., Duncan, B., & Sparks, J. (2009). Using client feedback to improve couples therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, 77, 693–704. doi:10.1037/a0016062.
- Asen, K., George, E., Piper, R., & Stevens, A. (1989). A systems approach to child abuse: Management and treatment issues. *Child Abuse and Neglect*, 13, 43–57. doi:10.1016/0145-2134(89)90028-8.
- Askeland, I. R., Lømo, B., Strandmoen, J. F., Heir, T., & Tjersland, O. A. (2012). *Kjennetegn hos menn som har oppsøkt Alternativ til Vold (ATV) for vold i nære relasjoner [Characteristics of men using Alternative to Violence (ATV) because of violence in close relationships]*. Oslo: NKVTS. Rapport 2/2012.
- Bentovim, A. (2004). Working with abusing families. *Journal of Family Psychotherapy*, 15(1–2), 119–135. doi:10.1300/J085v15n01\_09.
- Bråten, S. (2007). *Dialogens spill i barnets og språkets utvikling [The mirror of the dialogue in the development of children and language]*. Oslo: Abstrakt Forlag.
- Chaffin, M., Funderburk, B., Bard, D., Valle, L. A., & Gurwitsch, R. (2011). A combined motivation and parent–child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology*, 79(1), 84–95. doi:10.1037/a0021227.
- Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balchova, T., et al. (2004). Parent–child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, 72(3), 500–510. doi:10.1037/0022-006X.72.3.500.
- Christensen, E. (2010). *Alkoholproblemer og partnervold [Substance abuse and partner violence]*. København: SFI-Det Nationale Forskningscenter for Velfærd, SFI-Rapporter,10:35.
- Cicchetti, D., Toth, S. L., & Hennessy, K. (1989). Research on the consequences of child maltreatment and its application to educational settings. *Topics in Early Childhood Special Education*, 9, 32–55.
- Cohen, J. A., & Mannarino, A. P. (2008). Trauma-focused cognitive behavioral therapy for children and parents. *Child and Adolescent Mental Health*, 13(4), 158–162. doi:10.1111/j.1475-3588.2008.00502.x.
- Crane, D. R., & Christenson, J. D. (2012). A summary report of the cost-effectiveness of the profession and practice of marriage and family therapy. *Contemporary Family Therapy*, 34, 204–216. doi:10.1007/s10591-012-9187-5.
- Crane, D. R., & Payne, S. H. (2011). Individual and family therapy in managed care: Comparing the costs of treatment by the mental health professions. *Journal of Marital and Family Therapy*, 37(3), 273–289. doi:10.1111/j.1752-0606.2009.00170.x.
- de Melo, T., & Alarcão, M. (2011). Integrated family assessment and intervention model: A collaborative approach to support multi-challenged families. *Contemporary Family Therapy*, 33, 400–416. doi:10.1007/s10591-011-9168-0.
- Donohue, B., Romero, V., & Hill, H. H. (2006). Treatment of co-occurring child maltreatment and substance abuse. *Aggression and Violent Behavior*, 11, 626–640. doi:10.1016/j.avb.2005.08.007.
- Duncan, B. L., & Sparks, J. A. (2008). *I fellesskap for endring. En håndbok i klient og resultatstyrt praksis [Together for change. A handbook for client- and result-guided practice]*. Oslo: Gyldendal Akademisk.
- Ernst, A. (2006). *Jag sa at jag hadde en mardrøm [I told I had a nightmare]*. Stockholm: Sveriges Kvinnojourers Riksforbund: Film. <http://www.sfi.se/sv/svensk-filmdatabas/Item/?itemid=64192&type=MOVIE&iv=PdfGen>
- Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*, 13(2), 131–140. doi:10.1016/j.avb.2008.02.005.
- Fauske, U. (2011). *Barn erfaringer med familierapi og hva de opplever som nyttig hjelp [Children's experiences with family therapy, and what they see as useful help]*. Master thesis, University of Oslo, Retrieved from <http://hdl.handle.net/10642/1575>
- Fernandez, E. (2007). Supporting children and responding to their families: Capturing the evidence of family support. *Children and Youth Services Review*, 29, 1368–1394. doi:10.1016/j.childyouth.2007.05.012.
- Flåm, A. M. (2013). “Men man kan ikke leve i ensomhet”: Barnet som forskande stifinnar når vold skjer [“But one cannot live in solitude”: The child as a researching pathfinder when violence happens]. In H. Johnsen (Ed.), *Vekst i det vanskelige [Growth in difficulties]*. Gyldendal Akademisk: Oslo.
- Flåm, A. M., & Haugstvedt, E. (2013). Test balloons? Small signs of big events. A qualitative study of adults' awareness of children's first signs of sexual abuse. *Child Abuse and Neglect*, 37(9), 633–642. doi:10.1016/j.chiabu.2013.06.007.
- Geffner, R., Igelman, R. S., & Zellner, J. (2003). *The effects of intimate partner violence on children*. N.Y.: The Haworth Press Inc.
- Gelles, R. J., & Maynard, P. E. (1987). A structural family systems approach to intervention in cases of family violence. *Family Relations*, 36(3), 270–275.
- George, J., & Stith, S. M. (2014). An updated feminist view of intimate partner violence. *Family Process*, 53(2), 179–193. doi:10.1111/famp.12073.
- Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & MacMillan, H. L. (2009a). Recognizing and responding to child maltreatment. *Lancet*, 373(9658), 167–180. doi:10.1016/S0140-6736(08)61707-9.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009b). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373(9657), 68–81. doi:10.1016/S0140-6736(08)61706-7.
- Graciano, A. M. & Mills, J. (1992). Treatment for abused children: When is a partial solution acceptable? *Child Abuse & Neglect* (16), 217–228. Retrieved from [http://www.sanctuaryweb.com/PDFs\\_new/Rivard%20Implementing%20Sanctuary.pdf](http://www.sanctuaryweb.com/PDFs_new/Rivard%20Implementing%20Sanctuary.pdf)
- Grammer, C. (2009). *The child's voice in family therapy: A systemic perspective*. New York: Norton.

- Hartzell, M., Seikkula, J., & von Knorring, A. L. (2009). What children feel about their first encounter with child and adolescent psychiatry. *Contemporary Family Therapy, 31*, 177–192. doi:10.1007/s10591-009-9090-x.
- Heltne, U., & Steinsvåg, P. Ø. (2010). *Sluttrappor for prosjektet Barn som lever med vold i familien [Final rapport from the project: Children living with violence in the family]*. Oslo/Bergen: Rapport ATV/Senter for Krisepsykologi.
- Heltne, U., & Steinsvåg, P. Ø. (Eds.). (2011). *Barn som lever i relasjoner med vold. Grunnlag for beskyttelse og hjelp [Children living in relationships with violence. Groundwork for safety and help]*. Oslo: Universitetsforlaget.
- Herschell, A. D., Lumley, V. A., & McNeil, C. B. (2000). Parent-child interaction therapy. In L. Vandecreek (Ed.), *Innovations in clinical practice: A source book* (Vol. 18, pp. 103–120). Sarasota, FL: Professional Resources Exchange.
- Herschell, A. D., & McNeil, C. (2005). Theoretical and empirical underpinnings of parent-child interaction therapy with child physical abuse populations. *Education and treatment of children, 28*(2), 142–162.
- Holt, T. (2014). *Treatment of childhood trauma in Norway: Targets, Treatments, and Next Steps*. Doctoral thesis. University of Oslo.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect, 32*, 797–810. doi:10.1016/j.chiabu.2008.02.004.
- Holt, T., Jensen, T., & Wentzel-Larsen, T. (2014). The change and the mediating role of parental emotional reactions and depression in the treatment of traumatized youth. Results from a randomized controlled study. *Child and Adolescent Psychiatry and Mental Health, 8*(11), 1–7.
- Isdal, P. (2013). *Definisjon av vold [Definition of violence]*. Retrieved from <http://www.familiefiftelsen.no/book/export/html/11333>
- Jensen, P. (2013). Family therapy in Norway: Past and present. *Contemporary Family Therapy, 35*, 288–295. doi:10.1007/s10591-013-9254-6.
- Jensen, T. K., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. A. (2005). Reporting possible sexual abuse. A qualitative study on children's perspectives and the context of disclosure. *Child Abuse and Neglect, 29*(12), 1395–1413. doi:10.1016/j.chiabu.2005.07.004.
- Johannessen, A., Natland, S., & Støkken, A. M. (2011). *Samarbeidsbasert forskning i praksis [Collaborative research in practice]*. Oslo: Universitetsforlaget.
- Kartleggingspakken ATV-SfK (2008). *Redskap for kartlegging av vold: Prosjekt Barn som lever med vold i familien [Assessment package. Tools to assess violence: The project: Children living with violence in the family]*. Oslo: Buf. Dir. Retrieved from [http://www.norskkrisesenterforbund.no/filemanager/download\\_file/file/588817.pdf/kartleggingspakke-atv-sfk.pdf](http://www.norskkrisesenterforbund.no/filemanager/download_file/file/588817.pdf/kartleggingspakke-atv-sfk.pdf)
- Kjellberg, C., Svedin, C. G., & Nilsson, D. (2013). Child physical abuse experiences of combined treatment of children and their parents: A pilot study. *Child Care in Practice, 19*(3), 275–290. doi:10.1080/13575279.2013.785934.
- Klientz, S. J., Borduin, C. M., & Schaeffer, C. M. (2010). Cost-benefit analysis of multisystemic therapy with serious and violent juvenile offenders. *Journal of Family Psychology, 24*(5), 657–666. doi:10.1037/a0020838.
- Kolko, D., & Swenson, C. C. (2002). *Assessing and treating physically abused children and their families. A cognitive-behavioral approach*. New York: Sage Publication.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.
- Lanius, R., Vermetten, E., & Pain, C. (2012a). The impact of early life trauma on health and disease. *British Journal of Psychotherapy, 28*(1), 132–135. doi:10.1111/j.1752-0118.2011.01266.x.
- Lanius, R. A., Vermetten, E., & Pain, C. (2012b). *The impact of early life trauma on health and disease. The hidden epidemic*. New York: Cambridge University Press.
- Larner, G. (2003). Integrating family therapy in child and adolescent mental health practice: An ethic of hospitality. *The Australian and New Zealand Journal of Family Therapy, 24*(4), 211–219. doi:10.1002/j.1467-8438.2003.tb00563.x.
- Lassen, R. (2013, October). *Children's legal rights. Paper presented at the meeting of the Child Protection System, Tromsø*
- Lowenstein, E. (Ed.). (2010). *Creative family therapy techniques: Play, art, and expressive activities to engage children in family sessions*. Toronto: Champion Press.
- Lund, L. K., Zimmerman, T. S., & Haddock, S. A. (2002). The theory, structure, and techniques for the inclusion of children in family therapy: A literature review. *Journal of Marital and Family Therapy, 28*(4), 445–454. doi:10.1111/j.1752-0606.2002.tb00369.x.
- MacGregor, J. C. D., Wathen, N., Kothari, K., Hundal, K. P., & Naimi, A. (2014). Strategies to promote uptake and use of intimate partner violence and child maltreatment knowledge: An integrative review. *BMC Public Health, 14*(862), 2–16 Retrieved from <http://www.biomedcentral.com/1471-2458/14/862>
- MacMillian, H. L., Wathen, C. N., Barlow, J., Fergusson, D. M., Leventhal, J. M., & Taussing, H. N. (2009). Interventions to prevent child maltreatment and associated impairment. *Lancet, 373*, 250–266. doi:10.1016/S0140-6736(08)61708-0.
- MacMillian, H. L., Wathen, C. N., & Varcoe, C. M. (2013). Intimate partner violence in the family: Considerations for children's safety. *Child Abuse and Neglect, 37*, 1186–1191. doi:10.1016/j.chiabu.2013.05.005.
- Middelborg, J. & Samoilow, D.K. (2014). *Tryggere barndom. Et behandlingsperspektiv på vold i familien [A safer childhood. A treatment perspective on violence in the family]*. Oslo: Gyldendal Akademisk.
- Ministry of Children, Equality and Social Inclusion (2013). *Barndommen kommer ikke i reprise. Strategi for å bekjempe vold og seksuelle overgrep mot barn og ungdom (2014–2017) [Childhood does not come in repeat. Strategy against violence and sexual abuse towards children and youths (2014–2017)]*. Oslo: BLI: NOU.
- Ministry of Health Care Services (2009). *Samhandlingsreformen: rett behandling på rett sted til rett tid. St. meld. Nr. 47, 2008–2009 [The cooperation reform: Right treatment at the right time at the right place]*. Retrieved from: <http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/2008-2009/stmeld-nr-47-2008-2009-18/6.html?id=567288>
- Moore, A. M., Hamilton, S., Crane, D. R., & Fawcett, D. (2011). The influence of professional license type on the outcome of family therapy. *The American Journal of Family Therapy, 39*(2), 149–161. doi:10.1080/01926187.2010.530186.
- Norwegian Directorate for Children, Youth and Family Affairs (2011). *Barn i familievernet [Children in the family protection service]*. Familievernets skriftserie nr. 1/2011. Retrieved from <http://www.bufetat.no/familievernkontor/publikasjoner/>
- Norwegian Directorate for Children, Youth and Family Affairs (2013). *Oppvekstrappen 2013 [The report of growing up 2013]*. Retrieved from <http://www.bufetat.no/om/Oppvekstrappen/>
- Norwegian Directorate for Children, Youth and Family Affairs (2014). *Dimensjonering og organisering av familieverntjenesten—en evaluering [Dimensions and organization of the family protection service—an evaluation]*. Oslo: Buf. Dir. Retrieved from [http://www.bufetat.no/Documents/Bufetat.no/NBBF/Dimensjonering\\_av\\_familievernet\\_evaluering.pdf](http://www.bufetat.no/Documents/Bufetat.no/NBBF/Dimensjonering_av_familievernet_evaluering.pdf)
- O'Reilly, M., & Parker, N. (2013). You can take a horse to the water, but you can't make it drink: Exploring children's engagement

- and resistance in family therapy. *Contemporary Family Therapy*, 35, 491–507. doi:10.1007/s10591-012-9220-8.
- Ormhaug, S., Jensen, T. K., Hukkelberg, S. S., Holt, T., & Egeland, K. (2012). Traumer hos barn—blir de gjemt eller glemt? Kartlegging av traumatiske erfaringer hos barn og unge henvist til BUP [Childhood trauma— are they hidden or forgotten? A survey of trauma experiences for children referred to specialty mental health service for children and adolescents]. *Tidsskrift for Norsk Psykologforening*, 49(3), 234–240.
- Øverlien, C. (2012). *Vold i hjemmet. Barns strategier* [Violence at home. Children's strategies]. Oslo: Universitetsforlaget.
- Øverlien, C., Jacobsen, M., & Evang, A. (2009). *Barns erfaring fra livet på krisesenter* [Children's experiences at crisis centers]. Retrieved from <http://www.nkvt.no>
- Patterson, J., & Vakili, S. (2014). Relationships, environment, and the brain: How emerging research is changing what we know about the impact of families on human development. *Family Process*, 53(1), 22–32. doi:10.1111/famp.12057.
- Posada, G., & Pratt, D. M. (2008). Physical aggression in the family and preschooler's use of the mother as a secure base. *Journal of Marital & Family Therapy*, 34(1), 14–27. doi:10.1111/j.1752-0606.2008.00050.x.
- Rasmussen, I., Strøm, S., Sverdrup, S., & Vennemo, H. (2012). *Samfunnsøkonomiske kostnader av vold i nære relasjoner* [Socioeconomic costs of violence in close relationships]. Oslo: Vista Analyse.
- Raundalen, M. (2007). Den glemte barndommen [The forgotten childhood]. *Tidsskrift for Norsk Psykologforening*, 44(9), 1160–1161.
- Read, J., & Bentall, R. (2012). Negative childhood experiences and mental health; theoretical, clinical, and primary prevention implications. *British Journal of Psychiatry*, 200, 89–91. doi:10.1192/bjp.200.2.A7.
- Reigstad, B. (2012). *Hva vet vi, og hva rapporter BUP-pasienter om ulike psykososiale belastninger. Trenger vi et familie- og nettverksperspektiv i vårt arbeid?* [What do we know, and what do BUP-patients tell about different types of psychosocial difficulties? Do we need a family- and network perspective in our work?]. Paper presented at the National conference for children and adolescents' mental health. Retrieved from <http://www.nbup.no/nbup/landskonf.php>
- Reigstad, B., Jørgensen, K., & Wichstrøm, L. (2006). Diagnosed and self-reported childhood abuse in national and regional samples of child and adolescent psychiatric patients: Prevalence and correlates. *Nordic Journal of Psychiatry*, 60(1), 58–66. doi:10.1080/08039480500504933.
- Rober, P. (2008). Being there, experiencing and creating space for dialogue: About working with children in family therapy. *Journal of Family Therapy*, 30, 465–477. doi:10.1111/j.1467-6427.2008.00440.x.
- Røberg, L. (2011). Hvordan kan vold mot barn avdekkes i psykisk helsevern? [How can violence against children be disclosed in specialty mental health service?]. *Tidsskrift for Norsk Psykologforening*, 44(6), 538–543.
- Rostadmo, L. (2011). *Rutiner ved familievoldssaker—Familievernkontoret i Tromsø* [Routines in cases of violence—Family Protection Service in Tromsø]. Internal note.
- Ruble, N. (1999). The voices of therapists and children regarding the inclusion of children in family therapy: A systemic research synthesis. *Contemporary Family Therapy*, 2(14), 485–503. doi:10.1023/A:1021675121495.
- Schacht, R. L., Dimidjian, S., George, W. H., & Berns, S. B. (2009). Domestic violence assessment procedures among couple therapists. *Journal of Marital & Family Therapy*, 35(1), 47–59. Retrieved from <http://search.proquest.com/docview/220979879?accountid=17260>
- Sheinberg, M., & True, F. (2008). Treating family relational trauma: A recursive process using a decision dialogue. *Family Process*, 47(2), 173–195.
- Shotter, J. (2010). *Social construction on the edge. Witness therapy and embodiment*. Chargin Falls: Tao Institute Publications.
- Shotter, J. (2012). Ontological social constructionism in the context of a social ecology: The importance of our living bodies. In A. Lock & T. Strong (Eds.), *Discursive perspectives in therapeutic practice* (pp. 51–84). Oxford: Oxford University Press.
- Siegel, J. (2013). Breaking the links in intergenerational violence: An emotional regulation perspective. *Family Process*, 52(2), 163–177. doi: 10.1111/famp.12023
- Sori, C. F. (Ed.). (2006). *Engaging children in family therapy: Creative approaches to integrating theory and research in clinical practice*. New York: Routledge.
- Sori, C. F. & Sprenkle, D. H. (2004). Training family therapists to work with children and families: A modified Delphi study. *Journal of Marital and Family Therapy*, 30(4), 479–495. Retrieved from <http://search.proquest.com/docview/220973668?accountid=17260>
- Stith, S. M., McCollum, E. E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy*, 38(1), 220–240. Retrieved from <http://search.proquest.com/docview/1115574145?accountid=17260>
- Stith, S. M., Rosen, K. H., McCollum, E. F., Coleman, J. U., & Herman, S. A. (1996). The voices of children: Preadolescent children's experiences in family therapy. *Journal of Marital and Family Therapy*, 22, 69–86. Retrieved from <http://search.proquest.com/docview/220941805?accountid=17260>
- Sundet, R. (2014). Patient-focused research supported practices in an intensive family therapy unit. *Journal of Family Therapy*, 36, 195–216. doi:10.1111/j.1467-6427.2012.00613.x.
- Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A. M. (2010). Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial. *Journal of Family Psychology*, 24(4), 497–507. doi:10.1037/a0020324.
- Thoresen, S., & Hjemdal, O. K. (2014). *Vold og voldtekt i Norge. En nasjonal forekomst-studie av vold i et livsløpsperspektiv* [Violence and rape in Norway. A national survey of violence in a life course perspective]. Oslo: NKVTS. Rapport 1/2014.
- Todahl, J., & Walters, E. (2011). Universal screening for intimate partner violence: A systemic review. *Journal of Marital & Family Therapy*, 37(3), 355–369. Retrieved from <http://search.proquest.com/docview/881055499?accountid=17260>
- Tracy, E. M., & Johnson, P. J. (2006). The intergenerational transmission of family violence. In N. B. Webb (Ed.), *Working with traumatized youths in child welfare* (pp. 113–134). NY: Guilford.
- Turns, B. A., & Kimmes, J. (2014). I'm NOT the problem! Externalizing children's "problems" using play therapy and developmental considerations. *Contemporary Family Therapy*, 36, 135–147. doi:10.1007/s10591-013-9285-z
- Ude, S. (2014, September 3). Derfor spørs jeg om foreldrene om de slår. *Aftenposten*. Retrieved from <http://www.aftenposten.no/mening/kronikker/Derfor-spor-jeg-foreldrene-om-de-slar-7691048.html>
- Ulvestad, A. K., Henriksen, A. K., Tuseth, A. G., & Fjellstad, T. (2007). *Klienten—den glemte terapeut* [The client—the forgotten therapist]. Oslo: Gyldendal.
- UN (1999). *Convention on the Rights of the Child*. Retrieved from <http://www.fn.no>
- Ungar, M. (2004). The importance of parents and other caregivers to the resilience of high-risk adolescents. *Family Process*, 43(1), 23–41.

- Vetere, A., & Dowling, E. (Eds.). (2008). *Narrative therapies with children and their families. A practitioner's guide to concepts and approaches*. N.Y.: Routledge.
- Vis, S. A., Strandbu, A., Holtan, A., & Thomas, N. (2011). Participation and health—A research review of child participation in planning and decision-making. *Child and Family Social Work, 16*, 325–335. doi:10.1111/j.1365-2206.2010.00743.x.
- Wassnes, V. M. (2012). Vold mot barn. BUP- ansattes møte med barn utsatt for vold. En kvalitativ studie av BUP-ansattes møte med barn utsatt for vold [Violence against children. Professionals' at the specialty mental health for children and adolescents meetings with children exposed to violence]. Master thesis, University of Tromsø, HEL-6300. Retrieved from <http://munin.uit.no/bitstream/handle/10037/4627/thesis.pdf.txt?sequence=3>
- Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse and Neglect, 37*, 93–101. doi:10.1016/j.chiabu.2012.11.005.
- Wilson, J. (2007). *The performance of practice: Enhancing the repertoire of the family therapist*. London: Karnac.
- Wilson, J. (2008). Engaging children and young people: A theatre of possibilities. In A. Vetere & E. Dowling (Eds.), *Narrative therapies with children and their families: A practitioner's guide to concepts and approaches*. NY: Routledge.



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### **III**

## **"I NEED YOUR EYES TO SEE MYSELF": MULTI-AGENCY TEAM CONSULTATION AS REFLECTING TURN TAKING**

by

Anna Margrete Flåm, 2009

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## **“I NEED YOUR EYES TO SEE MYSELF”<sup>1</sup>: MULTI-AGENCY TEAM CONSULTATION AS REFLECTING TURN TAKING**

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*Recent research and knowledge on risks, protection, and treatment of child sexual abuse and violence is growing. It is generally accepted that extensive collaboration across services and professions is beneficial to the professionals and the clients in this area of clinical practice. Critical reviews of studies of multi-agency and multidisciplinary team approaches show that issues such as descriptions of design and structure, collaborative processes, and context-specific studies have not been addressed, and that team members often do not respect each other's knowledge contribution and do not sufficiently focus on collective performance to provide effective assistance. Conclusions have been drawn to recommend presentation of a united knowledge front to perform effective consultation. This paper presents a multi-agency and multidisciplinary team approach in cases of child sexual abuse, violence, and maltreatment—elucidating the design, context, and building blocks to promote collaborative consultation processes. Rather than to perform and deliver knowledge unity, it introduces a way to share and form knowledge diversity, including the development of new knowledge relevant to the specific situation as well as the practice in general.*

What promotes “good” consultation services in multi-agency and multidisciplinary teams to agencies working with cases of child sexual abuse and violence? What contributes to collaborative processes, helpful design, and organization of such teams—in other words, the way that we orient ourselves towards our work? Reviews of studies of multidisciplinary team approaches show that such questions need to be addressed (King, 2006; Lalayants & Epstein, 2005). The aim of this paper is to present the work of a multidisciplinary team that offers consultation

<sup>1</sup>Bakhtin, 1986.

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services to agencies in the field, and to address the organization, design, and the collaborative processes of the team.<sup>2</sup>

Research consistently reveals that most children do not disclose abuse and violence, and that huge barriers often prevent children and their families from reporting abuse and getting appropriate services (Fergusson, Boden, & Horwood, 2008; Jensen, 2005; Paine & Hansen, 2002). Although recent research and knowledge on the risks, protective factors, and treatment is growing (e.g., Alaggia & Kirschenbaum, 2005; Fergusson, Boden, & Horwood, 2008; Noll, 2008), established professional approaches are not sufficient (Marshall, Fernandez, Marchall, & Serran, 2006). Such knowledge puts major pressure on professional services and children's caretakers to address barriers and to develop services suited to the task.

It is generally accepted that extensive team collaboration across services and professions is beneficial in safeguarding children who have been exposed to abuse and violence from "falling through the cracks" (King, 2006; Kolbo & Strong, 1997; National Criminal Justice Reference Service, 2006; Wasserman, 2005). A critical review of studies of multidisciplinary child abuse and neglect teams shows that although articles advocating multidisciplinary teams enumerate their apparent strengths, several related issues are not addressed—such as descriptions of design and structure, more context-specific studies, and qualitative studies of the collaborative process (Lalayants & Epstein, 2005). As for collaborative processes, team members often do not acknowledge each other's roles and knowledge contributions (Larkin & Callaghan, 2005) and do not sufficiently focus on the collective performance to supply effective assistance (Houston & Galloway, 2008; Katzenbach & Smith, 1994). Conclusions have been drawn to provide united knowledge fronts to obtain effective team consultation (Kvarnström, 2008).

Collaboration among multi-professional and multidisciplinary team members—or the lack of it, as has been suggested (Larkin & Callaghan, 2005; Houston & Galloway, 2008; Katzenbach & Smith, 1994)—has been related to the influence of a traditional medical model in the health services. Though in the medical model teams can be interdisciplinary, there often remains a hierarchy of disciplines and knowledge. Collaboration can be stifled by taken-for-granted team structures and processes. Hence, the knowledge that the team produces becomes limited by positions and knowledge by those at the top of the hierarchy. Hierarchical structures and processes inhibit equally inviting in all voices, and thus inhibit the exchange of ideas in a manner that promotes new knowledge.

Over the last three decades, approaches to promote generative processes have been emerging in the psychotherapy field and in family therapy in particular. These approaches are often referred to as conversational, dialogical, or collaborative therapies (Anderson, 1997; Hoffman, 2002; Shotter, 1993), or reflecting teams (Andersen, 1991, 1995). They are influenced by assumptions of knowledge and

<sup>2</sup>The author participated in the project as a clinical psychologist from its inception until the summer of 2006.



its production as collaborative practices among involved members. They point to knowledge being developed through the sharing of and resonance among different voices. The approaches try to explore the importance of valuing and including partaking voices into shared learning and knowledge production to create generative and co-creating processes. For the team to be described the challenge was similar: how to constitute a practice that allowed for partaking members to be equally invited into a combined knowledge production during ongoing multidisciplinary team consultation?

This paper presents the collaborative practice of the team and describes the conceptual framework, the organizational structure and design, its collaborative nature, and the reflecting processes that are at its heart and central to its case consultation work. Unique to the team's approach is a series of reflecting processes—shifts in which the requesters for consultation and the team members take multiple turns being in talking and listening positions. The turn-taking allows for speaking about what the speaker determines is important to say without being interrupted, and it allows for listening without the necessity of responding or responding getting in the way of thoroughly listening.

There is no forerunner to such a consultation team format in the field of child sexual abuse and violence. The team's work challenges the idea of consultation as delivering a united knowledge front. It elucidates an approach to form a community of knowledge diversity and an arena for ongoing knowledge production.

### THE CONTEXT AND DESIGN OF THE TEAM

The team started as part of a national project initiated in 2000 by the Norwegian State Directorate of Health and Social Welfare aimed to strengthen the public services response for the "prevention of sexual abuse towards children and adolescents." The project was later expanded to include other types of violence and maltreatment towards children. The project was implemented in all health regions covering Norway, each region having one coordinator and developing its own design in accordance with local experiences and possibilities.

The project in Northern Norway (Helse Nord) began in 2001; initially two teams were established, though since 2003 there has only been one. The team covered the entire Northern Region, a geographical area that is approximately one third of Norway, ten percent of its population, and with the same relative proportion of children under 18 years as the rest of the country. The project was initially located in the Centre for Child and Adolescent Mental Health, North Norway, University of Tromsø, and later included in the University Hospital of Northern Norway in Tromsø, thus being contextualized as part of ordinary public health service, only forming a new way of organizing the already existing public health services into a part time team. Lately the team has been linked to The Children's House in Tromsø.

**A Mixed Task**

Although it is called a consultation team, in addition to providing case consultation the team had multiple purposes, including: 1) to provide seminars to all relevant organizations in the health region on the issues of child sexual abuse, violence, and maltreatment with the goal of helping to build and strengthen a multidisciplinary community network to collaborate in such cases in their local area; 2) to form a cross-professional network outside of the consultation team, including approximately thirty professionals from the region with the intention to meet one day, two to four times a year, for discussing and sharing knowledge, and to contribute, as far as possible, to the seminars in their local areas; 3) to organize an annual conference on related issues with open invitation and invited speakers; 4) to initiate collaboration with other health regions to produce knowledge about the treatment of children, thus far about treatment for adolescents who have offended sexually; and 5) to offer case consultation for all agencies in the region who work with child sexual abuse, violence, and maltreatment (this task will be outlined in the following). Thus, the multiple purposes permitted possibilities for fluent crossing of competency across agencies in each local area and towards the consultation team.

**Organization**

The team members form a multi-agency and multi-professional group consisting of child protective services at the county/state level, community nursing, police, adult psychiatry, specialized pediatricians from the University Hospital, specialty mental health service, as well as staff from the Crises Centre for Women, Support Centre for Sexually Abused, Psycho Social Centre for Refugees, and Centre for the Prevention of Suicide.<sup>3</sup> Information about the team's case consultation service is provided to all relevant organizations in the region. The team meets regularly and offers consultations for half a day each week. Each agency sends one person to the team or two colleagues to share the task on scheduled interval.

**THE CASE CONSULTATION APPROACH****The Consultation Task**

The task is to offer consultation for all professional services in the health region of Northern Norway in cases of suspicion or ongoing work of child sexual abuse, violence, or maltreatment. Cases are presented confidentially; no recognizable identification is requested or provided. The consultation does not imply to take

<sup>3</sup>Later these two were included into the Regional Resource Centre for Violence, Traumatic Stress and the Prevention of Suicide in Northern Norway.

over any of the cases; the team's purpose is not to assume responsibility for services that are offered by the community professionals.

### **The Cases**

Statistics about the cases have been mainly similar each year (Luther, 2005). As an illustration, the number of cases received for consultation in 2003 was 107, with sexual abuse recorded in 86% and family violence in 20%. The total number of children was 156; in 30% of the cases the offenders were adolescents, around 85% were persons known by the child, which are in accordance with international prevalence studies. The child care system was by large the most frequent user. Specialty mental health, schools, kindergartens, and community health system were also substantial users, as well as the police and legal system.

Most cases were in a period of suspicion or disclosure at the time of referral. Common requests include: how to relate to the statutory agencies such as the child protective services and the judicial system, and recommendations regarding medical support and mental health treatment. In most cases the team advised contacting the police and the legal system (45.3% of the cases), the child care system (26.3%), as well as to apply for treatment (20%) and medical, specialized pediatric support (20%).

### **The Access**

Access is provided through the coordinator through a specially established phone number. If the coordinator determines that a consultation seems appropriate, an appointment is made. The coordinator discusses the estimated duration of the consultation, usually three quarters of an hour, and gets brief information about the request. The requesters are invited to include members from involved agency. Due to legal issues and the possibility of questions to address the statutory agencies and judicial system in these cases, private persons are usually not invited.

When a request for the team's services is received, a questionnaire is completed by the coordinator that includes information about who is requesting services, age and sex of the child, characteristics of the abusing person and their relationship to the child, etc. The questionnaire is completed during the case consultation meeting. The purpose of the questionnaire is to collect data that provides information about prevalence in the northern region for future planning.

Because there can be great geographical distances, consultation meetings cannot always take place in person. They may take place by phone or teleconference. The person making the request determines the format of the consultation. All formats are open—all participants can see and hear all others. For instance, if a consultation is by telephone, speakers and microphones are provided so that each can speak and listen both ways.

If a case is considered to be in a state of emergency, a recommendation can be given to apply to the agencies that would ordinarily provide the needed service.

Examples include imminent danger of violence or urgent medical (or medical investigation) issues. Both the pressure of urgency and the emotional strength of such cases can create a challenge for the coordinator at this point to offer a one-disciplinary pre-consultation. The coordinator's main task is to provide an open door to the consulting team. After the first call the coordinator sends a brief e-mail statement regarding the request and the appointment to all team members.

### **THE CASE CONSULTATION COLLABORATIVE PROCESS— INVITATION TO TALK AND TO LISTEN**

Since the team meets half a day a week, and each case consultation usually lasts only three quarters of an hour, the team can consult two or three cases a week. Such a schedule stimulates sharp concentration throughout the whole process during each case consultation. The coordinator usually facilitates the consultation; if not, any of the others in the team does.

#### **The Beginning of a Consultation Meeting**

Each case consultation takes place in *one single meeting*. The consultation is routinely comprised of a series of approximately *six shifts* or *steps*. These steps have appeared to become relatively stable. The steps or shifts involve the respective participants—requesters and team members—being in alternating talking or listening positions. No set time is designated for one step; at shifts, care is taken to give the requesters and the team members the time they need to talk. The participants are invited to introduce themselves by name, professional title, and working place. The coordinator tells that the team has been briefly informed through e-mail about the request, and reiterates the time frame of the consultation.

#### **Step One: The Requesters Talk and the Consultation Team Listens**

The coordinator invites the requesters to introduce the concerns that they want the team to address. They are invited to choose the form in which to present, sequentially or talking together. The consulting team simply listens. They do not interview, interrupt or give advice during the presentation. The requesters normally indicate when the presentation is sufficient. If information is repeated, the coordinator may respectfully suggest that the team has an impression of what is wanted, and asks if it may be convenient to turn to the team.

#### **Step Two: The Consultation Team Talks and the Requesters Listen**

After this presentation the coordinator invites the team to ask questions for clarification. Each member takes responsibility for whatever he/she considers important to ask about.

### **Step Three: The Requesters Talk and the Consultation Team Listens**

The requesters expand their wishes or add additional questions either directed to the whole team or to specific services. The interchange between steps for clarification may differ. Care is taken to continue until both sides seem ready for a shift to let the consultation team talk.

### **Step four: The Consultation Team Talks and the Requesters Listen**

The coordinator now invites each team member to offer her or his professional considerations in relation to the presented concerns. At this point the coordinator usually tells the requesters to feel free to lean back and allow themselves simply to listen to the team. Team members normally begin to reflect spontaneously. If the team waits and is silent, the coordinator may invite that team member who is professionally most closely connected to the requesters' questions to start. For instance, if the team is asked for advice whether to report to the child protection services, to the police, or to both, members from those services are invited to start.

During this step, as well as through each step when the team members talk, some more *detailed conversational habits* are elaborated. Although these considerations are especially taken into account during step four, most of them bear relevance to the whole collaborative process as micro-considerations throughout all shifts:

#### *Confirming the Legitimacy and Importance of the Work Done and the Concerns Presented*

The team usually starts the first reflection by giving short statements acknowledging the importance of the concerns and the work. All reflections take care neither to minimize concerns nor to be naively positive. Thus, the team members emphasize that they consider the presented questions to be important, understandable, and professionally challenging.

#### *Actively Inviting Multiple Contributions*

Each team attendant gets a clear invitation, usually from the coordinator, to share their viewpoints as fully and freely as possible. Throughout the shifts of speaking and listening all participants are encouraged to speak so as to maximize the multiplicity of viewpoints. If one person is silent, this voice can be asked for. If that person has nothing to add, this is usually shared in the open. Any member may ask any other member of the team to assist in elaborating or clarifying knowledge. For instance, one may find another more experienced and knowledgeable in a particular area, and can invite his/her voice in. Throughout such invitations each participant is encouraged to introduce divergent—or potentially contrasting—viewpoints. Whatever form, care is taken to open up for variations and diversity.

*Talking In the Frame of the Requesters' Questions*

Each team member tries to give his/her comments in the frame of the requesters' questions. That is, all responses, comments, etc. maintain coherence with the requesters' agenda.

*Presenting What Each Service Considers Relevant*

Each service offers viewpoints from any resources that he/she considers important—from statutory and judicial systems, literature, research, or their own local, professional experience.

*Letting the Requester Be in a Listening Position*

The team members speak sequentially or talk together in a more conversational form. They normally look at each other during this sequence, and usually not at the requestors. Whatever form, care is taken to let the requesters remain in a listening position.

*Being Open to Cross the Frame of the Requests*

Considerations and reflections can be introduced that are not explicitly asked for, which can be *at the border or even outside* of the requests. For instance, a team member can experience dilemmas or have suggestions that he/she believes to be of great importance. If so, the team member underlines that such comments are informed by his/her own professional knowledge and local position and are offered for the listener's consideration.

*An Atmosphere of Space and Thoughtfulness*

The team takes effort to establish space and time surrounding the contributions from each team member. They do not interrupt. Each presents until he/she finishes by him/herself. Thus, effort it is made to establish a listening and respectful atmosphere also *inside* the team.

*Including and Not Criticizing*

During the process no team attendant criticizes or undermines any other. If and when divergent viewpoints—or disagreements—appear, the participant takes care to introduce his or her contribution as an additional or possible alternative way for the requester to consider.

In such sensitive moments it is highly important for the team members that different views can exist side by side: on one side, to form and inform the consultation to include viewpoints in accordance with each person's knowledge and ethics and

with existing judicial laws; and on the other side, to illustrate the possibility of divergent—and potentially contrasting—viewpoints existing side by side, even among experienced professionals. During such moments a *both-and approach* is seriously called for, in which each person can step forward and can be valued as an equally important contributor in an ongoing interchange.

*Paying Respect to Total Time at Disposal and  
the Opportunity for Everyone to Talk*

The team tries to respect the total time at disposal, and takes care that all concerns presented by the requesters are addressed. Respect towards others goes *two-ways*: on one side, that all team members can participate while the team talks; on the other side, that the team does not get in the way of letting the requesters talk afterwards during the time at disposal.

**Step Five: The Requesters Talk and the Team Listens**

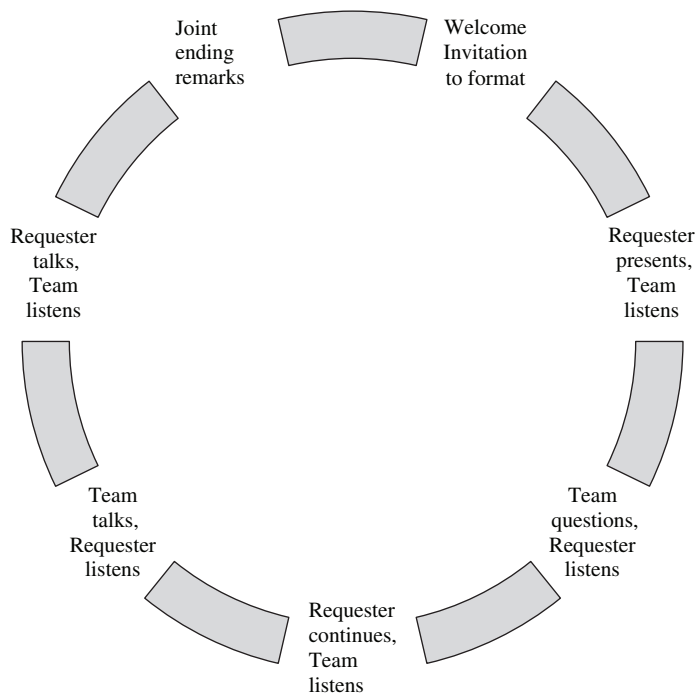
At step five the coordinator invites the requesters to reflect upon whatever they want after listening to the team. They are asked if they have got ideas relevant to their concerns. They may decide to ask for further viewpoints, to talk among themselves or simply decide to stop.

**Step Six: Continuing Invitations and Ending**

If there still are questions, the reflecting interchange continues as long as wanted and as time allows. The consultation is ended by the coordinator who asks if the team has anything to add, and the requesters if it is “ok, that far.” Ending words are normally the coordinator stating “this is how far we came during the time at disposal”, inviting the requesters to make new requests in the same case if wanted, or another. At the end, the coordinator may offer a summary of the team’s ideas. Most usually the consultation stops without summarizing, leaving the requesters to make their own conclusions and continuations.

Each case consultation meeting may have more or fewer steps compared to the figure (Figure 1). During turn taking between talking and listening, both sides are invited to let one side talk freely while the other listens. The interchange mostly moves fluently following an introductory invitation. Occasionally markers may be repeated, for instance if the requester is challenged to provide answers during the consultation team’s talk. A possibility to wait may then be repeated as an opportunity to continue listening and to select what suits their requests. If the requesters still want to talk, they are free to do so. The team continues thereafter. In such ways there is a *fluent, not rigid, ongoing interchange* between talking and listening. At the same time an effort is made to support turn taking between being in a listening and talking position.

**Figure 1: The working procedure of the consulting team.**



### A CASE EXAMPLE

A kindergarten head master contacted the team, requesting advice concerning a child who told one of the kindergarten teachers that she and her uncle have a secret. The child had been noticed to initiate more than usual sexualized play with other children, to tell about pain when being at the toilet, and to refuse to have her diapers changed. The kindergarten leader, a preschool teacher, and one assistant met with the team. The quotes that follow are excerpts from the entire consultation, used here as illustrations of the process.

*Step one:* The kindergarten staffs present their observations of the child, how they have handled the situation, and what they want the team to address. They ask for advice regarding what to tell the parents and the statutory agencies.

*Step two:* The coordinator asks if the team has questions for clarification. The community nurse asks if the medical service has been contacted. The requesters answer that this has not been done, and want the team to reflect upon that question.

*Step three:* The coordinator turns to the team and tells the requesters they are now given the opportunity just to listen. The team is silent for a while, and the coordinator asks if the community nurse might start. The community nurse:



As far as I understand the medical services have not been contacted. It looks natural to make such contact. The concerns seem relevant and important. One possibility is to ask the parents if they have noticed the child telling about pain, and tell them the child has done so in the kindergarten. For me it sounds natural that the kindergarten talks to the parents, and inspires them to ask for medical assistance. As I see it, it seems important to act as fast as possible in order to pay respect to what I consider to be alarming observations of the child.

The Police:

It sounds like the kindergarten has done an impressive work to notice what happened. In cases like this it is important to do 'notification' that is to write down all what is observed, said, and done, in what context, by whom, and any answers from adults. This is important information concerning the possibility of including the statutory agencies later on. Considering the questions from the requesters, I would like to hear the child protective service's comments.

Child protective service:

To me it sounds natural to talk with the parents as a first move, to learn whether they experience any special worry for their child. Has the child mentioned any pains? Has the medical services been contacted, as the community nurse suggests? It is important to do this in ways that do not interfere with a future possibility of including the statutory agencies if needed.

Police: "It is not quite clear here how the relationships are between the child and other persons in the family. This is important to take into account." Family protection service: "I heard the kindergarten reported a good relationship to the parents and a good relationship between the child and both parents. This can give a background for close cooperation with the parents in future interactions." Child psychiatry: "In cases like this it can be recommended to strengthen the assistance in the kindergarten around the child for a period in order to notify in more details what the child might say and do." Family protection service: "As I see, it sounds important to talk with the parents as soon as possible, and to start working from there." The team stops their reflections.

*Step four:* The coordinator addresses the requesters: "It sounds like the team has finished. Did they address your questions?"

*Step five:* The requesters: "Yes, but just now we wonder whether to contact statutory agencies at this point of time. And, if so, to whom—the child protective services or the police? We also wonder if—and how—to talk with the child about these issues in the child's natural settings? We are afraid to do anything unwise or detrimental."

*Step six:* The child protective service member starts:

To me it seems natural to begin by talking with the parents first of all, and soon. Then, in a next step, it can be decided what seems best from there. It may include

contacting the child protective services. It may include the police. I wonder, is it possible now for the police to give some guidelines about ways to talk with a child in natural settings, which are not leading or destroying?

The police informs about such possibilities. The team stops its response.

*Step seven:* The coordinator addresses the requesters again: “This is as far as we can come during the time at disposal. Did you get ideas or answers related to your concerns?”

*Step eight:* The kindergarten responds: “Yes. We now know more about how to proceed from here.” The coordinator concludes: “Then, we will thank you for today. You are welcome back any time with this case or another. Good luck.”

### SOME IDEAS AND IMPLICATIONS DRAWN FROM THE APPROACH

Many ideas can be drawn from this multi-agency, multidisciplinary consultation team approach. The work can be described differently when it comes to ideas, theoretical implications, or assumptions. Each description will be formed by the one doing it—in a diversity of team members and a diversity of requesters. No funding ideas were presented as theoretical premises for the make-up of the practice, nor was any set body of knowledge introduced to be replicated from any pre-existing multidisciplinary team approaches. Theoretical assumptions to inform the approach were not shared premises for the work. Nor were they shared implications arrived at through discussions.

During ongoing consultation, each share has its influence in ways that cannot be predicted when it comes to how it is perceived, received, or combined with pre-existing knowledge. Such a starting point for a multiagency and multi-disciplinary team approach represents big challenges for each to give his or her share, for each to let the others share, and towards the team that there be an ultimate say—to which the others must subordinate. The challenge is to give space and legitimacy. The forming of ideas to accompany such a practice will be interwoven with the practice itself. Thus, ideas developed in connection to the team approach have kinship with ideas elaborated from other kinds of collaborative practices.

The following ideas are suggestions as seen from this author at this point of time. It does not give a map for practice. It is sharing assumptions that inform an approach that can be tailored to fit particular circumstances and needs—the concepts can be operationalized in many ways depending on the contextual parameters.

#### **Dialogical Shifts between Listening and Talking**

The approach gives tribute to an idea that a person is interwoven into and lives through an ongoing dialogue and interchange of voices. Dialogical shifts that allow

voices to speak and be heard gives the person a freedom to reach out for and connect to new voices according to what he/she finds possible. Through fluently arranged shifts the turn-taking allows for speaking about what the speaker determines is important to say without being interrupted, and it allows for listening without the necessity of responding. The format permits the person to connect to available knowledge and voices from others speaking in the frame of his/her own presented concerns in ways that suit her/him. Thus, it nourishes a freedom of choice of connections, as well as a freedom from unwanted intrusion.

### **Polyphonic and Non-monopolizing Conversations**

The approach emphasizes an idea that to actively invite partaking persons to contribute with their local, different, and equally important competency develops habits of talking that permit the different contributions to be valued as local expertise. It reduces the risk that one single view becomes monopolized as a single-ruling voice. The approach amplifies that each position is equally valid, and that the requester him/herself determines—from among the multiple contributions—how to continue from his/her local position.

### **Room for Minority Voices and Potentially Contrasting Voices**

The approach takes into account that in a landscape of abuse and violence both divergent viewpoints and contrasting voices emerge. The format seeks to invite divergent voices without a premise of developing consensus at the expense of suppressing minority voices. By this, the team seeks to reduce the danger of cultivating a climate of a cozy, difference-suppressing togetherness among professionals, as well as a climate of hierarchical team processes. Thus, the approach exemplifies that in such serious circumstances as child abuse and violence, it is crucial to seek formats that allow minority and potentially contrasting voices to find room, be valued, and to have influence. Such a challenge also counts for approaches and working formats among helping services.

### **Authority in Local Expertise**

For an approach informed by an idea that each person is interwoven into and lives through her or his own connection to voices around, where he/she is informed and formed by ongoing connections in dialogues with others, the position of authority is left for that person's own dialogical melting of viewpoints. No person can substitute for another person's ongoing dialogue, or can decide the "golden standard" for valid voices in another person's situation.

As an example, when there are cases in the team where judicial regulations make specific actions compulsory, this is introduced during the consultation by relevant and competent team members—where statutory obligations and judicial regula-

tions are given primacy through information. At the same time, the continuation is left for the requesters to safeguard. It is left for them to decide how to use the information, how to collaborate inside their local agencies, or whether to ask for another consultation with the team.

Through the team's design, contextual make-up, and collaborative processes, ways are suggested to arrange for a consultation team's diversity and for the richness of the professional knowledge multiplicity to be exposed and to become legitimized contributions towards requesting agencies. It leaves to the requesting services the competency of defining how to proceed. By this, the approach—even though the team is made up of experts in the sense of being experienced voices in the field—leaves the definitions of valid knowledge about continuation in a problem situation to those *situated in the local context*. What becomes valid lives in the continuation, in the melting of viewpoints from an invited—and potentially contrasting—diversity. The approach thus gives tribute to an idea of knowledge gaining validity through its local situatedness. The requesters' unique dialogical involvements and the melting of viewpoints and the formation of new ones becomes and remains as the requester's own local expertise.

#### **The Consultation Process as an Arena for Ongoing Knowledge Production**

The approach has implications for the understanding of knowledge. The consultation team does not have a set body of knowledge that they replicate from consultation to consultation. Each consultation is viewed as unique, and the relevant knowledge that is developed changes according to the task. Thus, what each person offers or underlines will each time be new and specifically related to each request. There may, of course, be similarities, but never identical. Proposals of viewpoints and knowledge are attuned to each new case, each time creating new experiences and producing new types of knowledge constellations specific to the case.

Such an approach can be understood as constituting an arena where ongoing development of knowledge takes place—both outwards towards requesting guests and inwards among the team members. What is exposed from each person as suggested relevant knowledge, and how this knowledge is combined with contributions from the requestors and other team members, will be unpredictable and will constitute new legations of knowledge each time. In this process, all participants learn and create new knowledge case by case.

#### **Respect that Fosters Respect**

Elaborating the competency possibilities of the requesters may in turn elaborate the competency possibilities of their clients. Giving voice to the agency workers helps them give voice to others. In these cases it will be to children, their families, and their network.

## DISCUSSION

No forerunner is found in the field to such a multidisciplinary and multi-agency team approach for the prevention of child sexual abuse and violence in a geographical health service area on a regular basis using a one-meeting reflecting consulting approach.

The team developed its own way of working in an interchange between the team members and its visiting requesters. The (approximately) six steps found their own reason d'être through the team's ongoing consultation work. Possible micro-steps of its development and adjustment over time may deserve its own descriptions. The purpose of this paper, however, has been to outline the approach as it was established as a relatively stable practice.

The ideas drawn from the approach were not part of the team's knowledge base when it began its consultation work—the attendants came from different ideological and theoretical homes. Some participants had collaborative practices, reflecting processes, and reflecting teams as part of their theoretical background and everyday work (e.g., Andersen, 1991; Anderson, 1997; Anderson & Goolishian, 1988; Bakhtin, 1986; Penn, 2009). Others had not.

What the participants had *in common* was a challenge to share experienced or specialized knowledge in a way that did not replicate abuse, neither inside the team nor outside towards visitors. They also shared the challenge of meeting the sufferings of people involved in cases of child abuse and violence. And they shared the knowledge that there are always dilemmas no matter how such cases are approached. Such a background can make each member become humble about his or her own knowledge contribution and respectful towards the contributions from others. At the same time, the consultation format constitutes a potential for *creative curiosity* towards others when each is invited to share and to listen to experienced professionals from different and at the same time equally important agencies.

Arranging for the cooperating services and the alarmed helping system to come together for case consultation *in a reflecting turn taking and reflecting processes format* with a multidisciplinary team can be one way to support the legitimacy of each agency. First, it gives each agency an opportunity to both present and to listen freely to each collaborative partner's viewpoints and concerns. Second, it can give each agency space to listen to clear, many-folded, and possibly contrasting opinions. And, third, it leaves room for each participant to reflect upon and decide what each finds the best fit for their own local position and agency.

Such a combination can create openings for more broadly considered and, by that, more qualified actions. Thus, the consultation format can give an example of modelling non-intrusive and non-hierarchical collaboration. It can exemplify a use of expertise without having to surrender to expert voices, or to any other voices than those that are experienced as valid according to oneself. Possible "turf-issues" (Wasserman, 2005) may become irrelevant and may dissolve without any participant having to conceal or suppress his/her knowledge.

As the literature highlights, many multi-agency and multidisciplinary teams are working with role ambiguity, power struggles, cultural differences, and different philosophies of care (Larkin & Callaghan, 2005; Houston & Galloway, 2008; Katzenberg & Smith, 1994). The field has not sufficiently focused qualitative studies of teams' collaborative processes, design, or organization to exemplify suitable alternatives (Lalayants & Epstein, 2005). What is generally required are approaches that show respect for the value each professional group brings into the teams. The growth of multidisciplinary and multi-agency consultation teams and the existing risk that children exposed to abuse and violence do "fall through the cracks, points to the importance of further studies of team practices.

The approach outlined in this paper is designed to promote multiplicity and to foster non-hierarchical collaborative processes. The team's approach constitutes an arena for the inclusion and production of knowledge diversity and for the acknowledgement of each participant's contributions. Thus, it produces and forms a *community of knowledge diversity* rather than performing a knowledge unity.

### CONCLUDING COMMENTS

Although the theoretical assumptions of the team can be described in various ways, the organization, design, and the collaborative processes of the team point in the direction of an *alternative to the language of suppression and abuse*. It points to the possibility for interdisciplinary consultation teams to find alternatives to hierarchical team structures common in the field.

Thus, the approach can metaphorically be called to be allowed to "borrow my eyes without taking them away from me" (Andersen, 1995) or, as Bakhtin (1986) underlines, "I need your eyes to see myself." It actualizes Harry Goolishian's words: "You never own anything until you give it away" (H. Goolishian, personal correspondence, 1989), pointing to an idea of knowledge being produced in concordance. What becomes valid as useful knowledge is shaped in relation to others and formed in local contexts.

### REFERENCES

- Alaggia, R., & Kirshenbaum, S. (2005). Speaking the unspeakable: Exploring the impact of family dynamics on child sexual abuse disclosure. *Family in Society*, 86, 226–234.
- Andersen, T. (1991). *The reflecting team: Dialogues about the dialogues*. New York: W.W. Norton & Company.
- Andersen, T. (1995). *Reflecting processes: Acts of informing and forming: You can borrow my eyes, but you must not take them away from me!* New York: Guilford Press.
- Anderson, H. (1997). *Conversation, language and possibilities. A postmodern approach to therapy*. New York: Basic Books.

- Anderson, H., & Goolishian, H. (1988). Human system as linguistic systems: Preliminary and evolving ideas about the implication for clinical theory. *Family Process*, 27, 371–394.
- Bakhtin, M. (1986). *Speech genres and other late essays*. In C. Emerson & M. Holmquist (Eds.). Austin: University of Texas Press.
- Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect*, 32, 607–619.
- Hoffman, L. (2002). *Family therapy: An intimate history*. New York: Norton.
- Houston, J., & Galloway, S. (Eds.). (2008). Sexual offending and mental health: Multidisciplinary management in the community. *Forensic Focus 28*: books:google.no/books?isbn=1843105500.
- Jensen, T. (2005). The interpretations of signs of child sexual abuse. *Culture & Psychology*, 11(4), 469–498.
- Katzenbach, J., & Smith, D. (1994). *The wisdom of teams: Creating the high-performance organization*. New York: Harper Business.
- King, D. N. (2006). *Multidisciplinary teams and collaboration in child abuse interventions: A selected, annotated bibliography*. Huntsville, AL: National Children's Advocacy Centre, Professional bibliographies series, no. 5.
- Kolbo, J. R., & Strong, E. (1997). Multidisciplinary team approaches to the investigation and resolution of child abuse and neglect: A national survey. *Child Maltreatment*, 2, 61–72.
- Kvarnström, S. (2008). Difficulties in collaboration: A critical incident study of interpersonal healthcare teamwork. *Journal of Interprofessional Care*, 22, 191–203.
- Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare*, 84, 433–459.
- Larkin, C., & Callaghan, P. (2005). Professionals' perception of interprofessional working in community mental health teams. *Journal of Interprofessional Care*, 19, 338–346.
- Luther, S. (2005). *Prosjekt støtte til seksuelt misbrukte barn*. Universitetet i Tromsø: Rapport.
- Marshall, W., Fernandez, Y. M., Marshall, L. E., & Serran, G. A. (2006). *Sexual offender treatment. Controversial issues*. West Sussex: John Wiley & Sons Ltd.
- National Criminal Justice Reference Service. <http://www.ncjrs.gov>. Retrieved October 10, 2007.
- Noll, J. G. (2008). Sexual abuse in childhood-unique in its effects on development? *Child Abuse & Neglect*, 32, 603–605.
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22, 271–295.
- Penn, P. (2009). *Joined imaginations*. Ohio: Tao Institute Publications.
- Shotter, J. (1993). *Conversational realities. Constructing life through language*. London: Sage.
- Wasserman, E. (2005). *Multidisciplinary teams and child protection teams. Child protection handbook*. University of Oklahoma Health Science Centre: Project Making Medicine.