

Developmental Factors, Risk and Responsibility: A Norwegian Perspective

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CHILDCRIM

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Today's plan

1. The need for a developmental lens
2. Norwegian legal and forensic framework
3. CHILDCRIM
4. Assessments relating to children's accountability in Norway
5. Assessments of risk of reoffending in Norway
6. Overall conclusions and recommendations



1. THE NEED FOR A DEVELOPMENTAL LENS



The need for a developmental lens

- Children don't just think differently
- They reason, decide and behave differently
- Understanding, impulse control and decision-making is under construction
- Context matters: peers, family, school, community
- We can't answer forensic questions without a developmental perspective



Children are different

- Children are not small adults
- Less mature in cognitive, emotional, and behavioural regulation
- More susceptible to influence and situational pressures
- Greater capacity for change
- Any assessment that treats them like adults will misunderstand them!



Development and forensic decision-making

- Development is not just an added factor
- Developmental factors help explain how and why behaviour occurs
- Maturity should be part of the reasoning
- Context should be part of the interpretation
- Developmental reasoning doesn't “soften” assessments but supports more accurate and transparent conclusions.



2. Norwegian legal and forensic framework



But first – the concept of (un)accountability

- Most legal systems distinguish between being responsible and not being responsible for a criminal act
- Unaccountability = when the person cannot be held legally responsible because of their mental state
- Previously often labelled as “criminal insanity”
- Based on the person's mental state at the time of the act



Criminal responsibility in Norway

- Minimum age = 15 years
- No separate juvenile court.
- Penal code §20 – reasons for unaccountability:
 - a) Severely deviant state of mind
 - b) Severely impaired consciousness
 - c) Severe mental disability (Guiding IQ = 60)
- No causal link required between disorder and the act.



Forensic assessments and special measures

- Joint report by a psychiatrist and a psychologist
- Experts inform the court on accountability and special measures
- Special measures (for unaccountable): compulsory care/compulsory mental health treatment
- Preventive detention (for accountable) in serious cases



Forensic Expert Mandate

- National standard mandate
- Evaluate the child's mental state before, during and after the act
- Symptoms and the child's daily, social and cognitive functioning
- Few guidelines = wide professional discretion.
- Focus on clinical evaluation, not legal criteria (post 2020)
- Courts rely heavily on forensic expert reports.



Children in the forensic system

- No dedicated juvenile forensic system
- Children assessed in an adult-oriented system
- In principle a requirement for child/adolescent specialisation, but rarely available



3. CHILDCRIM



CHILDCRIM

- ‘Assessments about children's criminal insanity and violence risk: Exploring and advancing the recognition of children's development’.
- Funded by RCN and UIB/Haukeland University Hospital
- **Project members:** Linda Gröning (PI), Kevin Douglas, Ingun Fornes (Co-PIs), Maj-Britt Posserud, Kari Øverland, Øyvind Ottesen, Martin Mindestrømmen
- Supported by national and international **advisors, collaborators,** and a **reference-group**



Children's rights as a framework

- The “child premise”: children's rights and needs must be understood in light of their ongoing development.
- Knowledge gap: limited research on assessments of children **over the minimum age of criminal responsibility** who suffer from mental disorders/disabilities and commit serious crimes



Project aims

- To **understand *how*** the child premise is reflected in forensic and legal assessments of children who have committed serious crimes.
- To **develop a theoretical framework** to guide such assessments.



A unique data material

- All forensic reports from the period 2013-2024
- All legal judgments/decisions in the same cases
- Enables comprehensive analysis of both clinical and legal reasoning.



4. ASSESSMENTS RELATING TO CHILDRENS ACCOUNTABILITY IN NORWAY

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Research Paper

Developmental factors in forensic assessments of children over the minimum age of criminal responsibility: A study of forensic reports in Norway 2013–2024

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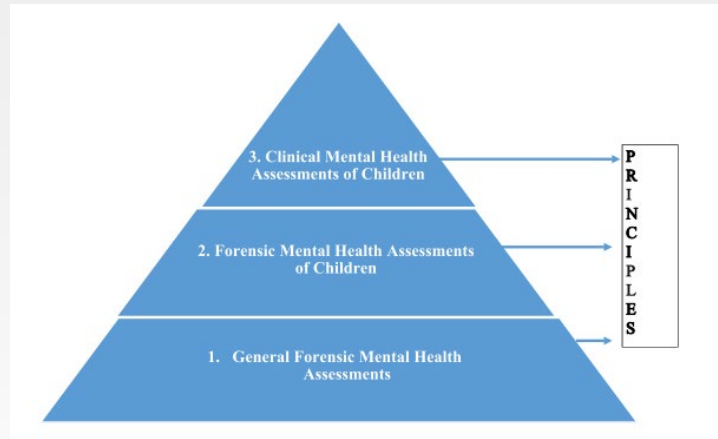


Study aim, questions and material

- Aim: Examine how developmental factors are addressed in forensic assessments of children over the MACR.
- Research question: To what extent and how are developmental factors considered?
- Material: 122 forensic reports (Jan 2013 – Feb 2024)
- Method: Quantitative coding sheet with fixed protocol and reliability checks.



Principles for evaluating the assessments



Five practice principles:

1. Direct expert-child interaction
2. Structured assessment approaches
3. Collateral/contextual information
4. Cultural responsiveness
5. Developmental expertise of the evaluators



Direct expert-child interaction

- Children vary across time and situations.
- Several meetings often needed
- Assessments of children may take longer.
- Limited interaction risk incomplete or misleading conclusion.




Structured Assessment Approaches

Mental Health Assessment

Name:	Date:	
Education:	Age:	Gender:

Question	Answer Options	Answer
How often do you feel overwhelmed or stressed?	Never, Rarely, Sometimes, Often, Always	
How often do you feel sad or depressed?	Never, Rarely, Sometimes, Often, Always	
How often do you feel anxious or worried?	Never, Rarely, Sometimes, Often, Always	
How often do you feel irritable or angry?	Never, Rarely, Sometimes, Often, Always	
How often do you feel lonely or isolated?	Never, Rarely, Sometimes, Often, Always	
How often do you have trouble sleeping?	Never, Rarely, Sometimes, Often, Always	
How often do you feel tired or fatigued?	Never, Rarely, Sometimes, Often, Always	
How often do you feel a lack of interest or pleasure in activities you used to enjoy?	Never, Rarely, Sometimes, Often, Always	
How often do you have trouble concentrating or focusing?	Never, Rarely, Sometimes, Often, Always	
Have you experienced any major life changes or stressors recently (e.g., job loss, relationship issues, health problems)?	Yes or No?	
Have you sought professional help for your mental health before?	Yes or No?	
If you answered yes to the previous question, did it help?	Yes, No, or NOT?	
Do you have a support system (e.g., friends, family, therapist)?	Yes or No?	
Are you currently taking any medications for mental health issues?	Yes or No?	
Do you engage in any self-care activities (e.g., exercise, meditation, hobbies)?	Yes or No?	
If you answered yes to the previous question, what are some self-care activities that you enjoy doing?		

READ THE INTERPRETATION →

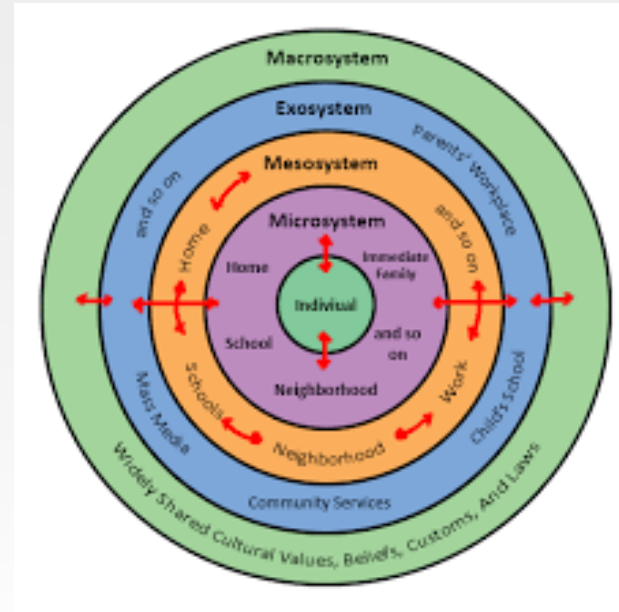
<https://carepatron.com> 

- Children's verbal abilities and cooperation vary with maturation
- Unstructured interviews are often not enough.
- Tools must be validated for children
- Psychosocial maturity should be assessed.



Collateral/contextual information

- Children are context dependent
- Collateral info helps separate development from disorder
- Key sources: parents/ caregivers and schools.



Cultural responsiveness and diversity



- Culture shapes development, behavior and symptoms.
- Minority children overrepresented in justice system.
- Assessments should consider cultural and language factors.



Qualifications of the experts

- Requires knowledge of child development.
- Children present differently from from adults
- Children have greater capacity for change – developmental trajectories matter.



Findings: Direct expert-child interaction

- 45.9% of the reports - two or fewer meetings
- 9.8%: one or zero meetings
- Time often not reported (42.6%),
- When reported: mean total time = 174 min.
- A narrow window into the child's functioning



Findings: Structured assessment approaches


- 58.2% used any structured tool
- 28 tools used – many one-off, most adult tools
- 0% assessed psychosocial maturity
- 0% used specialised forensic tools
- For ID (F70 – 79): only 21.9% used both IQ + adaptive tests.

Mental Health Assessment

Name:	Date:	
Education:	Age:	Gender:

Question	Answer Options	Answer
How often do you feel overwhelmed or stressed?	Never, Rarely, Sometimes, Often, Always	
How often do you feel sad or depressed?	Never, Rarely, Sometimes, Often, Always	
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Have you experienced any major life changes or stressors recently (e.g., job loss, relationship issues, health problems)?	Yes or No?	
Have you sought professional help for your mental health before?	Yes or No?	
If you answered yes to the previous question, did it help?	Yes, No, or N/A?	
Do you have a support system (e.g., friends, family, therapist)?	Yes or No?	
Are you currently taking any medications for mental health issues?	Yes or No?	
Do you engage in any self-care activities (e.g., exercise, meditation, hobbies)?	Yes or No?	
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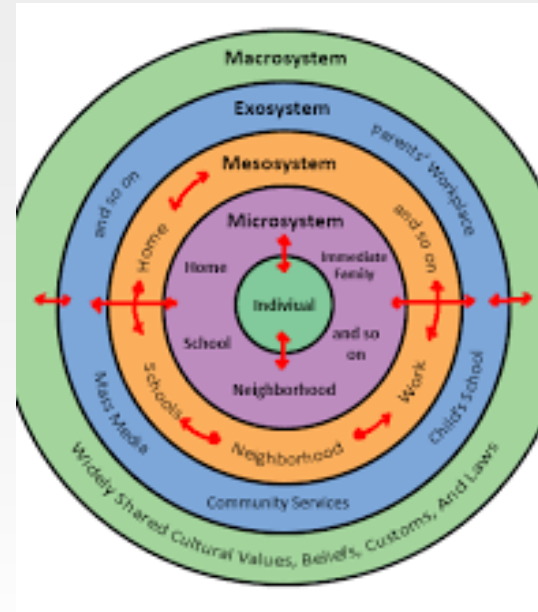
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<https://carepatron.com> 



Findings: Collateral/contextual information

- 94.3% included *some* collateral information.
- Main sources:
 - Psychiatric services: 71.3%
 - Parents: 44.3%
 - Any caregiver: 47.5%
 - School: 10.7%



Findings: Cultural responsiveness and diversity

- Ethnicity reported in 42.6%
- Other language noted in 12.3%
- Interpreter used in 4.9
- 0 % included cultural interpretation of the child's behaviour or symptoms



Findings: Qualifications of the experts

- Most reports written by a psychologist + a psychiatrist
- 85.1%: no child/adolescent specialisation
- 63.1%: no child/adolescent specialisation or child related experience (past or current)



What do we make of it?

- Gaps across all five principles
- Gaps appear systemic, not case-specific
- Assessments often lack a developmental lens
- Children risk being like “small adults”
- Missing developmental factors → responsibility may be misjudged
- Need for clearer guidance, more developmentally coherent methods and more child-focused expertise.



5. ASSESSMENTS OF RISK OF REOFFENDING IN NORWAY



Aim and Research Questions

- Aim: Examine how developmentally relevant risk and protective factors are addressed in forensic risk assessments of children
- Research questions:
 - Are developmental factors included?
 - Are structured tools used?
 - Do structured tools improve developmental quality?
 - Does child expertise improve developmental quality?



Material & Metod

- Material: 67 risk assessments (2013 – 2024)
- Method:
 - Coding of developmental risk domains + protective factors
 - 0 – 3 scoring used



Developmentally relevant domains

- Early onset/individual factors
- Peers
- Family
- School
- Community
- Protective factors



Scoring system

- 0 = Not mentioned
- 1 = Mentioned
- 2 = Addressed clinically
- 3 = Linked to risk



Findings: Coverage of domains

- Coverage was uneven and limited across domains
 - Early onset/individual factors: 64.7%
 - School: 54.4%
 - Family: 44.1%
 - Peers: 26.5%
 - Community: 22.1%
 - Protective factors: 27.9%
- Overall – fewer than half of the domains on average.



Findings: Depth of evaluation

- Depth of evaluation was generally low across domains:
 - Early onset/individual factors: $M = 2.37$
 - Family: $M = 1.52$
 - School: $M = 0.81$
 - Peers: $M = 0.66$
 - Community: $M = 0.22$
 - Protective factors: $M = 1.58$
- Assessments tended to lean towards describing not explaining



Findings: Use of structured tools

- 58.8% of reports used a structured assessment tool for risk
- Most frequent: SAVRY (25%), HCR-20 (17.6%), SVR-20 (8.8%)
- Update for expert mandate in 2020 – explicit expectation of SPI
- Marked increase after 2020 mandate:
 - Before 2020: 24.2%
 - After 2020: 88.2%
- Mandate seemed to shift practice toward more structure



Findings: Effect of SPJ tools

- Reports using SPJ tools showed **broader coverage** of developmental domains
- SPJ use was associated with **greater depth** of developmental evaluation
- SPJ tools → more structured, systematic, developmentally informed reasoning



Findings: Effect of child expertise

- Reports involving a child-specialist covered **more domains**.
- These reports showed **greater depth** on developmental reasoning.
- Child expertise → more structured, systematic, developmentally informed reasoning.



What do we make of it?

- Coverage of developmental domains was uneven and limited.
- The depth of developmental reasoning was generally low.
- Focus on individual vulnerabilities while overlooking context
- Limited coverage and depth → risk may be incompletely understood.
- Structured tools and child expertise may help strengthen developmental analysis.



6. OVERALL CONCLUSIONS AND RECOMMENDATIONS



Overall conclusions

- Gaps in accountability reports across contact, tools, context, culture and expertise.
- Risk assessments – limited coverage and depth
- Patterns suggest adult-oriented assessment frameworks
- Bright spot – structured approaches and child-specialisation appear to support more developmentally informed assessments
- Better practice available with right tools and skills?



Implications for the field

- Findings highlight the need for more consistent integration of developmental factors
- Limited developmental content can weaken the reasoning in important assessments
- Variability appears linked to structural conditions in the forensic system
- Results suggest a need for clearer guidance and developmentally coherent methods
- Overall, the studies point to the importance of aligning forensic practice with developmental science.



A broader perspective

- Our findings reflect the Norwegian context
- But they do not appear to be unique
- Recent Australian work on child criminal capacity assessments shows similar developmental gaps (Baidawi et al., 2026)
- This suggests that the challenges we see in Norway are not unique.



Broader CHILDCRIM research and next steps

Published:

- **Autism:** Ducarre, L. M., Gröning, L., & Øverland, K. (2025). *Autism in Norwegian criminal justice: A thematic analysis of preventive detention cases against children. Bergen Journal of Criminal Law & Criminal Justice, 13(2), 3–37*

In preparation:

- **Uncertainty in Forensic Evaluations of children:** A study of how uncertainty is identified, managed, and communicated in forensic assessments of children's accountability and risk.



Thank you for your attention!



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