



Guide for Professionals

on Forensic Interviewing and Protection
of Child Victims of Violence
in Criminal Justice Proceedings

CHILD: Towards a child-friendly justice

Guide for Professionals on Forensic Interviewing and Protection of Child Victims of Violence in Criminal Justice Proceedings

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Guide for Professionals

on Forensic Interviewing and Protection of Child Victims of Violence in Criminal Justice Proceedings

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List of abbreviations

ABE	Achieving Best Evidence (UK)
CDENF	European Committee for the Rights of the Child (Council of Europe)
CFR	Charter of Fundamental Rights of the European Union
CRC	United Nations Convention on the Rights of the Child
DVD	Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence (Domestic Violence Directive)
CoE	Council of Europe
EU	European Union
FI	Forensic Interviews
FRA	European Union Agency for Fundamental Rights
MDIA	Multidisciplinary and Interagency response
NCAC	National Children's Advocacy Centre (USA)
NICHD	National Institute of Child Health and Human Development (USA)
SAMHSA	Substance Abuse and Mental Health Services
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
UNODC	United Nations Office on Drugs and Crime
VAC	Violence Against Children
VRD	Directive 2012/29/EU of the European Parliament and of the Council of 25 October establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA (Victims' Rights Directive)
VSE	Victim Support Europe
VSS	Victim Support Services
WHO	World Health Organization

Glossary

This glossary provides definitions of key terms used in this guide. Some definitions are drawn from legal sources, while others are provided for clarity.

Accompanying person	Someone who supports and accompanies a child victim or witness during criminal justice proceedings. This role does not require a formal relationship with the child and may change throughout the process. An accompanying person may be a parent, a family member, friend, teacher, or another support person. Their presence does not have formal relevance to the proceedings, it is simply a matter of fact, intended to provide comfort and support for the child.
Assailant	A person alleged to have committed violence against children who has not yet been investigated or convicted.
Child	Any person under the age of 18.
Child-friendly justice	A justice system which guarantees respect for and the effective implementation of children's rights in justice at the highest attainable level, bearing in mind the principles listed in Chapter 1 of this guide and giving due consideration of the child's level of maturity and understanding and the circumstances of the case. In particular, it refers to justice that is accessible, age appropriate, timely, diligent, adapted to and focused on the needs and rights of the child, respecting the rights of the child including the rights to due process, to participate in and to understand the proceedings, to respect for private and family life, and to integrity and dignity.
Child victim of violence	Child victim and/or child witness of any form of violence.
Child protection	The protection of the child's physical and mental integrity, development, and well-being.
Children's House or Barnahus	A multidisciplinary centre offering different services to child victims and witnesses of violence in child-friendly premises under one roof: forensic interviews, medical and forensic examinations, therapeutic support, and interagency case management. Within this entity, law enforcement, criminal justice, child protection, and mental health professionals assess the situation of the child and decide upon the follow-up collegiately.
Conflict of interest	A situation in which the interests of the legal guardian(s) conflict with those of the child. This is the case when the legal guardian(s) or someone from their close environment is the alleged assailant, or when their interests could compromise the child's welfare or ability to participate freely in legal proceedings.
Forensic interview	A developmentally sensitive and legally sound method of gathering factual information from a child regarding allegations of abuse or exposure to violence, conducted by a competently trained professional utilizing research and practice-informed techniques as part of a larger investigative process that could be legally recognised as pre-constituted evidence to be used in court.
Investigative authority	A public authority that is legally empowered to investigate criminal offences, such as prosecutors or investigative judges.
Legal assistance	The provision of legal services to a person involved in criminal proceedings, including advice and legal representation by a lawyer.

Legal aid	State- or organization-funded support that ensures access to legal assistance for people who lack sufficient financial resources, typically covering the cost of a lawyer and related legal expenses.
Legal guardian	The holder of parental authority over a child, which may be a biological parent, an adoptive parent, or a person appointed by a court to care for a child when their parents are unable or not entitled to do so.
Legal representation	Representation by a lawyer or other authorised legal professional who defends or advocates on behalf of a person in criminal proceedings, including speaking in court, filing motions, and safeguarding their procedural rights.
Multidisciplinary interagency response (MDIA)	Multidisciplinary refers to the involvement of different professional disciplines such as child protection, social services, health care, child psychology, law enforcement, and the judicial sector. Interagency refers to the collaboration between state agencies or public entities involved in cases of violence against children.
Offender or perpetrator	A person who is convicted of having committed a criminal offence.
Parent	A biological or adoptive parent of the child.
Parental authority	The legal right and obligation to make important decisions concerning a child and to take actions in the best interests of the child. Parents are usually the holders of parental authority. When they cannot exercise it, a legal guardian is appointed by law or by a court.
Special representation	Representation by an <i>ad hoc</i> guardian or other independent representative appointed specifically to protect the rights and best interests of a child victim of violence when holders of parental authority cannot do so due to a conflict of interest with the child victim, or when the child is unaccompanied or separated from their family. This special representative can be a lawyer, but not necessarily.
Suspect or accused person	Any individual who, by virtue of actions or communications from authorities, is made aware that they are being charged with a criminal offense, and who is protected by certain procedural rights.
Trauma-informed approach	A program, organization, or system that realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.
Violence against children	All forms of violence against people under the age of 18, including physical violence, psychological violence, injury, abuse, neglect, negligent treatment, maltreatment, exploitation, and sexual abuse.

1. Introduction

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1.1. For whom and for what: The purpose behind this guide

Each year, approximately 2.5 million children across the EU are involved in judicial proceedings as witnesses, victims, or parties to the proceedings (EU Agency for Fundamental Rights, 2017a). While the Victims' Rights Directive (Directive 2012/29/EU) prescribes a child-friendly approach in criminal proceedings, most national justice systems remain adult-oriented and lack a common understanding of what integrated support should be provided to child victims (Soleto et al., 2025b). Overall, criminal justice systems in the EU fall short of a victim-centred and child-friendly approach, and professionals lack specialised training to support children effectively (Child Friendly Justice European Network, 2024; European Parliamentary Research Service, 2023; Soleto et al., 2025b).

The ***Guide for Professionals on Forensic Interviewing and Protection of Child Victims of Violence in Criminal Justice Proceedings*** is aimed at improving the well-being and safety of child victims by promoting a trauma-informed and child-friendly approach throughout criminal justice proceedings. Emphasis is placed on forensic interviewing (FI) and child protection through multi-disciplinary and interagency (MDIA) collaboration. In this guide, a *forensic interview* of a child is defined as a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse or exposure to violence, performed by a trained professional utilizing research and practice-informed techniques as part of a larger investigative process (Newlin et al., 2015). *Child protection* includes the protection of the child's physical and mental integrity, development, and well-being (European Commission, 2024).

This guidance is intended for all professionals who interact with child victims of violence involved in criminal justice proceedings, including prosecutors, judges, lawyers, police officers, ad hoc guardians and special representatives, as well as professionals from health, welfare, care, and victim support services. It aims to offer these professionals essential knowledge on topics such as violence against children, trauma-informed and child-friendly practices in criminal justice proceedings, and forensic interviewing. While the core principles are shared, the guidance is intended to be applied according to each professional's role: legal practitioners may use it to inform decision-making and ensure procedural safeguards; police officers to guide welcoming, evidence gathering and interviewing practices; guardians and legal representatives to advocate for the child's best interests; and health and support professionals to inform assessment, care, and multidisciplinary collaboration.

1.2. From need to action: How this guide was developed

This guide was developed as part of “CHILD: Towards a Child-Friendly Justice”¹, an EU funded project involving partners from nine EU Member States: Austria, Belgium², Cyprus, Estonia, Greece, Italy, Portugal, Romania, and Spain. The project aims to improve and adapt criminal justice systems to better meet the rights and needs of child victims and witnesses of violence at national and European levels.

The project involved a stepwise and structured process, starting with an analysis of the strengths and shortcomings regarding child-friendly judicial proceedings. National reports (Bonato et al., 2025; Luf et al., 2025; Michael & Petridou, 2025; Muresan et al., 2025; Pontedeira et al., 2025; Soleto et al., 2025a; Taal, 2025; Thanasoula et al., 2025; Vervaet et al., 2025) were developed in each partner country, drawing from literature reviews on existing legislation, peer-reviewed articles and reports, as well as interviews and focus group discussions with 161 professionals from justice, police, care, health, and victim support sectors.

Following these national assessments, a transnational report (Soleto et al., 2025b) on the strengths and gaps in child-friendly criminal justice proceedings following incidents of violence against children was produced, incorporating insights from the national reports and a transnational focus group discussion with 32 professionals from justice, police, care, health, and victim support sectors in the 9 participating countries.

This guidance draws upon these national and transnational assessments³ and was developed in close cooperation with front-line professionals and experts on child-friendly justice and child protection. This guide was critically reviewed by all project partners and members of the national advisory panels.

1.3. Child-friendly justice explained: a rights-based approach

This guide endorses and adheres to relevant international and European frameworks to protect children from violence and to ensure victim-centred and child-friendly justice, including:

- **The United Nations Convention on the Rights of the Child (CRC) setting out civil, political, economic, social, health, and cultural rights of children.**
- **European Union frameworks:**
 - The EU Charter of Fundamental Rights (CFR);
 - Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its victims;
 - Directive 2011/93/EU establishing minimum rules concerning the definition of criminal offenses and sanctions in the area of sexual abuse and sexual exploitation of children;



1 101160543 — CHILD Project — JUST-2023-JACC-EJUSTICE. For more information, visit: <https://www.childfriendlyjustice.eu/>.

2 Belgium is a federal state with power divided between the federal government, communities, and regions. This project has focused on Belgium at the federal level (police, justice and health) and on the Flemish community where community competences apply (such as child protection, court-based victim support services, and other social services).

3 The national and transnational reports are available here: <https://www.childfriendlyjustice.eu/#PublicDeliverables>.

- Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime⁴ (Victims' Rights Directive or "VRD") (see Annex I to get an overview of the structure and content of the VRD);
 - Directive 2024/1385 on combating violence against women and domestic violence (Domestic Violence Directive or "DVD");
 - The EU Strategy on Victims' Rights, recognizing child victims as vulnerable victims in need of improved support and protection (European Commission, 2020);
 - The EU Strategy on the Rights of the Child (2021–2024), prioritizing violence against children, child protection, and child-friendly justice (European Commission, 2021);
 - The European Commission Recommendation 2024/1238 on developing and strengthening integrated child protection systems in the best interests of the child (European Commission, 2024).
- **Council of Europe frameworks:**
- The European Convention on Human Rights (ECHR);
 - The Lanzarote Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse;
 - The Council of Europe Istanbul Convention on Combating Violence against Women and Domestic Violence;
 - The Guidelines of the Committee of Ministers on child-friendly justice (Council of Europe, 2011);
 - The Council of Europe's Strategy for the Rights of the Child (2022–2027), recognizing child-friendly justice as a central goal (Council of Europe, 2022).

4 The European Commission proposed a revision of the Victims' Rights Directive. European Commission. (2023). *Proposal for a Directive of the European Parliament and of the Council amending Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA*. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52023PC0424>.

According to the Council of Europe Guidelines on child-friendly justice (2011), child-friendly justice requires adherence to the following fundamental rights and principles⁵:



Figure 1: Fundamental rights and principles of child-friendly justice (Council of Europe, 2011)



Child participation is a fundamental right of the child (art. 12 CRC; art. 24 CFR) and is also recognised in the Victims' Rights Directive (arts. 1-10 VRD). Children have the right to be informed about their rights, to be given appropriate ways to access justice, and to be heard in proceedings involving or affecting them (Council of Europe, 2009, 2011).



The right to dignity is another fundamental right (art. 1 CFR) and a key principle to ensure child-friendly justice. Children should be treated in a respectful, sensitive, tailored, professional, and non-discriminatory manner throughout any procedure (art.1 VRD), with special attention to their personal situation, well-being, and specific needs, and with full respect for their physical and psychological integrity, regardless of their legal status and capacity in any procedure or case. Every child is considered a unique and valuable human being, and their dignity, special needs, interests, and privacy should be protected (Council of Europe, 2011; United Nations, 2005).

“

(Child-friendly justice is...) a child surrounded by a system in which they are protected, listened to, and safe.

Quote from a 17-year old girl in Romania (European Commission, 2021)

⁵ These fundamental rights and principles are operationalized throughout chapters 5 and 6.



The rule of law is a fundamental principle that requires that everyone enjoys equal protection under the law, prevents the arbitrary use of power by governments, and balances the rights of the defendant and the victim. This principle should apply fully to children, as it does to adults, including the principles of legality and proportionality, the right to legal advice, the right to access courts, and the right of appeal (Council of Europe, 2011).

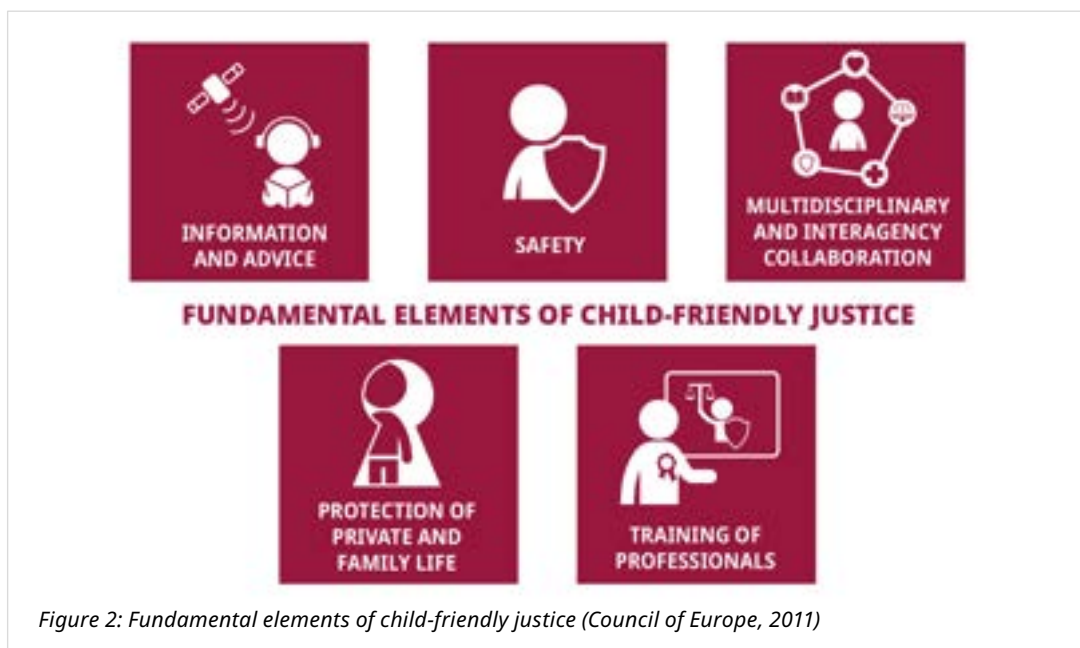


The best interests of the child as the primary consideration in all matters involving or affecting them is another fundamental right of the child (art. 3 CRC; art. 24 CFR) which is also recognised in the Victims' Rights Directive (art. 1). The best interests of the child should be assessed on an individual basis, taking into consideration the child's personal context, psychological and physical well-being, views, and legal, social, and economic needs (Beckett & Warrington, 2015; Committee on the Rights of the Child, 2013; Council of Europe, 2011; Guerreiro & Sedletzki, 2020).



The right to protection from discrimination is a fundamental right (art. 21 CFR; art. 14 ECHR; art. 2 CRC) that is reiterated in the Victims' Rights Directive (art. 1). This fundamental right protects all humans from discrimination on grounds such as race, colour, ethnic background, age, language, religion, political or other opinion, national or social origin, socio-economic background, status of their parent(s), property, birth, sexual orientation, and gender. For children in particular, age and capacity must be considered as discrimination grounds: very young children must also be able to exercise their rights through alternative systems of representation. Moreover, this fundamental right requires special protection of marginalised children, such as refugee or asylum-seeking children, unaccompanied children, children with disabilities, Roma children, homeless children, and children in residential institutions (Council of Europe, 2011).

According to the Council of Europe Guidelines on child-friendly justice (2011), child-friendly justice also requires an adherence to the following fundamental elements⁶:



To guarantee the right of participation, providing and ensuring access to **information and advice** are crucial elements of a child-friendly justice system. The right to information is also reflected in the Victims' Rights Directive (arts. 4-5). From their first involvement with the justice system or other competent authorities (such as the police, or educational, social, or health care services) and throughout the procedure, children and their legal guardian(s) should be promptly and adequately informed in a manner adapted to their specific needs (such as age, their developmental level, specific living or school circumstances) in a language they can understand and which is gender and culture sensitive (Council of Europe, 2011).

“

It's very difficult to understand all the information. The professionals, especially the judge, explain themselves in complex ways.

Quote from a Belgian child engaged in the justice system (Défense des enfants International Belgique, 2022).



The fundamental right to protection from violence (art. 19 CRC) is recognised by the Council of Europe through the element of **safety**. The Victims' Rights Directive also endorses that child victims are protected from harm, intimidation, reprisals, and repeat victimization (arts.18-24 VRD).

⁶ These fundamental elements are operationalized throughout chapters 5 and 6.



Another core element to achieve child-friendly justice is **multidisciplinary and interagency collaboration** between different professionals: judicial and law enforcement authorities, health care and social workers, and other relevant practitioners such as education staff (Council of Europe, 2011, 2023b; European Commission, 2020). The Victims' Rights Directive also underscores the importance of cooperation between member states of the European Union (art. 26).



The right to protection of private and family life is another fundamental right (arts. 7-8 CFR; art. 8 ECHR; art. 16 CRC) that forms a key element of child-friendly justice (Council of Europe, 2011). The right to privacy and protection of personal data of children involved in judicial proceedings implies that no information or personal data may be made available or published, especially in the media, that could directly or indirectly lead to the disclosure of the child's identity (art. 21 VRD). This includes images, detailed descriptions, names or addresses, audio recordings, and video recordings. Moreover, access to all recordings or documents containing personal and sensitive data of children should be strictly limited and carried out according to the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Text with EEA relevance) and Directive (EU) 2016/680 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data by competent authorities for the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties, and on the free movement of such data, and repealing Council Framework Decision 2008/977/JHA. Additionally, professionals working with children should abide by strict rules of confidentiality, except where there is a risk of harm to the child (Council of Europe, 2011).



Another core element to achieve child-friendly justice is the **training of professionals** working for and with children. The training of professionals is understood as a mean to ensure compliance with the fundamental rights and principles mentioned above.

Regarding victims in general, the Victims' Rights Directive underscores that all professionals encountering victims should receive both general and specialist training to increase their awareness of the needs of victims and to enable them to deal with victims in an impartial, respectful, and professional manner (art. 25).

Regarding children, the Council of Europe advises that all professionals working for and with children receive general and specialised interdisciplinary training on the rights and needs of children of different age groups, and on proceedings that are adapted to them, including communicating with children at all ages and stages of development, as well as with children in situations of particular vulnerability (Aguilar et al., 2025; Council of Europe, 2011).

1.4. Structure of this guide

Following the introduction to this guide, **Chapter 2** examines **violence against children** (VAC). It explores different forms and dynamics of VAC, identifies protective and risk factors, considers the impact of violence on children, and explains how child victims of violence disclose their experiences and seek help. This chapter provides professionals with a foundational understanding to recognise signs of violence, interpret children's behaviour, and respond appropriately to disclosures.

Chapter 3 offers a **theoretical introduction to trauma-informed approaches** for victims of violence, aimed at enhancing the well-being of victims and minimizing the risk of secondary victimization. It equips professionals with core principles to guide their interactions with children in a sensitive and supportive manner across different stages of the justice process.

Chapter 4 introduces a **developmental and personality psychology framework** that recognises **the child as an active agent in testimonial procedures**. It provides a theoretical foundation for understanding how children process, recall and communicate experiences, thereby informing why forensic interviews should be conducted in a particular way and how their outcomes should be interpreted.

Chapters 5 and 6 provide practical guidance on the implementation of **child-friendly and trauma-informed measures through criminal justice proceedings**, with Chapter 5 placing particular emphasis on **forensic interviews**. These chapters translate the preceding theoretical insights into concrete actions and procedures that professionals can apply in practice. Throughout these chapters, both minimum and advanced measures for a child-friendly and trauma-informed approach are presented. These measures are grounded in the child-friendly justice framework as discussed in 1.3. and the principles of a trauma-informed approach as explained in Chapter 3.

- **Minimum measures** refer to **essential** actions necessary to establish a **basic** child-friendly and trauma-informed criminal justice system. These are fundamental measures enabling the preparation of conditions to install advanced measures.
- **Advanced measures** represent actions to reach a more full-fledged child-friendly and trauma-informed criminal justice system. While it may not always be feasible to implement these advanced measures in the short term, we do see them as essential long-term goals to be pursued. Some advanced measures build further on minimum measures, while others stand alone.

Chapters 5 and 6 also highlight **good practices** of how these minimum or advanced measures for a child-friendly and trauma-informed criminal justice system can be implemented in practice.

CONTENT WARNING

This handbook contains case material involving child abuse, neglect, and violence. We recognise that this content may be distressing or triggering for some readers. Please engage with the material at your own pace and consider seeking support if needed.

2. What is violence against children (VAC)?

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To foster a trauma-informed and child-friendly response in the justice system, it is essential for professionals to understand what constitutes violence against children (VAC). This includes recognizing different forms and dynamics of VAC, understanding its prevalence, identifying protective and risk factors, understanding its impact on children including trauma, and being aware of how children disclose and seek help.

2.1. Defining violence against children

In line with relevant international and European standards, this guide defines a child as any person under the age of 18 (art. 1 CRC; art. 1(c) Victims’ Rights Directive; art. 2(a) Directive 2011/93/EU). Violence is understood to encompass all forms of physical or psychological violence, injury and abuse, neglect and negligent treatment, maltreatment or exploitation, including sexual abuse (art. 19(1) CRC). Therefore VAC refers to all forms of violence against people under the age of 18 (European Parliamentary Research Service, 2024).

Reliable **data on violence against children** in Europe is lacking. This contributes to the myth that VAC would be a rare phenomenon, affecting only certain children and solely perpetrated by offenders with biological predispositions to violence (UNICEF, 2025b). However, available evidence shows that also in the EU, VAC is widespread and occurs in various settings and backgrounds: it is estimated that 12% of European children experienced violence within the past year (Hillis et al., 2016).

When adopting a victim-centred approach, violence is defined by how it manifests: sexual, physical, emotional, and economic violence. However, not all forms of violence experienced by victims are recognised or criminalised by national legal frameworks. Nevertheless, it is essential that professionals consider the child’s various experiences of violence when addressing VAC.

Importantly, these forms of violence often intersect, and children may experience multiple forms simultaneously, which can compound their impact and complexity.

2.1.1. Sexual violence

Sexual violence is defined by the World Health Organization (2015) as any sexual act that is perpetrated against someone's will, committed by any person regardless of their relationship to the victim, and in any setting. In the case of children, sexual violence encompasses not only acts committed against their will, but also any sexual activity involving a child below the age of sexual consent, as defined by national law. Children below this age cannot legally consent to sexual activity.

Child sexual violence, also referred to as child sexual abuse, includes sexual activities with a child in which coercion, force, or threats are used, or where a position of trust, authority or influence over the child is abused. It further includes situations in which a child's particularly vulnerability, such as a mental or physical disability or a situation of dependence, is exploited (Lanzarote Convention, 2007). Importantly, child sexual violence often occurs in the absence of explicit threats or overt physical violence, through subtler coercive mechanisms {Keygnaert, 2021 #98}.

Child sexual violence can manifest in different forms such as verbal sexual harassment, forcing a child to watch porn or to dance erotically, unwanted kissing, touching, grooming, fondling, and rape (Directive 2011/93/EU; Lanzarote Convention, 2007).

SOME SPECIFIC FORMS OF CHILD SEXUAL VIOLENCE EXPLAINED:

- **Incest** is a particular type of sexual violence by a close relative, such as by a parent, sister, or brother. It encompasses many different behaviours and varies in frequency, duration, and type of contact (Cohen & Mannarino, 2000).
- **Sexual exploitation** can take many forms and can happen in multiple contexts, both online and offline. Sexual exploitation includes causing, recruiting, coercing, or forcing a child to participate in pornographic performance, and knowingly attending pornographic performances involving the participation of a child. It also involves causing, recruiting, coercing, or forcing a child into child prostitution (Directive 2011/93/EU).
- **Child sexual abuse material (CSAM)** refers to any material that visually depicts a child (or a person appearing to be a child) engaged in real or simulated sexually explicit acts, as well as any depiction of a child's genitalia for sexual purposes (art. 2 Directive 2011/93/EU on combating sexual abuse and sexual exploitation of children). CSAM is preferred over the term "child pornography" to more appropriately describe the seriousness of these crimes (Frangež et al., 2015).
- **Deepnudes** are realistic, but partially or completely fake nude images or videos of a person, created using artificial intelligence. The consequences and impact on victims of forwarded deepnudes are comparable to other forms of sexual violence, such as the distribution of real nude images without consent (Child Focus, 2026a).
- **Sextortion**, or sexual blackmail, typically involves an assailant who befriends the victim online, often by pretending to be a peer, while in reality being part of a criminal network. Over time, the conversations take a sexual turn, and the victim is



persuaded to send intimate images of themselves. The assailants then threaten to make these images public unless the victim quickly provides additional images or money (Child Focus, 2026b). This also includes cases where the assailant does not establish a prior relationship with the victim, for example where intimate material has already been obtained and is used for coercion.

- **Solicitation of children for sexual purposes** constitutes the proposal, through information and communication technologies, of an adult to meet a child who has not reached the age of sexual consent to engage in sexual activities with them (Lanzarote Convention, 2008).
- **Child marriage** refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child (UNICEF, 2026). It is a harmful gender-based practice that disproportionately affects girls' health, education, and bodily autonomy (United Nations Human Rights Office of the High Commissioner, 2026). It may not only encompass sexual violence, but also emotional, physical or economic violence.

The Council of Europe estimates that **one in five children** has experienced some form of sexual violence (Council of Europe, 2024). An EU-wide survey from 2014 revealed that approximately 12% of women reported having been sexually abused before the age of 15 (EU Agency for Fundamental Rights, 2014b). A more recent study suggests that 7 percent of children across Western Europe are victims of rape or sexual assault before they turn 18, and almost 1 in 5 children reported experiencing online solicitation or grooming before they turned 18 (Childlight – Global Child Safety Institute, 2024).

Children are particularly vulnerable to sexual violence, as they often find themselves under the authority and control of adults and have less access to complaint mechanisms (EU Agency for Fundamental Rights & Council of Europe, 2022).

“

My stepfather sexually abused me. It started when I was 6 years old. He would play innocent games with me that matched my world. I loved to spend time with him, because he made me feel like I was the center of his world. Gradually, these games turned sexual: he touched my intimate parts and asked me to do the same with him. A couple of years later, these games evolved. We would shower together, and he penetrated me.

This quote is not sourced from a real individual, but is derived from the authors' professional experience with victims.

2.1.2. Physical violence

Physical violence includes causing injury or harm to a child, for example through hitting, kicking, shaking, pulling ears, beating, pushing, punching, and burning. This also includes physical neglect, such as caregivers failing to provide for the well-being of children in terms of their health, nutrition, shelter, and safe living conditions (WHO, 2022b).

SOME SPECIFIC FORMS OF PHYSICAL VIOLENCE EXPLAINED:

- **Female genital mutilation (FGM)** includes all procedures involving the partial or total removal of the external female genitalia, or any other injury to the female genital organs for non-medical reasons (WHO, 2025).
- **Child abduction** refers to the unlawful seizing and detaining of children, for example in the context of armed conflicts. Parental child abduction however is the most frequent type of child abduction, the motive often revolving around divorce or custody disputes (Gossmann et al., 2024). The term “child abduction” typically encompasses cases involving family members, while kidnapping is more often used for cases involving non-relatives, for example to seek ransom (EBSCO, 2026).

According to the FRA study, 27% of women reported having suffered physical abuse before turning 15 (EU Agency for Fundamental Rights, 2014b).

“

When I was a child, my mother used to get furious over small things – if I lost my shoes before school, if my clothes got dirty while playing, or when I cried about not being invited to a party. Sometimes, she would get so angry that she became physically violent: she pushed and hit me. When I was 11, I told my uncle. He told me that she was a good mother, and that I just had to behave better.

This quote is not sourced from a real individual, but is derived from the authors' professional experience with victims.

2.1.3. Emotional violence

Emotional violence refers to behaviour such as threatening, insulting, rejecting, ignoring, ridiculing, or scaring a child, as well as failing to provide a developmentally appropriate and supportive environment for a child. This can include caregivers telling a child that they wish they had never been born or that they were dead, threatening to hurt or kill a child, repeatedly saying that they are stupid or useless, that they are not loved or do not deserve to be loved, and so on (WHO, 2022b). Emotional violence can be perpetrated by any individual and can occur in many different forms.

SOME SPECIFIC TERMS OF EMOTIONAL VIOLENCE EXPLAINED:

- **Cyberbullying** is bullying through digital technologies, such as social media, communication apps, or gaming platforms. It is repeated behaviour aimed at scaring, angering, or shaming the targeted person (UNICEF, 2025a).
- **Hate speech** is any kind of communication in speech, writing, or behaviour that attacks or uses pejorative or discriminatory language with reference to a person or a group based on the basis of who they are, in other words, based on their religion, nationality, skin colour, national or ethnic origin, gender, sexual orientation, or other element of their identity. Hate speech may occur online or in person, and may be punishable by law if it exceeds the legal limits of freedom of speech (United Nations, 2019).

In the FRA survey, 10% of the women reported being emotionally abused before the age of 15 (EU Agency for Fundamental Rights, 2014b).

“

When I was five, my family left me, and I was placed in foster care for about two years. During those years, I was told by my foster parents that I was nothing, that my family wanted nothing to do with me and that that's why I was put in foster care.

Quote from Daria, victim of emotional violence as a child (Dalley, 2024).

Children **witnessing** violence, often in the context of domestic violence, are considered direct victims of violence. This includes seeing, hearing, or being aware of domestic violence; being used as a tool in conflict; or witnessing the consequences of domestic violence (Dodaj, 2020; Doroudchi et al., 2023; Moylan et al., 2010; Mrug & Windle, 2010; Sousa et al., 2011).

“

It was very nasty and it wasn't a bit fun... I don't like it when he gets angry because he throws things and he screams and says that my mom should leave the apartment... My siblings and I get sad or start crying because it's no fun to hear those things, so we usually run into our room and start playing in order not to hear it and not to be included in the argument.

Quote from a child victim witnessing partner violence against her mother (Izaguirre & Cater, 2018).

2.1.4. Economic violence

Economic violence is behaviour that causes a person to suffer financial harm. Examples of economic violence against children include child labour exploitation, forcing a child to work instead of attending school to contribute financially to the household, using money or social benefits intended for the child for unrelated personal gain while neglecting the child's actual needs, and incurring debt or financial obligation in a child's name (Bruno, 2022). Economic violence against children also includes using financial means as a tool of manipulation, often used in domestic violence cases, such as a parent using money or presents to influence a child's decision.

2.2. Dynamics of violence against children

VAC occurs in different **settings** such as at home, in schools, in institutions, on the streets, or online (European Union Agency for Fundamental Rights & Council of Europe, 2022). Moreover, a wide range of **persons** commit VAC. Common assailants of VAC are parents and other adult persons of trust, such as family members, neighbours, teachers, youth organization leaders, sport coaches, religious leaders, and friends of parents. This implies that children often have a highly emotive relationship with the assailants (Middleton et al., 2017), leaving them with conflicting feelings: they may love and need the assailant, despite despising what they do to them (Herland, 2023). VAC may also be perpetrated by other children such as siblings or peers at school, in the neighbourhood, at the sports club, or at a youth movement. Only in a minority of cases, the assailant is unknown to the victim (Council of Europe, 2024; European Parliamentary Research Service, 2024). Household members are the most common assailants of physical and emotional violence against children, often with prevalence rates exceeding 50%, followed by school peers.

In cases of sexual violence, assailants are typically parents, caregivers, or other familiar adults (Ferragut et al., 2021). Data indicate high prevalence of physical violence from schoolteachers (Devries et al., 2018).

VAC often occurs within a **complex dynamic, especially when the assailant is somebody known to the child**:

- In case of domestic violence, violence is often normalised in the family: it not only happens towards children, but also between parents;
- Sexual violence against children often occurs without physical force. It is typically a dynamic that develops gradually, based on emotional manipulation, secrecy, and, in some cases, grooming;
- VAC often consists of repeated incidents that intensify or get worse over time;
- VAC also occurs online, particularly through social media platforms or online gaming environments.

“

When I was 15, I was feeling really low and lonely. I used to go online a lot and enjoyed making new friends, as I found it easier than talking to people face to face. I used to add people that I didn't know, and I'd never had any problems before. I got a message request from a girl I didn't know and added her. We talked quite a lot for a few days about general things and built up a friendship. After a couple of days, the conversation turned. She kept asking and asking to send her a picture of me masturbating. I wasn't very confident, and I wasn't questioning the reason why, so I just sent her one without thinking about it. She kept asking for more. When I said 'no' she threatened to put the one she had on Facebook. I was scared as I didn't want my friends and family to see it. I didn't hear anything for a couple of days and heard that she'd set up a group under my name with the naked picture of me on. She had also sent the picture to a family member and it got back to my mom. My mom reported it to the police, and they started an investigation, tracing the page back to a man who had been doing it to other people too.

Quote from Charlotte, victim of grooming as a child (Childline, 2025).

2.3. Risk and protective factors for violence against children

VAC is often not explained by a single factor. Instead, a combination of factors at child, caregiver, household, community, and societal levels can increase or decrease the risk of VAC. It is a complex issue resulting from the **interaction of risk factors** that increase the likelihood of VAC, such as a child having a disability, a parent struggling with addiction, a family facing an unstable living situation, a weak social network, or a society that tolerates violence. Conversely, **protective factors** may prevent child maltreatment, such as positive coping skills in the child, a caregiver's willingness to accept support, positive family interactions, supportive social networks, and policies committed to providing adequate support to families in difficult situations (Austin et al., 2020; Nederlands Jeugdinstituut, 2025). Figure 3 lists some more examples of risk and protective factors for violence against children. While it is essential to understand and

RISK FACTORS		PROTECTIVE FACTORS
Society that tolerates violence	SOCIETY	Society committed to preventing and appropriately responding to violence against children
Society that provides few opportunities for children living in poverty through education or other means		Policies committed to providing adequate assistance to families facing difficulties
Health, economic, educational and social policies that maintain economic, gender and social inequalities		Sensibilization of parents around good (enough) parenting
Absent or inadequate social protection		Policies aimed at reducing the burden of common child-related expenses
Post-conflict situations or natural disaster		
Weak governance		
Gender inequality		
Living in a neighborhood with high unemployment or crime rates	COMMUNITY	Positive relationship with peers
Lack of access to resources		Practically and emotionally supportive social network for parents and children
Weak social connections		Residential environment with strong social cohesion and involvement
Poverty	HOUSEHOLD	Safe and stable home environment
Social isolation		Positive family interactions
Negative role models in the family		Financial stability
Large family		
Unstable living situation		
High level of stress, for example due to financial problems or unstable living situations	CAREGIVER	Knowledge and skills about parenting and development
Psychological or psychiatric problems		Good mental health
Addiction		Harmonious relationship with one's partner
Poor parenting skills		Being aware of one's own adverse childhood experiences and their influence on one's own actions
Being a victim of violence or other adverse childhood experiences		Practical and emotional support from their support network
Partner violence		Willingness to accept help
Mild intellectual disability		
Young age		
Young age (children under the age of 4 years)		Good physical and mental health
Special health care needs		Positive coping and social-emotional skills
Regulatory or behavioral problems	CHILD	Good relationship with a loving parent or caregiver
Disabilities		Self-regulation skills, social competence and self-esteem

Figure 3: Risk and protective factors for violence against children

recognise these risk and protective factors for VAC when preventing and responding to VAC, it remains important to acknowledge that any child may become a victim of violence. Although such factors may inform professional awareness, there is no reliable or evidence-based method to identify victims based on these factors alone.

2.4. Impact of violence against children

Exposure to violence during childhood can have serious short- and long-term effects on children's development and overall well-being, with potential physical, psychological, behavioural, and socio-economic consequences (Institute of Medicine & National Research Council, 2014; WHO, 2022b). However, children do not respond to violence in the same way, and not every child will show signs or experience lasting effects.

2.4.1. Physical, sexual, and reproductive health consequences

Physical consequences of violence against children include acute symptoms such as bruises, broken bones, and cuts. In the long term, children may develop chronic health issues such as heart, lung and liver diseases, delayed motor development, gastro-intestinal disorders, musculoskeletal complaints, disabilities, obesity, and auto-immune diseases. Physical VAC can even result in death (Banvard-Fox et al., 2020; Clarke et al., 2023; Hailes et al., 2019; Jina & Thomas, 2013; Maniglio, 2009; Spinazzola et al., 2005; The National Child Traumatic Stress Network).

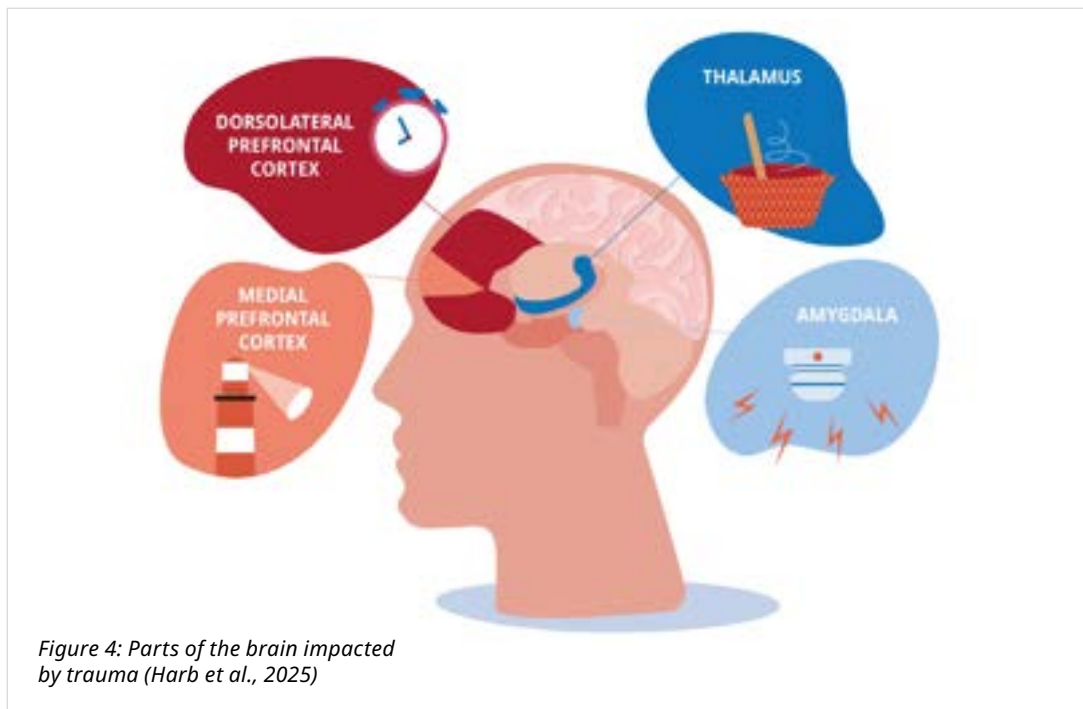
Potential **sexual and reproductive health consequences** after sexual violence against children include sexually transmitted infections, gynaecological complications, unwanted pregnancy, and infertility (Institute of Medicine & National Research Council, 2014; Jina & Thomas, 2013; WHO, 2022b). Victims of sexual violence may also doubt their sexuality and gender(expression) or may consciously adopt a different gender role or sexual orientation as a strategy to avoid revictimization. Difficulties with sexual desire and arousal are also common. In some cases, victims struggle to understand the involuntary physical arousal they endured, which may lead to erectile dysfunction (Gewirtz-Meydan & Opuda, 2022; Keygnaert et al., 2018; Neumann et al., 1996; Schouten, 2016).

Potential physical, sexual, and reproductive health consequences of **female genital mutilation** specifically, include, among others, severe pain, excessive bleeding, genital tissue swelling, urinary problems, impaired wound healing, urinary problems, chronic genital and reproductive tract infections, urinary tract infections, vaginal problems, and menstrual problems (WHO, 2025).

2.4.2. Neurobiological consequences

A violent event affects the functioning of the brain and may have a long-lasting impact on children's **brain development** (Carvalho et al., 2016; Institute of Medicine & National Research Council, 2014; Keygnaert et al., 2018; van der Kolk, 2014). This can be explained by the constant presence of cortisol and other stress hormones, which shut down certain parts of the brain in order to focus on survival. Exposure to violence in childhood can disrupt normal brain functioning in several ways (Figure 4).

First, exposure to violence may affect the **amygdala of the brain**. The amygdala acts like the brain's **smoke detector** and warns us of danger (van der Kolk, 2014). Traumatic experiences may render the amygdala overly sensitive, causing it to detect threats even when none are present, like a smoke detector that goes off at the slightest hint of smoke (Carvalho et al., 2016; van der Kolk, 2014). This may result in hypervigilance, panic attacks, and intense reactions to everyday stress. For others, the amygdala or smoke detector may fail to pick up signs of danger, leaving them more vulnerable to engaging in risky situations.



Second, the **medial prefrontal cortex** may be affected. Its functioning can be compared to that of a **watchtower**, offering a bird's eye view of what is happening after the "smoke detector" (the amygdala) has gone off, and enabling us to make decisions. In healthy brains, the watchtower helps assess whether a situation is truly dangerous and regulates emotional responses to danger. But after experiencing violence, the watchtower may not work very well and persons may no longer be able to calm themselves down (van der Kolk, 2014).

Third, exposure to violence may also affect the **thalamus**, what is the part of the brain that acts like a **cook** and blends all ingredients (what you see, hear, smell, taste, feel) into one coherent dish: the memory. During a violent experience, the thalamus becomes disorganised or shuts down: the cook is no longer able to do a good job and make a good dish; the memory of the event is fragmented and disorganised. In addition, the **dorsolateral prefrontal cortex**, acting as a **watch** and ensuring you can situate yourself in time and realise that memories make part of the past, may stand still during a traumatic event. After experiencing a violent event, the memory may keep on going on and victims may relive the situation regularly through flashbacks. Together, the cook and the watch ensure that a memory is a coherent story that happened in the past. When those parts of the brain are shut down due to a violent event, the memory of the event remains a series of sensations, images and feelings that seem to be happening in the present. Victims' ability to recall the violent event may be distorted, often reduced to raw sensory fragments, and they may be unable to produce a coherent narrative about the event (Carvalho et al., 2016; Keygnaert et al., 2018; Mason & Lodrick, 2013; van der Kolk, 2014).

Fourth, research shows that the total **volume of the brain** and the **connection between the two sides of the brain** often remains **significantly smaller** after violence. This is linked to cognitive problems such as memory and several executive functions that allow us to plan, organise, and execute our goals, as well as manage our emotions and behaviours (Carvalho et al., 2016; Keygnaert et al., 2018).

Some of these long-lasting effects of violence on the brain can be transmitted to subsequent generations, even when individuals were not exposed to violence themselves (Jawaid et al., 2018).

2.4.3. Psychological and behavioural consequences

Possible psychological consequences of violence include, among other things, anxiety, feelings of shame, rejection and abandonment, insecurity, depression, eating and sleep disorders, memory disturbances, and suicidal ideation. Potential behavioural consequences are aggression, antisocial behaviour, self-harm, and risk-taking behaviour such as substance abuse and early sexual activity. These effects can persist well into adulthood and can often be explained by how trauma affects victims of violence (Institute of Medicine & National Research Council, 2014; Keygnaert et al., 2018; Maniglio, 2009; Norman et al., 2012).

► Trauma

Child victims and witnesses of violence are likely to experience **trauma**, causing long-lasting harm to their mental health and well-being (American Psychiatric Association, 2013, 2022; SAMHSA, 2014). Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014). The DSM-5 (American Psychiatric Association, 2022) defines trauma as exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Even though no longer used in the latest version of the DSM, many still distinguish two different types of trauma (Terr, 1991):

- Type 1 or **acute trauma** refers to a single traumatic event that occurs suddenly and has immediate consequences, such as a one-time violent event.
- Type 2 or **chronic or complex trauma** refers to being repeatedly exposed to dangerous or stressful situations, such as child abuse or war. The consequences are often more severe than those of acute trauma and can result in a profound sense of worthlessness, difficulty establishing and maintaining relationships, having trouble interacting with authority figures, viewing the world as inherently dangerous, and believing that no one can be trusted.

It is essential for professionals working within the criminal justice system to understand the widespread impact of trauma as well as how trauma responses manifest. Professionals may have false expectations of how victims should act and look, based on misperceptions about how trauma manifests behaviourally, and certain trauma responses may appear irrational or harmful to them (Franklin et al., 2019; Hickie, 2020).

► Instinctive survival responses during violence

Child and adult victims of violence often experience feelings of shame or guilt following a violent incident. These reactions can be understood in the context of the instinctive survival responses that occur when individuals face situations of extreme fear or danger. Such responses include fight, flight, freeze, flop, or fawn reactions, as illustrated in Figure 5 (Gaba, 2020; Mason & Lodrick, 2013).

“

While everyone told me I should have slapped him, yelled to make a scene, do anything to deter him, my body quite literally froze and all I could think to do was stay still. I was too scared to say no, and I thought it was my fault that he groped me.

Quote from Ilya, victim of sexual violence as a child (Garner, 2023).



Figure 5: Instinctive survival reactions during violence

Instinctive survival responses are automatic and not consciously chosen. For example, fawning or complying with the assailant may seem illogical for others, but this reaction is rooted in the brain's instinct to survive by avoiding any further – potentially life-threatening – harm. Victims frequently struggle with guilt and shame because their trauma responses do not align with how they or others believe they should have reacted (Keygnaert et al., 2018; Mason & Lodrick, 2013).



WHAT CAN YOU DO?

- Avoid asking victims whether they resisted the violence;
- Explain to victims that such reactions are normal: they are instinctive responses to an overwhelming threat, a normal reaction to an abnormal situation.

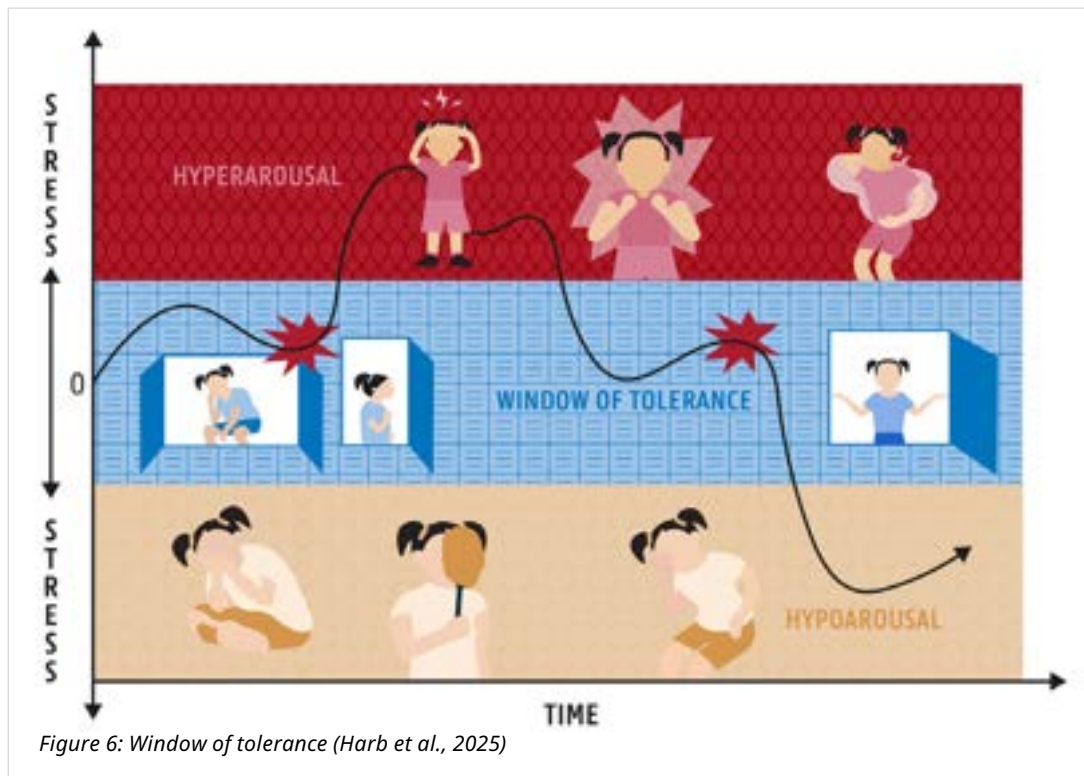
► Recognising trauma responses in children

Trauma can be recognised through a number of symptoms, including symptoms of avoidance, intrusion or re-experiencing symptoms, arousal and reactivity symptoms, or cognition and mood symptoms (American Psychiatric Association, 2022). Children and young people may display trauma responses that can be misinterpreted as uncooperative, adversarial, or aggressive by professionals. It is important that professionals recognise these behaviours for what they are: symptoms of trauma, as presented in Table 1 (Hickle, 2017; Hickle, 2022; National Institute of Mental Health, 2023).

TRAUMA RESPONSES	BEHAVIOUR THAT MAY LEAD TO MISUNDERSTANDINGS
Avoidance symptoms Avoiding thoughts, feelings, people, places, objects, or activities that remind children of the traumatic event.	Children may refuse to attend appointments, and to meet with or talk to professionals about the incident. They may appear disengaged.
Re-experiencing symptoms Flashbacks, intrusive thoughts or dreams, physical signs of stress etc.	Children may appear anxious or distracted, with sudden emotional shifts.
Dissociation Feeling disconnected from oneself or the environment, forgetting about certain time periods, having multiple distinct identities, feeling little or no physical pain etc.	When talking about the traumatic event, children might appear disinterested, avoidant, or numb. They might talk in a flat, monotone voice or seem as if they are not distressed at all.
Reactive symptoms Being easily startled, feeling tense, having difficulty concentrating, having difficulty falling or staying asleep, having angry or aggressive outbursts, engaging in risky, reckless or destructive behaviour etc.	Children may appear aggressive, impulsive, or hyperactive.
Cognitive and mood symptoms Having trouble remembering the traumatic event, negative thoughts about oneself or the world, exaggerated feelings of blame directed toward oneself or others, ongoing negative emotions, loss of interest in previous activities, feelings of social isolation etc.	Children may produce fragmented, multiple, inconsistent, nonlinear, and incomplete recollections of what happened, or memories that lack specific detail. Moreover, their testimony may change over time.
Traumatic bonding Emotional attachment to the assailant, characterised by an imbalance of power.	Children may show affection towards the assailant or blame themselves for the abuse.

Table 1: Trauma responses and related behaviour (Hickle, 2017; Hickle, 2022; Mason & Lodrick, 2013; National Institute of Mental Health, 2023)

Such trauma-related responses, or **acute stress symptoms**, are considered normal during the first weeks following a traumatic event, and require active monitoring (NICE, 2018). The majority of victims of violence may show such symptoms. When such symptoms persist for more than a month and strongly interfere in the daily life and social functioning of a victim, a diagnosis of **Post Traumatic Stress Disorder** may be attributed, which requires specific help and support (American Psychiatric Association, 2022; NICE, 2018).



Trauma responses can be understood through the **Window of tolerance** (Hershler, 2021) (Figure 6). Everybody has a window of tolerance, a comfort zone in which one reacts in an adapted way to stressors. Under certain circumstances, children may go out of their window of tolerance. This can manifest in two ways:

- **Hyperarousal:** This state is characterised by heightened emotional and physiological responses, such as anxiety, impulsiveness, restlessness, and aggressive behaviour.
- **Hypoarousal:** In this state, children show emotional numbness, detachment, or depression. They may feel unmotivated and lack energy.

Due to exposure to traumatic experiences, child victims and witnesses of violence may have a smaller window of tolerance, with their stress systems reacting to situations that are not actually dangerous. Especially children who experience violence at a young age become easily dysregulated by minor stressors (Augeo Foundation, 2022; Jersey Psychology and Wellbeing Service, 2020; National Institute for the Clinical Application of Behavioural Medicine, 2019).

2.4.4. Socio-economic consequences

Victims of VAC may struggle with school and work attendance, engage in deviant behaviour and come into conflict with the law, or may be excluded from their community. Additionally, child victims of violence may experience difficulties in establishing and maintaining healthy interpersonal relationships in adulthood, especially because of their trouble trusting people (Colman & Widom, 2004; Institute of Medicine & National Research Council, 2014; Keygnaert et al., 2018; WHO, 2022b).

Moreover, VAC may affect academic performance because of impaired memory and concentration, non-attendance at school, and developmental delays (Carvalho et al., 2016; Institute of Medicine & National Research Council, 2014; WHO, 2022b). This may in turn affect their work

and financial situation as adults, which may be expressed, for example, by a lack of employment stability, lower income levels, and reduced job prospects.

Beyond the individual level, VAC places a significant social and economic burden on communities through, for example, increased health care costs. Child victims of violence are also at a higher risk of revictimization and the accumulation of violent experiences, such as intimate partner violence later in life (Fereidooni et al., 2023; Walker et al., 2019). They also face a higher risk of becoming assailants of violence (Greene et al., 2020). Nonetheless, many children manage to break this cycle, which underscores the importance of trauma-informed and child-friendly approaches by all professionals who interact with child victims of violence.

2.5. Disclosure and help-seeking after violence

Children often do not talk about the violence that happened to them, nor do their assailants. About one third of abused children never tell anyone about the violence (Council of Europe, 2024). While disclosure to persons of trust in children's informal support network is more common with a quarter to half of child victims of violence disclosing (Pereira et al., 2020), seeking help at professional services is rare with only 1 to 25% of children telling professionals about the violence (Pereira et al., 2020; UNICEF, 2017; WHO, 2022b) (Figure 7). Research shows that only 7% of adult victims of sexual violence seek professional help, and reporting to the police is even less prevalent, with only 4% of adult victims of sexual violence reporting any form of hands-on or hands-off sexual violence to the police (Keygnaert, De Schrijver, et al., 2021).



Figure 7: Disclosure by child victims following violence

Seeking help after violence is a dynamic process for victims, often involving four key decision points: (1) understanding that they have experienced violence, (2) recognizing that the violence has a negative impact they need help for, (3) considering the options and (4) weighing the consequences of these options (DeLoveh & Cattaneo, 2017). (Figure 8.) Children experience specific barriers in these steps (Allnock & Miller, 2013; Callaghan et al., 2017; Halvorsen et al., 2020; Lemaigre et al., 2017; Moolman et al., 2023; Pereira et al., 2020; WHO, 2022a, 2022b). The outcome of this process may lead to victims keeping the violence to themselves, seeking help without disclosing the violence, informal disclosure to someone in their network, or formal disclosure to a professional (DeLoveh & Cattaneo, 2017).



1

The first step for victims to seek help is to **recognise that they have experienced violence**. This step often takes time for children, and they may experience following barriers:

- ▶ not understanding that what has happened to them is wrong, not recognizing their experience as violence;
- ▶ normalizing the violence;
- ▶ lacking the ability to describe and verbalise what has happened to them.

“

I did not have the words for it. Only now as an adult I realise that I experienced sexual violence as a child.

This quote is not sourced from a real individual, but is derived from the authors' professional experience with victims.

2

When victims recognise that they experienced violence, they may **ask themselves whether they should seek help**. This includes understanding that the violence has a negative impact on them and that this impact is severe enough to consider help. Children may not realise the impact violence has on them or only realise this as adults.

3

When victims conclude that they need help, they may **ask themselves what to do and where to go**. Potential barriers preventing children from seeking help include:

- ▶ not knowing that help is available to them;
- ▶ a lack of child-friendly information on available support organizations and helplines;
- ▶ a lack of information in the language of the child;

- ▶ dependency on adults for information on what to do;
- ▶ having had negative experiences with professionals in the past;
- ▶ feeling like someone should have noticed and picked up on signs of abuse;
- ▶ lacking social support, feeling like they have no one to talk to.

4

Once victims determine that there is a need for help and consider the resources available to them, they may **evaluate whether they are willing to utilise these services** by assessing the possible consequences of disclosure and seeking help. Barriers for child victims of violence include:

- ▶ feeling or being threatened, manipulated, or intimidated by the assailant;
- ▶ feeling ashamed, guilty about, or responsible for the violence;
- ▶ being afraid of not being believed, of being stigmatised;
- ▶ fear of being deported or of losing their residence permit in case of undocumented people or people with uncertain residence permits;
- ▶ mistrust of the police, social services, and the justice system;
- ▶ fear of the consequences of disclosure, such as escalation of the violence, the family breaking apart, causing stress to parents or caregivers, exclusion from their community, or placement in foster care;
- ▶ having an ambivalent relationship with the assailant;
- ▶ fear of stigma and discrimination due to misperceptions or myths about rape or other forms of violence;
- ▶ fear of not being taken seriously as a child;
- ▶ carrying the burden of secrecy.

“

I don't really trust grown-ups anymore... The last time I told my social worker that my aunt was hurting me, nothing happened – or at least nothing that I could see. It felt like no one believed me, or no one cared enough to help.

This quote is not sourced from a real individual, but is derived from the authors' professional experience with victims.

“

Everyone had picked up that there was something more...but no one wanted to assume what it was.

Quote from Eric, victim of sexual violence as a child (Children's Commissioner, 2024).

“

I thought it was my fault because I didn't resist.

This quote is not sourced from a real individual, but is derived from the authors' professional experience with victims.

“

I loved her, and I was afraid I was never going to see her again.

This quote is not sourced from a real individual, but is derived from the authors' professional experience with victims.

However, other factors may **facilitate disclosure and help-seeking** among child victims of violence (Allnock & Miller, 2013; Pereira et al., 2020), including:

- child-friendly information on violence against children and available support, e.g. through awareness campaigns in schools, online, and on TV;
- children recognizing their experience as harmful, as violence;
- changes in children's development;
- changes in the nature (or severity) of abuse, e.g. the violence escalated;
- interventions by people who recognised the signals of VAC and acted upon these signals;
- child-friendly and trauma-informed environments where children can articulate their experiences, without silencing or overprotecting them;
- the wish to protect others from violence by the same assailant.

Understanding these barriers and facilitators for disclosure and help-seeking behaviour is paramount for all professionals working with child victims of violence. This again underscores the importance of recognizing violence and reacting in a professional, trauma-sensitive, and child-friendly way.

“

I remember just looking across the room to my little sister and just thinking: 'I've got to protect her'.

Quote from a victim of domestic violence as a child (Allnock & Miller, 2013).



KEY TAKEAWAYS ON VIOLENCE AGAINST CHILDREN:

- VAC includes all forms of violence against people under the age of 18, including sexual, physical, emotional and economic abuse, as well as neglect and exploitation.
- VAC occurs in different settings and can be committed by a wide range of persons.
- VAC often unfolds within complex dynamics, particularly when the assailant is known to the child.
- The risk of VAC is shaped by a combination of protective and risk factors at the level of the child, caregiver, household, community, and society.
- Exposure to VAC can have serious short- and long-term consequences for children's development and overall wellbeing, including physical, psychological, behavioural, and socio-economic impacts.
- Seeking help after VAC is a dynamic process, influenced by child-specific barriers. Approximately one third of abused children never tell anyone about the violence.

3. Principles of a trauma-informed approach to victims of violence

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This chapter offers a theoretical introduction to **trauma-informed approaches to victims of violence**, aimed at enhancing the well-being of victims and minimizing the risk of secondary victimization. **Secondary victimization** occurs when a victim suffers further harm, not as a direct result of the criminal act, but due to the manner in which institutions and other individuals interact with them or the procedure that they have to pass through. This may include failing to recognise or treat the victim in a respectful, sensitive, and professional manner, or acting in ways that do not align with the principles of child-friendly justice, such as subjecting children to multiple hearings (Greijer & Doek, 2016; Liagre & Verleysen, 2016).

“

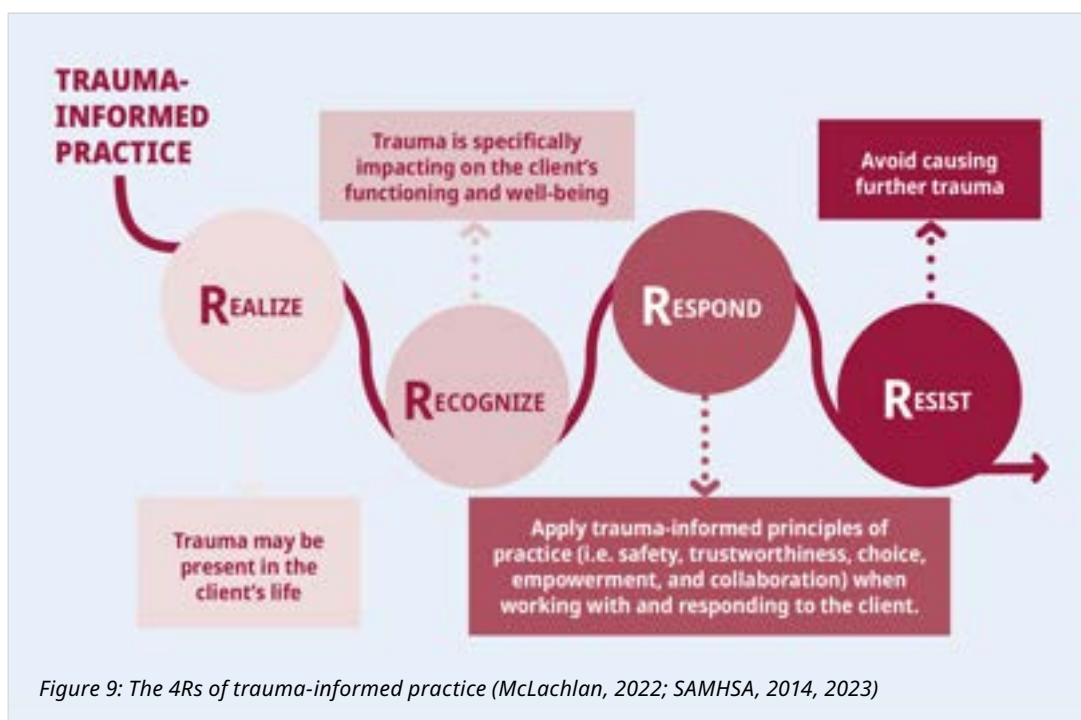
The investigative judge seemed like they didn't want to be there; they just didn't care enough. I felt like I was burdening them and wasting their time. It was really upsetting to be honest. I can remember saying to them: 'Is something going to happen here? Is he going to be charged? Is he going to go to jail?'

Quote from a victim of sexual violence as a child (Murphy-Oikonen et al., 2022)

The impact of VAC can be exacerbated by how professionals respond during criminal justice proceedings – for instance through stigmatization, rejection, breaches of privacy and confidentiality, downplaying victims' experiences, or overlooking their need for safety and protection. Conversely, positive interactions with the justice system may improve victims' ability to cope and recover (Artinopoulou et al., 2018).

To this end, a trauma-informed approach should be incorporated within the criminal justice system and adopted by its professionals (Institute on Trauma and Trauma-Informed Care, 2022; SAMHSA, 2014). A trauma-informed approach is characterised by four R's, as presented in Figure 9:

- **Realizing** the impact of trauma and understanding how trauma can affect individuals, families, groups, organizations, and communities;
- **Recognizing** the signs and symptoms of trauma;



- **Responding** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- **Resisting** re-traumatization by preventing secondary victimization.

The first two R's – realizing the impact of trauma and recognizing trauma – have been addressed in Chapter 2. In this chapter, we address the third R of Respond and focus on what a trauma-informed response in criminal justice proceedings entails. In Chapters 5 to 6, we will further translate the principles of Responding and Resisting re-traumatization into concrete minimum and advanced measures along a child victim's journey through criminal justice proceedings.



A trauma-informed response is generally characterised by **six guiding principles** (Figure 10): (1) safety, (2) trustworthiness and transparency, (3) collaboration and mutuality, (4) empowerment, (5) peer support, and (6) cultural, historical, and gender awareness (Harris & Fallot, 2001; Institute on Trauma and Trauma-Informed Care, 2022; SAMHSA, 2014, 2023). These principles will be explained in this chapter. These principles are strongly related and should be applied in a flexible way. For example, when certain choices cannot be provided for a child victim of violence, we should at least make sure that the child knows what to expect and that their emotional safety is ensured.

3.1. Safety

A trauma-informed approach means prioritizing the physical and emotional **safety of children who experienced trauma** (SAMHSA, 2014). Considering physical safety involves taking into account security, the physical setting (appearance, lighting, photos, accessibility of the building) and the effect it might have on child victims. For example, victims with negative experiences with criminal justice in the past may be triggered by simply entering a court building, while children in general may be overwhelmed by impressive court buildings. When considering the physical environment, it is essential to reflect on several key factors such as (Artinopoulou et al., 2018; Bulling & Hickie, 2023; Institute on Trauma and Trauma-Informed Care, 2022):

- ▶ the feeling of (physical and emotional) safety;
- ▶ the sensory experience of being in the space;
- ▶ the absence of distractions or external pressures;
- ▶ the accessibility of the space;
- ▶ the (sense of) privacy of the space;
- ▶ the child-friendliness of the space;
- ▶ the cultural sensitivity of the space.

Emotional safety requires being attentive to signs of discomfort, checking in, acknowledging inequalities, and ensuring child-friendly reception of child victims and witnesses of violence. Children who have experienced violence often feel unheard and disrespected, especially when communication with criminal justice professionals feels cold, rushed, or impersonal.

Emotional safety can be established by:

- Building rapport with children by showing interest in their lives, taking time, being genuine in your reactions, and using material to help engage the child. Building rapport is a foundational element of trauma-informed practice and for the child's meaningful engagement (see Chapter 4)(Faller, 2009; Harris & Fallot, 2001; Hickie, 2017; SAMHSA, 2014; WHO, 2017).
- Fostering a non-judgmental and empathetic manner, ensuring that the child feels heard and valued: remain calm, and offer reassurance and normalization of the feelings of child victims of violence (WHO, 2017, 2022b). Demonstrating patience and validation supports emotional regulation and reinforces the child's sense of agency. Moreover, the tone of voice, body language, and facial expressions of professionals all contribute to building trust (Newlin et al., 2015).
- Not pressuring children to share painful details. Instead, they should be invited to talk at their own pace and reminded that they can choose how much they want to share. Asking what makes them feel emotionally safe and offering choices whenever possible supports their sense of control (Faller, 2009; WHO, 2017). Conversely, when a child discloses, you should not discourage them by saying that you are not the right person to help (Artinopoulou et al., 2018).

WHAT CAN YOU DO when talking to children who were exposed to violence?

- Ask what makes the child feel emotionally safe, and how you can support them;
- Ask whether the child has any concerns about speaking with you;
- Stay neutral, remain calm and in control by calmly voicing your concerns;
- Avoid appearing shocked, upset, angry, or disgusted by what you hear;
- If you cannot control your reactions, clarify that you are not angry with the child, but touched because of what happened to them;
- Use supportive language like "It's okay to be nervous" or "You are safe here";



- Speak calm and clearly – never loud or high-pitched;
- Use language the child understands;
- Take your time – do not rush the conversation;
- Respect silence and allow the child to set the pace;
- Maintain soft eye contact, without staring;
- Mirror the child's expression gently, avoiding intensity;
- Sit in a relaxed posture, avoid unnecessary movement, and do not initiate physical contact;
- Do not push the child into disclosure;
- Do not discourage children by telling them that you are not the competent person to talk to: do not stop the child from talking if they want to tell you about what happened, but do not interview them on the facts of the case if it is not your job;
- Thank the child for talking about their experiences;
- Think about what you were like when you were the victim's age;
- Examine your office from the perspective of a child.

3.2. Trustworthiness and transparency

Trauma often results in pervasive mistrust of the criminal justice system and the professionals involved. Many child victims of violence carry a deep mistrust in adults, especially if the harm was done by someone who was supposed to be trustworthy. That is why it is critical to be **honest and transparent when interacting with children** (Artinopoulou et al., 2018). It is paramount to never make promises you cannot keep, especially about confidentiality and future steps in the criminal justice process: be honest about what you can and cannot do, and explain this in a way the child can understand.

Moreover, trauma often disrupts a child's sense of safety and control. They are highly susceptible to unpredictability during criminal proceedings, which may deepen the harm. That is why creating a **stable and predictable environment** is a core element of trauma-informed practice (Institute on Trauma and Trauma-Informed Care, 2022; SAMHSA, 2014).

Additionally, trustworthiness includes recognizing that certain individuals may have an especially deep mistrust of criminal justice professionals and may need more time to build rapport (Institute on Trauma and Trauma-Informed Care, 2022).



WHAT CAN YOU DO to install trustworthiness?

- Provide information, as this increases victims' perception of control and reduces feelings of helplessness:
 - ▶ Take your time to explain the procedure: what will be done, by whom, when, and why, including the roles of the different professionals involved and the possible outcomes of the criminal justice process;
 - ▶ Provide information in a child-friendly manner, using age-appropriate language and audiovisual aids;

- ▶ Check whether the child has understood the information provided.
- Ensure consistency in personnel and procedures:
 - ▶ Do what you say you are going to do: if you say you will meet at 1pm, meet at 1pm;
 - ▶ Limit the number of professionals involved to a minimum and ensure continuity where possible;
 - ▶ Establish consistent schedules and clear explanations.;
 - ▶ Inform the child in advance of changes in procedures or staff.

(Carvalho et al., 2016; Universiteit van Vlaanderen, 2020; van der Kolk, 2014).

3.3. Collaboration and mutuality

The principles of collaboration and mutuality focus on creating an environment together with victims with lived experiences of trauma and the criminal justice system, rather than for them. This involves actively engaging victims of violence and recognizing them as experts of their own experiences (Institute on Trauma and Trauma-Informed Care, 2022; The National Association for People Abused in Childhood, 2025). It also includes working together with civil society and other organizations outside of the criminal justice system, such as social services, and victims' or migrants' rights organizations (Smith & LeVoy, 2015).

3.4. Empowerment, voice, and choice

Another central principle of trauma-informed support is the recognition that trauma often involves a profound loss of control and personal agency. It is thus important to empower child victims by **offering ways to participate in the process and by proposing choices** to them in a child-friendly and accessible manner (Artinopoulou et al., 2018; Crowley et al., 2020; Newlin et al., 2015; SAMHSA, 2023; WHO, 2017). Offering choice to children and adolescents includes pro-actively informing them on the different options, their advantages and disadvantages, assessing the feasibility of the proposed options, clearly explaining why some choices are not possible, and ensuring the implementation of the agreed option (Beckett & Warrington, 2015).

“

They all talk behind your back. If they want to discuss something, they only discuss it with their colleagues, they treat you like a little kid and make you feel small. It's just embarrassing.

Quote from Eli, victim of sexual violence as a child (Beckett & Warrington, 2015).

The choices offered may seem very small, like allowing children to choose where to sit, to take a break whenever they want, if they want the door open or closed, or to bring a support person, but they are important in fostering comfort and demonstrating respect for their autonomy (Fallot, 2020; Turman & Poyer, 1998).

It is equally important to explain the available options clearly and in a (developmentally) appropriate language, allowing sufficient time for the victim to make informed decisions, while empowering the sense of trust in the process (Artinopoulou et al., 2018; WHO, 2017).



WHAT CAN YOU DO?

- Acknowledge that child victims of violence may experience a lack of safety or control;
- Validate the feelings and concerns of the victim;
- Listen to the needs and wishes of the child victim and act upon those needs;
- Create opportunities for child victims to make their own choices as much as possible.

3.5. Peer support

Encouraging peer support is a key component of trauma-informed approaches. This involves creating opportunities for victims to connect with trusted individuals or people with shared experiences, fostering a safe and supportive social network. These connections can offer emotional comfort, reduce isolation, and offer useful advice and support. For children, this support system often includes their caregivers or other trusted adults to help foster a sense of safety and trust (SAMHSA, 2014, 2023).

3.6. Cultural, historical, and gender contexts

A trauma-informed response also requires an **understanding of the structural violence and systematic inequities** that may increase the risk of VAC and shape children's ability to seek help. These include, among others, ableism, racism, transphobia, sexism and other forms of discrimination. Children's experiences of violence and justice processes are shaped by intersecting aspects of their identity, as well as by their family, community and societal context.

For example, migrant children and their families face additional barriers to reporting violence to the police due to fears related to residence status, detention, deportation, or separation from their family. LGBTQI+ children may fear homophobic or transphobic reactions from the police, while children from ethnic minority backgrounds may fear racism by the police (EU Agency for Fundamental Rights, 2024a, 2024b; Institute on Trauma and Trauma-Informed Care, 2022; Kogan et al., 2024; Lamonaca et al., 2021; Nadal et al., 2015; Smith & LeVoy, 2015).



Hind, an undocumented Palestinian woman, was living in Belgium with her daughter and her Belgian partner. When she found out that her partner was sexually abusing her daughter, she wanted to file a complaint to the police. Her partner said that she would be deported if she did so, so she contacted us. Unfortunately, we cannot always guarantee that the police will not report her to the authorities.

Quote from Arturo, a Belgian social worker (Smith & LeVoy, 2015).

A trauma-informed approach requires professionals to engage with children **without prejudice** related to gender, disability, race, sexual orientation, cultural background, or socio-economic status, while remaining sensitive to children's beliefs, values, and customs (Artinopoulou et al., 2018; SAMHSA, 2014, 2023). This includes using appropriate language that does not offend and that makes all children feel safe, for example by using the pronouns and name the child identifies with (Child-Friendly Justice European Network, 2025).

“

My friend was very flamboyant. I guess he had some sort of guy harassing him. And the cops came. I guess the police, like... I mean, they were there, and they diffused the situation but there was also this, like, underlying thing where, like, he kind of deserved it for being so out, you know, which made him feel unsafe and not taken seriously.

Quote from a friend of a child victim of sexual violence (Nadal et al., 2015).

Cultural factors may also shape how children experience and express trauma. Religion, values, customs, and social norms, shape how trauma symptoms manifest and whether children feel able to disclose violence. Feelings of shame, stigma, or fear of social judgment may inhibit verbal disclosure and should never be interpreted as a lack of credibility or cooperation.

Child victims and their families may also perceive violent experiences differently from professionals, particularly in relation to harmful traditional practices such as female genital mutilation (The National Association for People Abused in Childhood, 2025). A culturally sensitive, trauma-informed approach requires professionals to adopt an empathic and non-judgemental attitude, adapt interventions to the child's sociocultural context, and account for structural constraints, including limited resources and service availability.

At the same time, professionals should recognise the potential protective role of family and community cohesion in children's recovery, while remaining attentive to cultural norms that may silence children or prioritise collective interests over individual safety and participation. Child-friendly practice therefore requires the use of developmentally and culturally appropriate methods—such as drawing, writing, play, or other non-verbal forms of expression—to facilitate safe communication of traumatic experiences (Crawford et al., 2025; Davidhizar, 1999; Schnyder et al., 2016; The National Child Traumatic Stress Network, 2007).

WHAT CAN YOU DO?

- Acknowledge and observe how children and families express trauma responses depending on cultural norms and expectations;
- Use culturally appropriate communication and consider communication styles and language differences;
- Allow every victim to speak in their first language;
- Involve support persons such as cultural mediators or trusted community members who can bridge communication gaps and provide additional emotional support;
- Respect the child's self-identification, including the child's gender identity, cultural background, or spiritual practices;



- Adopt practices to meet cultural needs like rituals, customs, or specific requests, promoting the child's sense of safety and belonging;
- Take seriously the reasons for (not) turning to the criminal justice system for help.

(Crenshaw, 1989; Fontes, 2005; Smith & LeVoy, 2015; WHO, 2017)



KEY TAKEAWAYS ON TRAUMA-INFORMED PRACTICE

- Justice responses can heal or harm. Trauma-informed practice is essential to prevent secondary victimisation caused by procedures, environments, or professional interactions.
- Safety comes first—physically and emotionally. Predictable processes, child-friendly spaces, and respectful communication are foundational for engaging child victims.
- Trust is built through honesty and transparency. Clear explanations, realistic expectations, and consistency help restore children's sense of control.
- Children's voices matter. Empowerment, choice, and collaboration—however small—support dignity, agency, and recovery.
- Context shapes trauma and disclosure. Cultural, historical, gender, and structural factors influence how children experience violence and justice, requiring inclusive and non-judgmental responses.
- Trauma-informed practice is not at odds with, but supports the goal of successful prosecution. When professionals recognise trauma responses, respect the child's pace and agency, and prioritize emotional safety, they serve both justice and the child.

4. The child as an active agent in testimonial procedures: Lessons from developmental and personality psychology

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4.1. Introduction

Children are increasingly considered active agents in testimonial procedures, either as victims or (eye)witnesses. While historical sources advocated the lack of validity of a child’s testimony due to heightened suggestibility (Ceci et al., 2002; Ceci et al., 2007) and limited cognitive maturity (Goodman et al., 2014), a substantial body of empirical evidence over the past 20 years has demonstrated that **even young children are able to provide truthful and reliable information** regarding a criminal event or accident, also in the context of abuse or neglect (Gagnon & Cyr, 2017; Hershkowitz et al., 2012; Lamb et al., 2011). This research base also convincingly demonstrated that the way a child is interviewed stands in strong relation to the accuracy of the testimony. Towards this end, child forensic interviewing experts have proposed a number of **crucial starting conditions** when initiating investigative conversations with children. Relatedly, **child-friendly interview techniques** have been developed, with the National Institute of Child Health and Human Development (NICHD)-protocol as the most commonly used across the globe (Orbach et al., 2000) for conducting forensic interviews with children⁷ (see also Lamb et al., 2007), which can even be applied in an online interview setting when some practical considerations are taken into account (Brown et al., 2021).

⁷ More recently, child forensic interviewing has been extended from the traditional scope of child abuse and neglect to other areas in which the rights and integrity of children are threatened. In particular, high-conflict divorces (de Ruiter & Van Pol, 2017), legal proceedings during immigration (border screenings, asylum hearings) (Chilliak et al., 2024), and child sex trafficking (Henderson et al., 2021) are contemporary phenomena in which the voice of the child is increasingly heard. While these guidelines are intended for interviews with children as an (eye)witness or victim, some of the techniques/skills are transferable to contexts in which the minor is interviewed as a suspect. However, a detailed overview of specific interview techniques with minors as suspects is beyond the scope of the current chapter. For more information in this regard, the interested reader is referred to Cleary & Crane (2023).

In the current chapter, we will explain from knowledge on developmental and personality psychology why these child-friendly interview techniques are essential for ensuring the quality of forensic interviews of children. We will also outline some considerations from specific areas of child development which professionals need to take into account when interacting with children in legal contexts, either when interviewing children with the attempt to screen potentially dangerous situations, or to effectively stimulate disclosure of the child in a situation where abuse of the child or threat of the child's integrity is highly suspected. Finally, we propose a key framework to explore individual differences between children before the interview actually takes place, to better mirror the unique little person behind the child that is interviewed.

4.2. The importance of creating a safe and supportive interview environment: Building rapport

Across all recommendations from different task forces and work groups, the importance of **installing a trustful, warm, and empathic environment** for the child before the actual interview starts is highlighted. This phase of "building rapport with the child" is considered fundamentally important for a child's well-being during the interview and serves as a prerequisite to truthful disclosure (Korkman et al., 2024). Importantly, the relevance of building rapport not only applies to forensic interviewers but extends toward all professionals who interact with children in criminal justice proceedings.

The crucial importance of building rapport can developmentally be understood from the research base grounded in attachment theories, which have shown that the coherence in expression of emotions and experiences in children is generally better when children are raised by warm, responsive, and caring significant others (Bowlby, 1988). Various attachment studies demonstrated for instance that preschool-aged children (3–6 years) with an overall secure attachment style produce significantly more structured, coherent, and lengthier narrative (Kelly, 2015). In addition, very recent research showed that safely attached children provide more accurate "don't know" answers to unanswerable questions (Lee & Kim, 2025). Safe attachment has also been widely documented as a developmental mechanism behind memory skills in children (Alexander et al., 2002; Lee, 2025), with significant associations between anxious attachment and problems in the encoding, processing, storage, and recall of negative events.

Translated to the context of child forensic interviewing, these findings are important in two ways. First of all, there are tremendous individual differences between children of the same age in terms of their overall attachment style and broad temperament traits intertwined with attachment, hence pointing to the pitfalls of applying protocolised interview strategies that do not take these differences into account. Indeed, whereas child-friendly guidelines are to be considered important for every child, some children will need the phase of building rapport more explicitly than others (i.e. especially insecure, avoidant, or anxiously attached children) (Carr et al., 2020; Cyr et al., 2010; Erozkan, 2016; Vasileva & Petermann, 2018); or will need a more lengthier time period to build rapport (for instance shy children, see below). Second, and related to this, although these guidelines are generally considered to be the golden standard for obtaining psychological safety of children before disclosure can be expected, these objectives cannot always be guaranteed. In particular, the experience of a traumatic event in itself can heavily overshadow the accuracy of narratives (Ogle et al., 2013) or the willingness to disclose, even in children with an overall safe attachment style before the event took place. Towards this end, seminal guidelines in the revised version of the NICHD protocol have been developed with explicit attention for additional rapport building and including non-suggestive supportive statements when needed, which have proven to increase disclosure rates (Hershkowitz et al., 2014) and to obtain less reluctance (denial, resistance) in 4-to 13-year old children with substantial evidence of intrafamilial physical abuse (Blasbalg et al., 2018).

4.3. How to build rapport?

Building rapport can first of all be facilitated in the **physical environment** where the conversation with the child takes place. More specifically, research in environmental psychology demonstrated that children favour rooms with natural elements such as daylight, large windows, and green plants (Vásquez et al., 2019). In forensic interview settings particularly, daylight may be created by using clerestory windows, which allow daylight to enter without exposing children to outside views or foot traffic. Such windows protect the child's confidentiality, contribute to a soothing environment, and help children to concentrate and to sustain attention. Moreover, natural decorative elements do not induce fantasy, which is particularly important in an interrogative context, as fantasy can interfere with accurate responses (Merckelbach, 2004). For children with neuro-diverse problems (for example autism spectrum disorder, attention-deficit, hyperactivity disorder), it is considered best practice to obtain a "sensory profile" (i.e., an overview of how a child processes and responds to sensory input) from the parents, caregivers, or teachers before the interview actually starts (Edelson, 2023; Murphy, 2018). If this is not possible, the interviewer should proactively ask the child at the beginning of the interview whether there is anything in the room, such as specific noises from fans or computers, bright lights, or even texture of furniture that might be bothersome (Krackow, 2018). By being mindful of potential sensory hypersensitivities and creating a low-impact environment, the interviewer can reduce anxiety and distraction, thereby significantly improving the child's ability to engage with the interview process and provide accurate information (Murphy, 2018).

KEY RECOMMENDATIONS: THE PHYSICAL SPACE OF CHILD FORENSIC INTERVIEWING	
DO'S	DON'TS
▶ Choose a room with natural elements: Daylight, clerestory windows, green plants, natural colours. ▶ Install child-sized furniture when interviewing very young children. ▶ Create a sense of calm and safety: Ensure the place is comfortable, quiet, and free from distractions. ▶ Specific considerations for neurodiverse children: Minimise visual distractions, noise (e.g., from fans or computers), and bright lights.	▶ Avoid overly stimulating rooms: Toys and elements that could encourage fantasy and distraction are not preferred, as they can interfere with the accuracy of responses. However, installing a comfortable room with one single thing to do (paper with washable markers, one can of Play-Doh, a simple wooden puzzle) as a shared activity with the interviewer may be very helpful to establish rapport with very young or very anxious children. ▶ Avoid harsh, fluorescent lighting: instead, use soft natural light.

Table 2: The physical space of child forensic interviewing: Key Recommendations

Second, safety cues are also highly related to **the interviewer's basic attitude**. More specifically, it is recommended to not wear a uniform during the interview (Lowenstein et al., 2010), because uniforms highlight the authority of the interviewer and increase the likelihood of inaccurate eyewitness identifications (Fitzgerald & Price, 2015). For these same reasons, when the interview is recorded, the camera should be set up in a subtle but clearly visible place, to avoid any visual cues of authority, and in all cases, the child should be informed about the recording. Before the start of the interview, the interviewer must introduce both themselves and all other individuals involved in the interview (e.g., observers from the observation room) and explain their respective roles in a friendly manner (smiling), while making eye contact with the child at the child's eye level (APSAC Taskforce, 2023). Eye-level contact reduces feelings of inequality and anxiety and also ensures that the child actually sees the interviewers' facial expressions, which guarantees that the child accurately understands the explanation about the goal and the ground rules of the interview.

During **narrative practice or episodic memory training**, the forensic interviewer asks the child to freely talk about a neutral topic or interest. Such narrative practice is aimed at building rapport and trust between the child and the interviewer and allows the child to become accustomed to the conversational style of open-ended questions (Anderson et al., 2014; Newlin et al., 2015).

An example: *"I would like to get to know you a little bit better. A few days ago was the first day of school. Can you tell me everything that happened on that day, from the time you got up in the morning until you went home?"* (NICHD, 2021).



During this entrance phase, it is also important that the interviewer gives the child time to shortly explore the room and to use narrative practice rapport building by asking the child open-ended questions about a neutral event before the actual interview takes place (Lyon et al., 2014). These strategies generally increase the accuracy of the testimony and the child's feeling of comfort and also reduce the reluctance to speak (Blasbalg et al., 2019). In preschool children, interviewers should be mindful of simple sentence construction, allow greater time to respond during narrative practice, and demonstrate an active listening attitude to the language these young children spontaneously use. In doing so, this stage will inform interviewers about many aspects related to the developmental level of the child, such as which concepts the child uses, the type of words, names for objects and persons, and how many conversational exchanges are possible before the child is distracted (Steele, 2020).

KEY RECOMMENDATIONS: THE INTERVIEWER'S ATTITUDE	
DO'S	DON'TS
▶ Dress in non-uniform, neutral clothing: Wearing regular, neutral clothing helps establish a less formal and safer atmosphere. ▶ Ensure subtle but clearly visible recording setup: When the interview is recorded, the camera should be installed in a subtle place to avoid any visual cues of authority. ▶ Inform the child in a child-friendly manner: Clearly explain who you are, what your role is, who the other attendants are, how the interview will be recorded, who is allowed to watch the recording of the interview, and what will happen with the recording. ▶ Engage at the child's eye level: Eye-level contact reduces feelings of inequality and anxiety and helps the child feel more comfortable. ▶ Provide "narrative practice": Ask the child open-ended questions about a neutral topic (e.g., a hobby or a pet) before the actual interview begins.	▶ Avoid wearing a uniform or other symbols of authority: Avoid wearing uniforms, as they can be intimidating and highlight the interviewer's authority and increase the likelihood of inaccurate eyewitness identifications. ▶ Avoid a rigid, formal posture: This can increase a child's anxiety and make them less likely to disclose. ▶ Do not move directly into questioning: Moving straight to the questions can overwhelm the child and make them reluctant to speak.

Table 3: The Interviewer's Attitude: Key Recommendations

4.4. Keeping the central goal of the interview with the child in mind

At the crossroads of developmental and experimental psychology, education and law, the entire research base on forensic interviewing has eventually resulted in a set of specific interview guidelines, which are recommended to use throughout the entire interview (see Chapter 5). All these guidelines share the goal of **eliciting as much reliable information as possible** from the child. One of the most important and historical principles for obtaining reliable information from children is to favour one single, well-planned forensic interview⁸, as multiple interviews by different professionals increases the likelihood of inaccuracies. In particular, repeated questioning – especially when suggestive or leading – may pressure children to change their statements or to provide information they believe the interviewer desires (Ceci & Bruck, 1993). However, exceptions are appropriate when new information emerges, when a child has not disclosed during the first interview, or when a break is necessary for the child's well-being. In all these cases, it is strongly recommended that subsequent interviews are conducted within the same open-ended questions and non-leading framework (See APSAC guidelines, 2023). Overall, an interviewer should maintain an open mindset to emerging or new information and should generate hypotheses about all potential scenarios that happened, in order to reduce one's own cognitive bias (Fahsing et al., 2023).

During the planning of the interview or other conversations with children within the forensic field, practitioners should consciously reflect upon **the use of aids such as dolls, body diagrams, or drawings**. While some studies have suggested that these devices are helpful to obtain a clearer view on events that happened in young/preschool children because of the non-verbal source of information (Brown, 2011; Hiltz & Bauer, 2003), there is substantial evidence that these aids decrease the accuracy of factual information generated by children (Brubacher & Powell, 2024). For instance, body diagrams are often used in cases involving physical or sexual abuse. Although this may help children indicate where exactly their body was touched, research shows that body diagrams can also lead to false-positives or over-reporting, particularly in younger children (Brown et al., 2007; Poole & Bruck, 2012), which may hence distort the *objective* information retrieval process. However, when the primary goal of the conversation with the child is to get a clearer picture on how the child has *subjectively* experienced a specific situation rather than fact-finding, aids may be helpful, but should be avoided as a primary source of interpretation of events that actually took place. One exception worth noting at this point relates to the forensic interviewing of children with autism spectrum disorder, who appear to benefit from spontaneously (non-contingent) sketching in terms of memory accuracy while answering open-ended questions (Mattison et al., 2018).

4.5. A mindful and alert attitude towards suggestibility

Already at a very young age, children form mental representations of social hierarchy (Thomsen, 2020) and show a proclivity to follow the socially dominant person. In particular, the social dominance of adults in a child's life occurs throughout most aspects of development (Fish, 2000), as they naturally grow up amid following instructions, advice, explanations, or warnings from adults. The large research base on suggestibility in children during forensic interviews (for an overview, see Korkman et al., 2024) can hence be understood from this **social hierarchy paradigm** and strongly recommends interviewers to follow continued **training in the context of**

⁸ To ensure the integrity of the interview process, child interrogations are generally audio-visually recorded. These recordings can be presented directly in court, thereby reducing the risk of secondary victimization. At the same time, the recording serves as a permanent record which professionals across the judicial process can review, minimizing the need for repeated interviews and preserving the reliability of the child's original statement (Bertel, 2012).

non-suggestive interviewing skills in order to avoid suggestive interviewing (Cyr et al., 2021). For pre-school aged children in particular, there is an overall consensus that they are more prone to suggestibility (Klemfuss & Olaguez, 2020). This conclusion can be broadened towards children with intellectual impairment and strongly suggests the need to estimate the **developmental level of the child** before the interview actually starts, instead of starting from the child's calendar age (Klemfuss & Olaguez, 2020). In practice, forensic interviewers need to estimate the child's developmental level in advance by gathering information on the child's language capacities, developmental history, and cultural background from teachers and caregivers. During the initial phase, interviewers are advised to ask open-ended questions about familiar, neutral topics, such as pets, schools, or hobbies and by observing whether the child understands and responds appropriately (Rohrbaugh et al., 2016). If developmental delays are suspected, language and pace of the interview should be adjusted to the level of comprehension of the child.

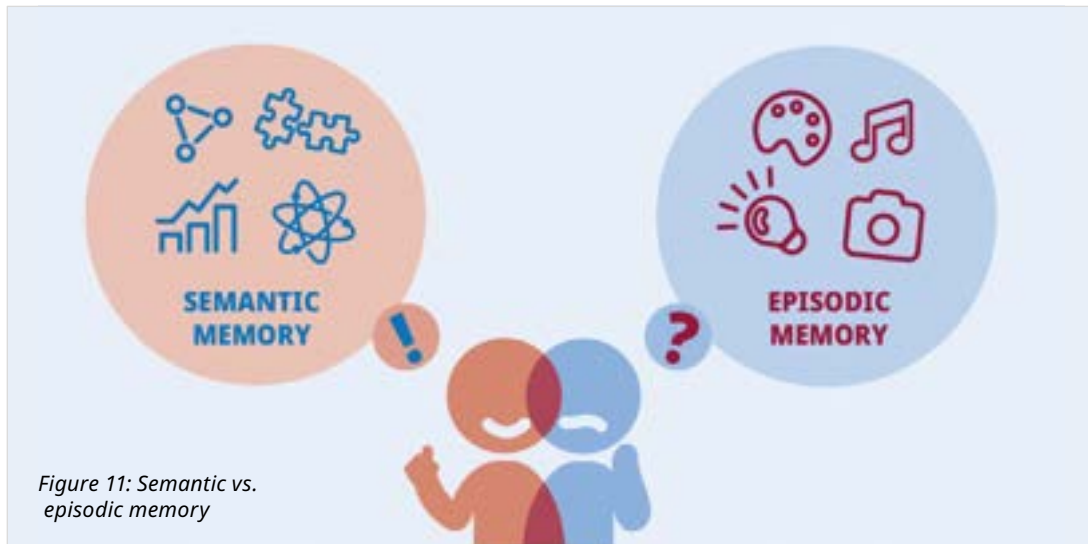
Overall, **free-recall** (i.e. tell me everything about) and **non-leading strategies** have been consistently recommended – also in young children – as best practice to minimise suggestive influence and to obtain more lengthy testimonies (Foster et al., 2023). However, free recall strategies also lean upon numerous other aspects of child development, with age-based differences in memory, language, lying, and moral development being the most important to put forward.

4.6. Developmental considerations with regard to memory, language, lying, and moral standards

4.6.1. Memory and language

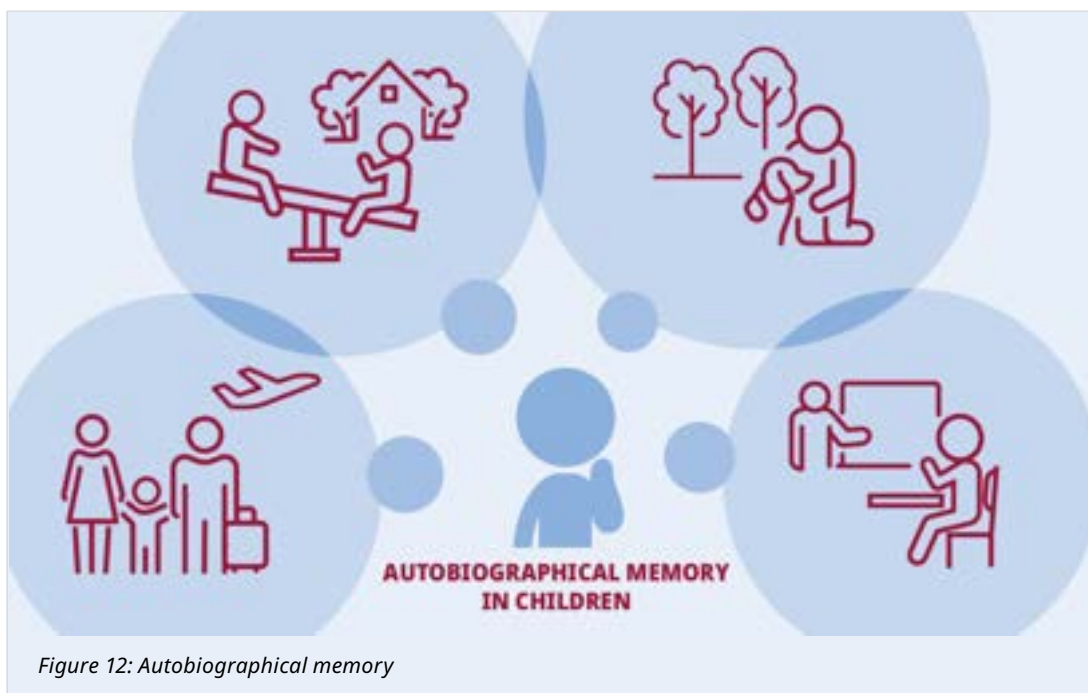
Although guidelines generally recommend to interview a child as soon as possible after the criminal event (Marinović et al., 2010), there is often a significant **time span between the event and the actual moment of the interview**. This time span is determined by multiple factors, such as the psychological state of the child, the availability of a trained forensic interviewer, and the timing and context of the abuse report. Practice shows that police officers are often hurried to organise a forensic interview with children, because of the overly concern that children would forget important details about the event (for an overview see Danby, 2024). However, systematic research from cognitive developmental science has shown that the **rate at which children forget information** about an event does not reflect a constant linear decrease across days. Instead, the forgetting rate is rather high only in the first hours and days after the event and is followed by a very slow rate of forgetting afterwards, with sustained memories for a significant period of time. This convincing evidence advocates a decent planning of the interview as a priority, because such **planning rather than the timing** is exactly the key to most optimal disclosure rates in children. Hence, from the perspective of avoiding memory loss, organizing the interview within the period of around one week after the report of abuse seems to be acceptable, if the interview in itself is consciously planned during this period. More extensive periods of time span between abuse report and actual interview are not recommended, because this increases the likelihood of children to incorporate post-event information into their report, hence leading to errors (Danby, 2024).

When interviewed on a past event, children need to recall upon their **long-term memory**, which comprises the **semantic memory** (knowledge on the meaning of words, objects, persons, and places) and the **episodic memory** (personally experienced events), as presented in Figure 11. It is important to know that both memory systems develop at a different pace and differ in retention periods (Danby, 2024). In particular, the semantic memory develops earlier and is retained longer. This means that younger children are easier able to recall places where they went, persons they know, ... compared to their memory of a specific event. From a forensic interview



perspective, this means that it will be more tiring for a child to retrieve information on an episodic event rather than on semantic details. From this perspective, interviewers are recommended to first ask about episodic details, before going into semantic details (Lamb et al., 2018). In addition, interviewers are also advised to structure their questions so that the child does not need to shift constantly between different memory systems. This evidence on memory structure and developmental differences in memory have formed the basis for the abovementioned guidelines on the importance of narrative practice before the actual interview takes place, because this practice targets the fragile and often immature episodic memory and trains the child in episodic memory retrieval processes.

With growing age, children also learn to link these past events from the episodic memory into a personal timeline (Fivush, 2011), which results in the **autobiographical memory**, as presented in Figure 12. However, because autobiographical memory relies upon multiple sensory systems that need to be integrated in a narrative identity of the self, young children are unable to provide such narratives as these systems are still fragmented at a young age.



Hence, this explains why children are at an earlier age able to generate responses on specific when-who-where issues, because such questions only target the episodic memory. The immaturity of the autobiographical memory in childhood also implies that children often fail to provide a narrative in chronological order. They often jump from one event to the other and back, and are more prone to omission errors (i.e., leaving out details) (Otgaar et al., 2010) compared to adults (Sugimura, 2011). In addition, children's developing cognitive abilities also affect their capacity to organise thoughts logically and maintain coherence in narratives, which is crucial to understand, because a **lack of consistency or detail errors does not necessarily indicate deception** (Brubacher et al., 2019). A final point of attention is that children are more likely to demonstrate word-searching behaviour when distressed, such as during an investigative interview, which can be understood from their cognitive overload and emotional state (Katz et al., 2012; Saykaly et al., 2017), and not because they are untruthful.

Memory systems co-develop with linguistic skills. It is thus extremely important that interviewers take note of the fact that interviewing children about past events which took place before they could speak overall generates unreliable and invalid information (Simcock & Hayne, 2002). Here, we refer again to the crucial role of narrative practice in the preparatory phase of the interview, because this practice not only contributes to the psychological safety of the child as previously outlined, but it also helps the child to literally practice in generating narratives from the auto-biographical memory (Hershkowitz, 2009; Steele, 2010).

For **very young children**, additional attention should be paid to the use of active sentences during the interview, as passive sentences are often difficult to understand because syntactic structures are still maturing (Tomasello, 2000). Beyond free-recall strategies, the length and accuracy of the testimony of young children may also benefit from complementary supportive strategies, such as cueing, which involves giving non-suggestive prompts to help the child provide more details (see APSAC guidelines, 2023). Importantly, when asking specific wh-questions (e.g., who, what, where, when, why questions), one should always consider the developmental level of the child and evaluate whether the child already has enough social recognition, as well as object and spatial awareness for answering who-and what/where questions. Similarly, when-questions require a child's understanding of time, whereas why/how-questions imply sufficient skills in causal thinking and problem-solving.

Table 4 provides an indicative overview of normative language development in children and their implications for the feasibility of forensic interviewing across age ranges, and should be interpreted alongside an individual assessment of the child.

AGE RANGE	DEVELOPMENTAL PHASE	FEASIBILITY OF FORENSIC INTERVIEWING
1–2.5 years	EARLY-LINGUISTIC PERIOD	IMPOSSIBLE ▶ A child's vocabulary is limited, "telegraphic speech", often only understood by close family members. ▶ Children lack episodic and semantic memory skills to provide reliable information. ▶ Limited understanding of sexuality and harmful acts.
2.5–5 years	DIFFERENTIATION PHASE	DELICATE – Explicit need of extensive pre-interview planning ▶ Word choice becomes more precise towards the end of the preschool period, but children use literal and concrete labels for people, events, and objects. ▶ Generates relatively little information due to lack of richness of language (short answers, little nuance). ▶ Longer sentences and narrative skills (story-telling) emerge by the end of this phase. ▶ Children may struggle with word-finding in emotional tense situations. ▶ Children may confuse time and sequence. ▶ High suggestibility for misinformation due to immature theory of mind (i.e., the ability to understand one's own and others' mental states), source monitoring ("knowing how they know something") and cognitive control. ▶ Children have a short attention span. ▶ Children often make omission errors (i.e., forgetting or leaving out important details from a memory report). ▶ Children are increasingly able to answer "when/why/who/..." questions if requested (episodic memory) by the age of 5, but lack an integrative coherence in narratives (autobiographical memory).
6+ years	COMPLETION PHASE	GENERALLY INDICATED – Interviewers must be aware of potential difficulties for 6–9-year-olds: ▶ Struggle with the interpretation of passive sentences. ▶ Insufficient understanding of sentences with opposites: "unless", "despite", "although". ▶ Children may withhold details in their narratives due to embarrassment or fear. ▶ Episodic memory becomes more refined, but even verbal children often recall less details regarding surroundings or contextual elements of a traumatic event.

Table 4: Normative Child Language Development and Co-Developing Cognitive Skills; See also: Steele, 2020; Vandormael et al., 2019.

4.6.2. Lying

Lying is a **normative phenomenon** during childhood (Talwar & Crossman, 2011), with an onset as early as ages two to three and showing a peak during the adolescent years (Debey et al., 2015). The complexity and sophistication of deceptive abilities normatively increase with age, and go together with marked improvements in cognitive abilities, such as theory of mind (i.e., the ability to understand one's own and others' mental states) and executive functioning skills (i.e., inhibition, interference control, working memory, and cognitive flexibility) (Diamond, 2013). These cognitive advancements allow children to have more deliberate control over the information they disclose or conceal (Talwar & Crossman, 2011). Importantly, **concealment**, which is the act of withholding information, typically **appears earlier in development than deliberate falsification**, as secrecy is cognitively less demanding and easier than creating a coherent lie or false story (Frank, 2013). Relatedly, denial of a fact that actually took place is more prevalent in children than, for instance, the construction of an alibi (Talwar & Lee, 2008). While lying is thus part of normative development and changes in its phenotypic form as children age, recent evidence also suggests that its trajectory is additionally shaped by more stable temperament-based factors. For instance, Gouwy et al. (2024) found that children's callous (i.e., lack of remorse and empathy) and unemotional (i.e., shallow or deficient affect) traits predict increases in lie-telling over time, highlighting the role of **individual differences in the development of lying**.

This finding has important implications in legal and forensic contexts. Indeed, although it is commonly known that the tendency of children to lie, confabulate, withhold information, or to remain silent is **generally not influenced by a deliberate desire to mislead**, but by emotional and relational pressure (fear of what will happen, shame, confusion, self-blame, loyalty to a caregiver) (Bottoms et al., 2002; Morrison et al., 2018), this finding suggests that children high in callous-unemotional traits may be more likely to lie or manipulate others for strategic reasons. This distinction is especially relevant given that research has shown that adults' accuracy of detecting children's lies is no better than chance, with a general bias toward judging children as truthful (Talwar et al., 2006). Such bias complicates the interpretation of children's testimony, especially in emotionally charged contexts. However, studies show that simple interventions, such as asking children to promise to tell the truth before the interview starts, can significantly reduce the likelihood of lying, which emphasises the **value of truth-promoting in forensic interviews** (Talwar et al., 2002). The effectiveness of this intervention can be understood from the moral development literature, showing that children's understanding of the term "promise" actually influences their behaviour (for a review, see Evans and Lee, 2022), because it creates a sense of commitment and thus a sense of obligation. This also implies, however, that this very same strategy does not lead to a decrease in lie-telling behaviour in 3- to 4-year-old children who do not yet understand the concept of "promise" (Quas et al., 2018).

4.6.3. Moral standards

Children's moral judgement about events undergoes notable changes throughout development, as a result of complex interactions between different psychological systems and socialization influences (for an overview, see Killen & Smetana, 2022). Young children (e.g., preschoolers) in particular, evaluate actions based on observed **family norms rather than on broader societal values** (Killen & Smetana, 2022). This partly explains the finding that young children growing up in abusive households may not always perceive violence or abuse as "wrong" (Lahtinen et al., 2018) because it is part of their lived experience. In a related vein, a recent study (Gouwy et al., 2025) showed that school-aged children of 10–11 years perceive violations of loyalty as more immoral than adolescents, reflecting stronger identification with and loyalty to their family context, which could further inhibit disclosure of intra-familial abuse. Additionally, children's evaluations of immoral behaviour become increasingly related to their **belief of the intentions**

of the perpetrator from 4 years of age onwards. More specifically, when harmful outcomes are believed to be unintentional, children tend to evaluate the outcome as less morally wrong (Margoni & Surian, 2017). As the harmful outcome for the child in abusive households is very often justified by parents as unintentional (Prather, 2002), this may partly explain – beyond emotional factors – why abused children are generally less likely to report the abuse.

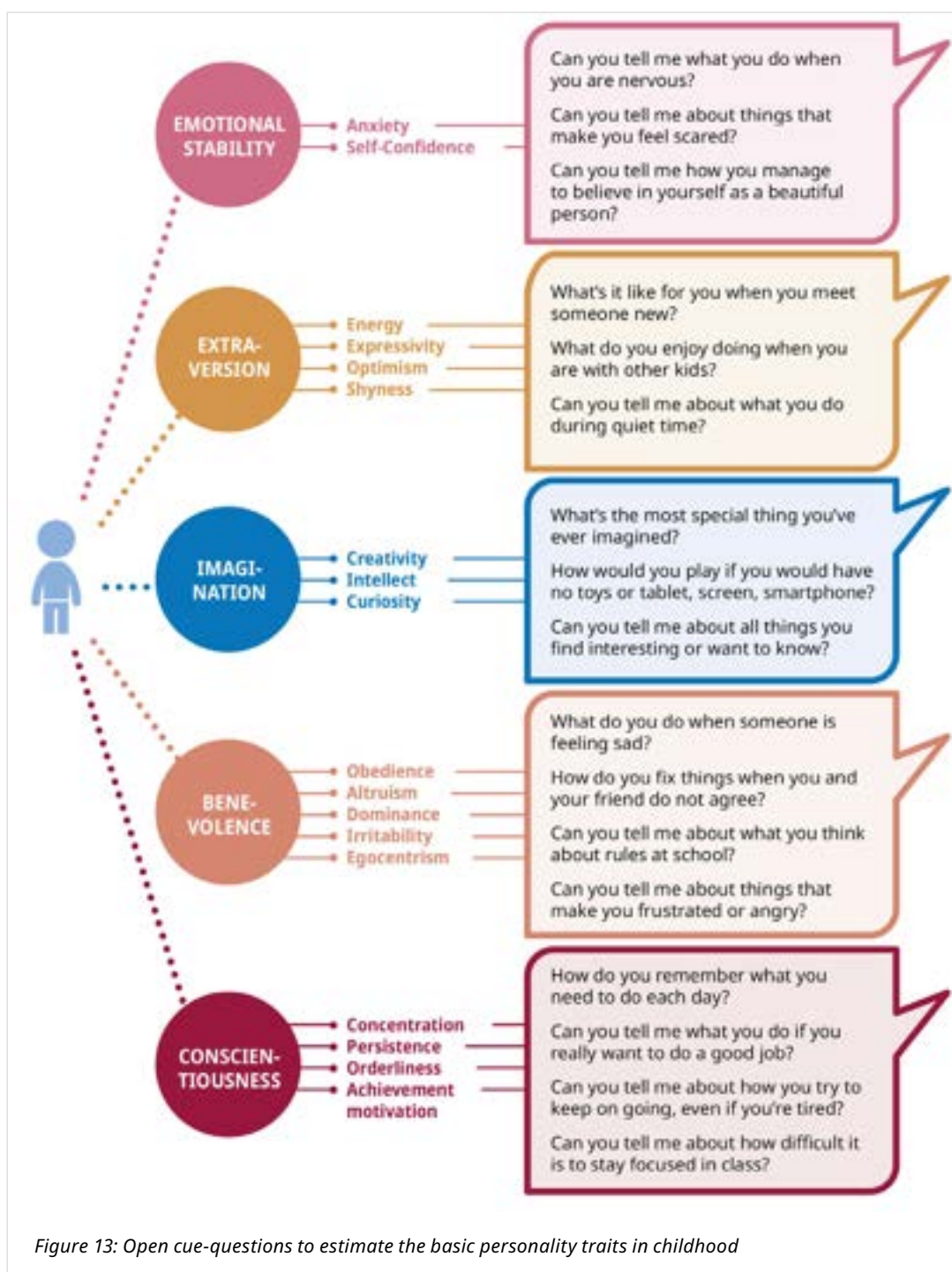
4.7. The role of individual differences among children

Very recently, Talwar and colleagues (2025) outlined a number of issues to address in the field of forensic interviewing of children. One of the topics they address concerns **the need to incorporate individual differences among children in guidelines of forensic interviewing**. Indeed, previous research has shown that apart from the **influence of age and cognitive abilities**, as previously described, **several temperamental or personality characteristics of children** are related to memory accuracy and suggestibility.

Already in 1994, Merritt and colleagues for instance showed from temperamental research that children with a stronger tendency to approach new situations, provide relatively more correct recalls. Salmon and colleagues (2003) confirmed that children who are more extraverted provided more correct recalls, whereas more distracted children generally recalled a lower proportion of correct information. Bruck and Melnyk (2004) in turn, showed from a meta-analytic viewpoint that beyond age, children substantially differed in suggestibility, with more creative children being more prone to suggestive interview techniques. Also, children with a higher fear of negative evaluation appeared to be more susceptible to response conformity.

Despite this evidence, the literature remains inconclusive regarding the role of individual differences related to temperament, mainly because the different studies relied on various temperamental frameworks, measures, or experimental designs that strongly varied in the way they were conceived. Future research in this regard may benefit from using a universal, cross-culturally valid, empirically built, and age-sensitive framework of personality differences in children. We forward the Five-Factor Model (FFM) of personality here (Costa & McCrae, 1992), which has been substantially validated in children and adolescents (De Fruyt et al., 2017). THE FFM of personality can be described with a child-specific measure translated in multiple languages (i.e., the HiPIC, Mervielde, De Fruyt, & De Clercq, 2009). The information generated by this accessible, short personality screening tool can help estimate how the child functions in daily life, and offer a pragmatic understanding of the five core building blocks of their personality, each comprising a set of more narrow trait facets. The relevancy of this information for the interview context can be summarised as follows:

- Insight in the child's **Trait anxiety and self-confidence** (both subsumed under the trait domain Neuroticism) is important to estimate the relative importance of building rapport, as anxious children will need more time to develop a safe feeling.
- **Extraversion** (as specified in the extent of energy, expressivity, optimism, and shyness), which generates interesting information about the usual talkativeness of the child.
- **Imagination** (measured along the facets of creativity, intellect and curiosity). **Creativity** in particular may be interesting to get an idea about particular susceptibilities to suggestibility, whereas Intellect gives an idea about how quickly a child understands things that are asked, which is also relevant in the context of investigative interviewing.



- **Benevolence** gives a sense of how easy the child is to manage (obedience), how altruistic and dominant the child is, and finally how irritable the child is. Information on these traits may help interviewers to understand how easy/difficult the child usually is, how fast they will be irritated for instance by repetitive questions.
- **Conscientiousness**, including concentration, persistence, orderliness, and achievement motivation. Especially concentration is interesting in the context of interviewing, as this provides a reliable index of the attention span of the child and may provide information on how many breaks a child for instance needs during an interview.

Because the context of forensic interviewing generally not allows for detailed assessments through inventories, we provide a set of example items that may be used as a guideline for professionals in forensic practice who want to get insight in the personality of the child through pragmatic and concrete interview-based items (Figure 13). It is important to know that these items are in no way a diagnostic tool, nor are they already validated in the context of child forensic interviewing. Although future research should verify whether such personality information about the child will move the field of forensic interviewing forward, it is undoubtedly a way to encounter the unknown child as a person. In addition, such information may create new avenues in our striving towards the most optimal context that meets the needs of vulnerable children while taking into account the legal conditions of the interview context.



SUMMARY

This chapter highlights that children should be considered as active agents in testimonial procedures, whose ability to provide accurate and reliable information depends strongly on the quality of the interview and on their developmental and individual characteristics. Research consistently demonstrates that interview quality is closely linked to testimonial accuracy, which has led to the development of child-friendly interview protocols, such as the NICHD protocol (Orbach et al., 2000). Establishing a trustful, warm, and empathic interview environment through rapport-building is foundational for the child's well-being and a prerequisite to trustful disclosure. Developmental psychology shows that children's memory, language, moral reasoning and emerging capacities for deception evolve across childhood, and forensic interviewing must align with these developmental realities. Moreover, recognizing individual differences in temperament and personality traits allows professionals to better tailor interviews to the child's needs.



KEY TAKEAWAYS

- **Build psychological safety first:** A warm, empathic, and supportive environment is important for the child's well-being and a prerequisite for truthful disclosure.
- **Narrative practice or episodic memory training enhances recall:** Allowing children to first describe a neutral topic or event helps activate episodic-memory retrieval processes and prepares them for the actual interview.
- **Prioritise free recall and use non-leading strategies:** These strategies reduce suggestibility and increase both the length and accuracy of children's testimonies.
- **Adapt to developmental level rather than chronological age:** Tailor language, pacing, and questioning style to the child's cognitive, linguistic and socio-emotional capacities.
- **Be mindful of deception and moral development:** Children's concealment or reluctance often stems from fear, shame, confusion, or loyalty rather than a deliberate intent to mislead. Proactively promote and value truth-telling.
- **Consider individual differences in temperament or personality among children of the same age:** Dispositional differences in emotional stability, extraversion, imagination, benevolence and conscientiousness are relevant and may influence many aspects relevant to forensic interviewing.

5. Child-friendly and trauma-informed forensic interviewing

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Whereas Chapter 4 outlined the theoretical framework that recognises the child as an active agent in testimonial procedures, this chapter focuses on practical guidance for implementing child-friendly and trauma-informed forensic interviews with child victims and witnesses of violence. As explained in Chapter 1, this chapter presents both minimum and advanced measures. **Minimum measures** refer to essential actions necessary to establish a basic child-friendly and trauma-informed criminal justice system, while **advanced measures** represent the steps necessary to reach a more full-fledged child-friendly and trauma-informed justice system. Although advanced measures may not always be feasible to implement in the short term, they remain important long-term goals. Some advanced measures build further on minimum measures, while others stand alone.

5.1. Defining child forensic interviewing

As mentioned in “Child-friendly justice explained: a rights-based approach” in Chapter 1, children have the right to participate in judicial and administrative proceedings affecting them, including the right to be heard (art. 12 UNCRC; art. 24 CFR). This fundamental right not only affirms children as rights bearers but also mandates the legal system to create proceedings that facilitate their meaningful participation (Council of Europe, 2011). Within this framework, forensic interviews have emerged as a standardised and specialised procedural tool to elicit reliable, legally admissible evidence (fact-finding) from child victims and witnesses of violence (Lamb et al., 2007).



A forensic interview of a child is a developmentally sensitive and legally sound method of **gathering factual information** regarding allegations of abuse or exposure to violence. This interview is **conducted by a competently trained, neutral professional** utilizing research and **practice-informed techniques** as part of a larger investigative process (Newlin et al., 2015), and could be legally recognised as pre-constituted evidence to be used in court.

To prevent children from having to testify multiple times or appear in court, forensic interviews should be **audio-visually recorded**, in line with article 24(1)(a) VRD. These interviews must also adhere to **trauma-informed practices** (see Chapter 3). Trauma-informed interviewing fosters a safe, supportive, and respectful environment for victims, while also improving the quality and accuracy of the testimony (see Chapter 4).

Forensic interviews must be **distinguished from other forms of interviews or exchanges with the child**, such as preliminary or exploratory interviews, credibility assessments, or clinical interviews:

- **Preliminary or exploratory interviews** are typically aimed at assessing whether a child is at risk and whether further referral for their safety and support is necessary. They are conducted shortly after initial disclosure or a report of suspected abuse by police officers and throughout the criminal justice proceedings (see individual needs assessments in Chapter 6).
- **Credibility assessments** are aimed at assessing the reliability of a testimony, considering factors such as narrative coherence and suggestibility. Such assessments are not intended to obtain new information on criminal facts, but rather to support or challenge the evidentiary weight of existing testimonies. A credibility assessment is usually performed after a forensic interview (Campbell et al., 2015; Kabzińska et al., 2025; Voogt et al., 2021).
- **Clinical interviews** are conducted within a therapeutic or diagnostic context, with the purpose of evaluating the mental health of the child and to plan appropriate treatment (Sommers-Flanagan et al., 2015).

5.2. Evidence-based child interviewing: Forensic interview protocols

Forensic interviews must be conducted according to **empirically validated interview protocols** that guide the interviewer (Korkman et al., 2024; Newlin et al., 2015; PROMISE, 2017). Examples of widely used evidence-based interview protocols are the National Institute of Child Health and Human Development (NICHD) Investigative Interview Protocol (NICHD, 2021) developed in the USA, and the 'Achieving Best Evidence' (ABE) guidelines (UK Ministry of Justice & National Police Chiefs' Council, 2022) developed in the UK. Certain protocols, such as the National Children's Advocacy Centre (NCAC) and the ChildFirst Forensic Interview Protocol, have not been empirically validated to a satisfactory degree (Korkman et al., 2024).

In order to elicit as much detailed and reliable information as possible from the child, these protocols adhere to the same **general principles** (APSAC Taskforce, 2023; Blasbalg et al., 2018; Brown et al., 2013; Korkman et al., 2024; NICHD, 2021; UK Ministry of Justice & Council, 2022):

- the use of **open-ended and non-suggestive questioning**,
- the importance of **building rapport** throughout the forensic interview,
- **respect for the child's emotional and developmental stage and specific needs**,
- the creation of a **child-friendly and trauma-informed environment**,
- an **investigative mindset** of the forensic interviewers, testing all relevant hypotheses for the allegations (fact-finding) while also providing socio-emotional support to the child⁹.

⁹ The principles of a trauma-informed approach are addressed in Chapter 3, and the rationale behind these principles for fact-finding is addressed in Chapter 4.

Evidence-based, best-practice forensic interview protocols typically follow a similar **structure**, though their terminologies and emphases slightly differ (APSAC Taskforce, 2023; Korkman et al., 2024; Newlin et al., 2015; NICHD, 2021; UK Ministry of Justice & Council, 2022):

1) PREPARATION PHASE (PRE-INTERVIEW)

The NICHD and ABE protocols are semi-structured and require modification on a case-by-case basis. Hence, it is essential to conduct thorough planning before starting the forensic interview, taking into account essential information about the child and their needs and about the reason for the interview. If a forensic interview is planned beforehand, the child should be informed in advance about the place and time of the forensic interview, the purpose of the forensic interview, and all other necessary information. If a child cannot be informed beforehand, the purpose and the process of the forensic interview is explained before the start of the forensic interview.

2) INTRODUCTION PHASE

The introduction phase consists of introducing the professionals involved in the interview and explaining their roles, establishing the ground rules of the interview¹⁰, and discussing a neutral topic to build rapport with the child and to practice providing narratives. How this introduction contributes to collecting reliable information from a child is explained in Chapter 4. After the introduction, the interviewer **introduces the topic of concern** in a non-leading manner, often by asking the child about their understanding of the reason for the interview, for example: 'Now that I know you a little better, I want to talk about why you are here today.' (NICHD, 2021).

3) SUBSTANTIVE PHASE

During the **substantive phase** of the interview, the interviewer will try to elicit free narrative recall of the alleged violence through **general, open-ended questions**. The NICHD protocol for example describes the following open prompts: 'I understand that something may have happened to you. Tell me everything that happened from the beginning to the end.'; 'As I told you, my job is to talk to kids about things that might have happened to them. It is very important that you tell me why you think [your grandmother] brought you here today.'; 'I've heard that you talked to [a doctor, teacher, social worker] at [time, location]. Please tell me what you talked about.' (NICHD, 2021).

4) FOCUSED QUESTIONING PHASE

If no more information can be gained through open questions, the interviewer will ask more **focused and directive questions** (the funnel approach).

5) CLOSURE PHASE

In the **closure phase**, the interviewer will ask whether the child wants to add anything and if they have any questions. Moreover, the interviewer will thank the child for participating and inform the child of what will happen next. After, the interviewer goes back to a neutral topic to re-establish the child's equilibrium.

¹⁰ Ground rules typically include explaining to children that they should be as truthful as possible, that they should not guess, that they must tell when they have memory or knowledge gaps or when they do not understand something, and that they must correct the interviewer if they say something wrong.

This translates into the following minimum and advanced measures:

► Forensic interview protocol

MINIMUM MEASURES	ADVANCED MEASURES
Forensic interviews follow the NICHD, ABE, or similar evidence-based interview protocols, based on the general principles and structure mentioned above (Korkman et al., 2024). National forensic interviewing protocols are adapted to national specificities.	

GOOD PRACTICE

In **Belgium**, an adapted version of the NICHD protocol has served as the standard for forensic interviewing since 2012, following its contextualisation to the Belgian context. This adaptation was necessary to account for country-specific elements, including Belgian legislation, forensic interview premises, and the persons allowed to accompany the child during forensic interviews (Forensic Interview Circular of 29 November 2022) (Federale politie, 2022).



► Planning before starting the forensic interview

MINIMUM MEASURES	ADVANCED MEASURES
	An informal discussion with legal guardians, schoolteachers, or other trusted persons of the child is held to understand important characteristics of the child and to inform them about the procedure (Russell et al., 2019). Additionally, all professionals already involved with the child have a discussion to gather relevant information on important characteristics of the child before the interview starts, in accordance with national laws on professional secrecy.
Before the forensic interview, the child's personal situation and understanding is assessed, including their capacity to focus, their talkativeness, their susceptibility to suggestiveness, their cultural background, and any special needs. This individual needs assessment should result in measures such as using interpreters, communication support, shorter interview sessions, and avoiding certain triggers such as certain terminology or authority figures (Soletto et al., 2022). For example: ► Children are addressed by their chosen pronouns. ► Young children or children with developmental difficulties could benefit from expert assistance to communicate (Korkman et al., 2017). ► Children speaking a different language are interviewed in a language of their choice (UK Ministry of Justice & National Police Chiefs' Council, 2022).	After the individual needs assessment, an interview plan is developed, and the protocol and questioning strategy is adapted to the case. Forensic interviewers consult experts in child psychology to plan the interviews (Korkman et al., 2017). A team of professionals collaboratively prepares the interview to ensure trauma-informed forensic interviewing, based on a screening of trauma, communication needs, and psychological readiness.

MINIMUM MEASURES	ADVANCED MEASURES
▶ Children are asked about their preference regarding the gender of the interviewer. Where possible, this is taken into account, but the interviewer skills remain essential when there are limited resources. ▶ Children with learning disabilities or ADHD will need a number of shorter sessions instead of one single interview (UK Ministry of Justice & National Police Chiefs' Council, 2022).	
Before the forensic interview, additional information regarding the offense is requested, such as medical reports and records. Moreover, the interviewer formulates different hypotheses to be tested during the interview, based on the information already collected (Korkman et al., 2024).	



GOOD PRACTICES

In **Scotland**, a detailed plan to address the needs of the child to be interviewed is developed collaboratively by the police officer and social worker who will conduct the forensic interview. This interview plan is based on information provided by social services and people who are close to the child. The plan considers the child's strengths and resources, specific needs, cognitive development, experiences of trauma and adversity, and strategies to help the child remain within their window of tolerance. Additionally, the child's speech, language, and communication needs are carefully considered, along with other relevant factors (Frier et al., 2022).

In some autonomous communities in **Spain**, child victims and witnesses of violence are allowed to be accompanied by specially trained assistance dogs during forensic interviews. The presence of these assistance dogs must be authorised by the investigative judge after the child's family submits a form to the office for assistance to victims in advance (Royal Decree 409/2025 of 27 May regulating the activity and welfare of assistance dogs) (Comunidad Madrid, 2025; EFE, 2023; Gobierno de Canarias, 2024).

In **Cyprus**, a case officer (psychologist) is assigned before the forensic interview takes place and as soon as a case of VAC is referred to the Child's House. This case officer performs an individual needs assessment, considering the child's cognitive abilities, psychological state, and social and cultural background (Michael & Petridou, 2025).

5.3. Who conducts a forensic interview?

Forensic interviews must be conducted by a **trained professional in the interview room, while another trained professional is following the interview from the observation room** (Soleto et al., 2022). As child victims are often concerned about the reactions of others, it is recommended that only the interviewer and the child are present in the interview room (APSAC Taskforce, 2023; EU Agency for Fundamental Rights, 2017a; Korkman et al., 2024; Lamb et al., 2008; Smith & Milne, 2011).

► Who conducts forensic interviews?

MINIMUM MEASURES	ADVANCED MEASURES
Forensic interviews are carried out by two trained professionals: one in the interview room and one in the observation room.	

GOOD PRACTICE

In **Finland**, psychologists with training in child development and forensic interviewing conduct interviews with young children, children with disabilities, or in particularly complicated cases, such as severe custody disputes. The police and other professionals (such as the child's lawyer or the prosecutor) follow the interviews in the observation room through a video-link (Korkman et al., 2017).



► Which other people may be present during forensic interviews?

MINIMUM MEASURES	ADVANCED MEASURES
If the child's first language differs from that of the interviewer, a professional interpreter is present during the interview, even if the interviewer and the child share a common language at an everyday communication level (APSAC Taskforce, 2023; Ernberg et al., 2022; Fontes & Faller, 2007; Fontes & Tishelman, 2016). Before the interview, the forensic interviewer discusses its purpose with the interpreter and emphasises that the interpretation should be as close to verbatim as possible, rather than summarised. The interpreter should be seated slightly behind or to the side of the interviewer to maintain the primary interaction between the interviewer and the child. After the interview, a debriefing between the forensic interviewer and the interpreter is conducted to document any translation difficulties or cultural nuances relevant to the investigation.	A shortlist of certified court interpreters is available, consisting of professionals trained in forensic interviewing methods, child development, and trauma-sensitive approaches. If the child's first language differs from that of the interviewer, two interpreters are present to ensure accuracy: one in the interview room and another in the observation room (PROMISE, 2017).
Legal guardians or other accompanying support persons are in principle not present during the interview. If the child wants them to be present, their presence may not interfere with the course of the investigation: they should sit behind the child, must be instructed not to assist the child in responding, and should leave the room prior to the substantive phase (APSAC Taskforce, 2023).	
	A specialised professional is present in the observation room to ensure that the rights of the child are respected, to provide support to the child and to deal with crisis situations (EU Agency for Fundamental Rights, 2017a).

MINIMUM MEASURES	ADVANCED MEASURES
	The child is assisted by their (youth) lawyer before, during, and after the interview to ensure their rights are protection and their needs are considered (Soleto et al., 2022).
In the countries that require or allow cross-examination for the interview to be recognised as admissible evidence, the lawyer of the defendant is present in the observation room, and their questions get passed down to the trained forensic interviewer. Defence lawyers are not allowed to question children directly (EU Agency for Fundamental Rights, 2017a).	In the countries that require or allow cross-examination for the interview to be recognised as admissible evidence, the lawyer of the suspect may submit their questions to the forensic interviewer in advance but cannot be present in the observation room during the forensic interview.



GOOD PRACTICES

In **Belgium**, the Forensic Interview Circular regulates who is allowed to attend the interrogation room and/or observation room. For example, the lawyer of the child or of their parent(s) may be present in the forensic interview room, but must sit behind the child, outside of their view. The lawyer's role is limited to ensuring the regularity of the interview procedure and safeguarding the child's proper treatment. They are not permitted to intervene directly, nor to interrupt the interview.

In **the Netherlands**, the defence lawyer and the alleged offender may request to watch the recording of the forensic interview at the police station or in the office of the judge. If they wish to ask additional questions, they can follow the forensic interview through live connection and pass down their question to the forensic interviewer (Van Wijk et al., 2018).

In **Portugal**, the child must be accompanied by a specialised support person during the forensic interview (Code of Criminal Procedure).

In the **United States**, the Zero Abuse Project trains interpreters to be legally neutral. Interpreters are trained in a strict verbatim translation and in mirroring the child's grammatically incorrect sentences, providing the exact word for word interpretation. Moreover, they are trained on dynamics of abuse and on avoiding suggestibility (Zero Abuse Project, 2026).

► Training of forensic interviewers

The Council of Europe Lanzarote Convention (2007) calls for interviews with children to be **carried out by trained professionals** to ensure that the interview is legally sound, non-traumatizing, and credible in court. In EU member states, forensic interviews with child victims are conducted by various professionals, such as social workers, psychologists and psychiatrists, law enforcement officers, and prosecutors (Soleto et al., 2025b). Regardless of their professional background, forensic interviewers should have specialised knowledge, acquired through a combination of initial and continuous training, practical experience, peer review, supervision, and independent learning (APSAC Taskforce, 2023; Korkman et al., 2024; National Children's Alliance (NCA), 2011; Newlin et al., 2015). Therefore, the following measures focus on the training of professionals, rather than on their specific professional role.

MINIMUM MEASURES	ADVANCED MEASURES
Forensic interviewers have received a general training that is required for all professionals working with child victims of violence in criminal justice proceedings (see Chapter 6.7.).	
Forensic interviewers have received specialised theoretical initial training on forensic interviewing on (APSAC Taskforce, 2023; Fontes & Faller, 2007; Korkman et al., 2024; La Rooy et al., 2015; Soleto et al., 2022): ▶ Evidence-based information about and the use of forensic interview protocols; ▶ Children's memory and language development; ▶ Children's moral judgement about events; ▶ Children's development regarding lying; ▶ Trauma-informed practices, including cultural sensitivity; ▶ Forensic psychology; ▶ The criminal justice procedure after VAC.	
Forensic interviewers have received specialised and extensive practice opportunities, as part of their initial training in forensic interviewing . This practical training consists of intensive, short, practical sessions with extended individualised feedback, and includes role-play (Korkman et al., 2024; La Rooy et al., 2015).	Specialised training of forensic interviewers uses advanced training methods, for example avatar simulation training with feedback on how well the interviewer managed to ask questions as well as how the questioning strategy affected the child's responses. This is recommended because it may not be optimal to mimic the behaviour of actual children in terms of memory recall and suggestibility (Pompedda et al., 2017; Pompedda et al., 2022).
Forensic interviewers receive continuous theoretical and practical training on a regular basis.	Forensic interviewers receive continuous theoretical and practical training annually.
Apart from training, forensic interviewers receive peer reviews and individual feedback to integrate the skills they learned during initial training and to improve their practice over time (APSAC Taskforce, 2023; Korkman et al., 2024; Newlin et al., 2015; Soleto et al., 2022): ▶ Individual feedback is provided by more experienced forensic interviewers, including through a careful inspection of interviews to assess the degree to which they have been conducted in accordance with the forensic interview protocol in place, whether the structure was followed, and whether the interviewer used open, non-suggestive prompts to elicit detailed accounts. ▶ Peer reviews are facilitated discussions with other forensic interviewers. It provides an opportunity to receive both feedback and professional and emotional support from colleagues.	Individual feedback on the type and the formulation of the questions asked by the forensic interviewer, as well as the adherence to the protocol, is given immediately after each interview by more experienced forensic interviewers who watch the anonymised recording (Korkman et al., 2024; Pompedda et al., 2015).

GOOD PRACTICES

In **Belgium**, stakeholders consider the basic training of forensic interviewers of high quality (Vervaeke et al., 2025). The training of police officers who wish to become forensic interviewers are included in the Forensic Interview Circular: they must complete a



specialised one-month training course, taught by senior forensic interviewers (with more than 5 years of experience) and other experts such as magistrates, psychiatrists, and experts in child development and language acquisition.

The training consists of 60 hours theory, covering topics such as the legal framework of the forensic interview, the recording and reporting of forensic interviews, the criminal justice procedure, basics of language acquisition and child development, dynamics of violence against children, working with interpreters, and communication with children.

After passing a theoretical exam, trainees proceed to the practical component, which includes 54 hours of role-play practice, including the use of recording equipment, and 2 hours of training evaluation.

The final exam is conducted before a jury panel consisting of two forensic interview instructors and a representative from the behavioural sciences department of the Federal Police.

In **the Netherlands**, an optional training for police officers on interviewing vulnerable people during investigations includes a role-play exercise with a training actor who plays the part of a person with a mental or cognitive disability, or a woman with borderline personality disorder. This way, the police officers do not have to act like a vulnerable person themselves (College voor de Rechten van de Mens, 2023).

5.4. Deciding whether to conduct a forensic interview: eligibility criteria and other decision-making tools

The growing awareness of children's unique vulnerability within the justice system has placed renewed emphasis on the regulation of forensic interviews as a cornerstone of procedural protection for child victims of violence, as VAC usually occurs in the absence of any other witness than the child (Baugerud & Johnson, 2017). In some jurisdictions, forensic interviews are recognised as a right for child victims for specific crimes, while in others, **eligibility criteria** are not recognised in domestic frameworks, or only children below a certain age receive a forensic interview for specific crimes (Soletto et al., 2025b). As forensic interviews are **developmentally adapted and trauma-informed**, all child victims and witnesses of violence that have to testify would benefit from forensic interviewing methods. However, although forensic interviews are the best way to interview them, they remain a burden for the child. It is thus paramount **to assess whether a forensic interview is necessary** to collect evidence and whether the child is capable of providing reliable information.

This translates into the following minimum and advanced measures:



Deciding whether to conduct a forensic interview

MINIMUM MEASURES	ADVANCED MEASURES
The right to a forensic interview is recognised in national frameworks and based on specific eligibility criteria, such as the age of the child, the nature of the crime, and the vulnerability of the child.	The right to a forensic interview is recognised in national frameworks for all types of crimes against children for which testimony is necessary to gather sufficient evidence.

MINIMUM MEASURES	ADVANCED MEASURES
The decision to interview a child is not only based on formal criteria, but also on an individual assessment of the child's ability to testify. This assessment considers the child's developmental level, psychological and emotional state, and trauma history (see Chapter 4). A child is not interviewed when they lack the developmental capacity to participate, or when the suspected violence occurred in early infancy, prior to the formation of autobiographical memory (Greenhoot & Tsethlikai, 2009).	The assessment of the child's ability to testify is based on the use of validated developmental and psychological assessment tools to evaluate cognitive, emotional, and linguistic capabilities (Baugerud & Johnson, 2017), performed by a trained professional. Such assessment not only determines the child's ability to testify, but also their readiness and resilience in relation to trauma exposure.

GOOD PRACTICES

In **Greece**, psychologists assess the child's emotional state to determine whether they are fit to testify before a forensic interview takes place (Thanasoula et al., 2025).

In **Belgium**, eligibility criteria for forensic interviewing of children and vulnerable persons are included in the Code of Criminal Procedures (Wetboek van Strafvordering, 1808). The investigative authority must assess whether a forensic interview is necessary based on the typology of the crime and the urgency of the case. For certain sexual crimes against children (such as rape, voyeurism, and violation of sexual integrity) and in case of female genital mutilation, a forensic interview is mandatory, unless the investigative authority decides otherwise (art. 92, §1 Code of Criminal Procedure). For other crimes against children, the investigative authority may order forensic interviews, including in case of serious and exceptional circumstances (art. 92, §§1-2 CCP).



► Number of interviews

To prevent secondary victimization, the **number of interviews** with child victims and witnesses should be kept to a minimum. However, a rigid policy that only allows one forensic interview is not accepted in practice, as a repeated hearing may be in the best interests of the child under certain circumstances (APSAC Taskforce, 2023; Council of Europe, 2023a; Korkman et al., 2024).

MINIMUM MEASURES	ADVANCED MEASURES
In principle, child victims must only undergo a forensic interview once. However, multiple sessions of an interview may be carried out by the same interviewer to elicit complete and accurate accounts of the event and to ensure the well-being of the child, for example in the following situations (APSAC Taskforce, 2023; Cederborg et al., 2007; Cross et al., 2007; Hershkowitz et al., 2021; Korkman et al., 2024; Lamb et al., 2008; Leander, 2010; Newlin et al., 2015; Patterson & Pipe, 2009): ► when it is in the child's best interests to interrupt the interview and to continue the interview another time, for example because the child is too tired; ► when the child is reluctant to disclose; ► for children with intellectual or communicative disabilities;	

MINIMUM MEASURES	ADVANCED MEASURES
▶ when children require more time to develop trust in the process and the interviewer; ▶ when the child asks for an additional interview; ▶ when new information or evidence arises during the investigation.	
Additional forensic interviews do not involve repeatedly asking the child about the violence in case of non-disclosure during the initial interview. Instead, follow-up interviews focus on different questions or topics, and are carried out by the same professional (Cederborg et al., 2007; Council of Europe, 2023a; Korkman et al., 2024; PROMISE, 2017).	

5.5. Where to perform a forensic interview?

Forensic interviews must be conducted in specialised, child-friendly, and trauma-sensitive environments that are comfortable, private, and physically and psychologically safe for diverse populations of children and their non-offending family members (NCAC, 2019; Russell et al., 2019). This translates into the following minimum and advanced measures for the **location** of the forensic interview premises, the accessibility of these premises, the waiting area before a forensic interview is conducted, and the set-up of the forensic interviewing and observation rooms.

▶ Location of the forensic interview premises

MINIMUM MEASURES	ADVANCED MEASURES
Police offices and courts have adapted forensic interview spaces available within their premises, with a waiting area, an interview area, and an observation area (see below).	Forensic interviews take place in multidisciplinary interagency centres that also provide psychological, emotional, medical, and practical support to child victims of violence, such as Barnahus centres or Children's Houses.
	The building where forensic interviews take place is located in a residential area (PROMISE, 2017).



GOOD PRACTICES

In Reykjavik (**Iceland**) and Linköping (**Sweden**) forensic interviews take place in Barnahus centres. They are located in residential areas to ensure a safe and quiet environment and are both located in a building resembling a private house, easily accessible for wheelchair users, and accessible by public transport and by car (PROMISE, 2017).

In **Estonia**, forensic interviews in cases of child sexual violence are primarily conducted in one of the five Children's Houses, in collaboration with prosecutors, the police, child protection services, and psychologists. When these facilities are not accessible to victims, specifically designed interview rooms are available at police stations.

In **Belgium**, forensic interviews are regularly conducted in police stations equipped for this purpose. In recent years, some of the newly installed Belgian Sexual Assault Care Centres (SACC) have begun to incorporate dedicated forensic interview rooms,

allowing medical care, forensic examination, forensic interviewing, and victim support to be provided in a single location by specialised professionals. However, this model is still under development and requires further evaluation based on the experience of five centres that currently have such facilities (Vervaet et al., 2025).

► Accessibility of the forensic interview premises

MINIMUM MEASURES	ADVANCED MEASURES
The buildings where forensic interviews are performed, are accessible by public transport.	
The building where forensic interviews are performed, as well as all the rooms (reception, interview, and observation room) are accessible to all children including those with special needs, e.g. ramps, sensory-friendly material, and braille signage (Russell et al., 2019; Soletto et al., 2022).	
The exterior of the forensic interview building is well-lit (Bulling & Hickie, 2023).	
Children do not have to go through general security checks, e.g. metal detectors or ID checks prior to the forensic interview (Soletto et al., 2022).	There are separate entrances for (child) victims and their families (EU Agency for Fundamental Rights, 2017a; Russell et al., 2019; Turman & Poyer, 1998). However, these entrances are discrete, and for example do not have any signs that show or tell that they are for victims of violence. Ideally, there are also private parking lots and dedicated child protection escorts for child victims and their families (PROMISE, 2017).

GOOD PRACTICE

In **Cyprus**, forensic interviewing of children is carried out in specially designed, safe, and child-friendly rooms within police stations, Children's Houses, or Women's Houses. At present, the Children's House only handles cases of sexual violence against children, but a second Children's House or the expansion of the current facility is planned to handle other forms of VAC (Social Welfare Services' Recovery and Resilience Plan 2021–2026). Such rooms are designed to be welcoming and non-intimidating, with soft colours, comfortable furniture, and toys or art supplies that help children feel more relaxed. They are soundproofed to ensure confidentiality and equipped with discreet audio-visual recording systems to prevent children from having to repeat their testimony. Moreover, these premises are accessible for children with disabilities and provide separate waiting areas to ensure that children do not come into contact with alleged perpetrators or other intimidating figures. Additionally, the specialised police officers conducting the interviews do not wear uniforms, and the hearing rooms are free of weapons (Michael & Petridou, 2025).



► **Set-up of the waiting area**

MINIMUM MEASURES	ADVANCED MEASURES
Waiting areas ensure that victims, alleged offenders, and their respective family members have no contact in the buildings used for forensic interviewing.	
There are exclusive waiting areas for children and their families that are not shared with staff and visitors. These separate waiting areas have child-, age-, and family-friendly furnishing and material , such as developmentally appropriate books, colouring pages, and child-sized furniture (Korkman et al., 2017; Russell et al., 2019; Soletto et al., 2022).	
	The waiting area is soundproof. The location and sign-posting is discrete (PROMISE, 2017).
Waiting rooms are close to the interview room, to avoid disorientation and transitions through formal or hostile environments during the forensic interview procedure.	

**GOOD PRACTICE**

In Barnahus **Iceland**, the walls of the waiting area are decorated with drawings by other children, so that child victims can see that other children have been there before them (PROMISE, 2017).

► **Set-up of the forensic interview room and observation room**

MINIMUM MEASURES	ADVANCED MEASURES
Forensic interviews must be conducted in specially adapted rooms that provide a neutral, soundproof, private, and safe environment. While these rooms should not resemble interrogation settings, they should also minimise excessive stimuli, especially features that could encourage fantasy or play. Forensic interview rooms should be painted in warm colours, use soft lighting, and contain child-size furniture. Weapons, uniforms, and other intimidating elements must be absent (NCAC, 2019; Newlin et al., 2015; Poole & Lamb, 1998; Russell et al., 2019; Soletto et al., 2022; Steele, 2020).	The design of all spaces is drawn on evidence-based research design principles from fields like paediatric healthcare architecture. Research has shown that specific elements, such as curved furniture, muted earth tones, natural lighting, and biophilic design, help reduce stress and improve disclosure in child interviews (Ulrich et al., 2008).
To ensure the audiovisual recording and live view of forensic interviews, the interview room is equipped for audio- and videorecording through a high-quality camera and a sound system. The camera is able to move and to focus on the victim, their facial expressions, hand movements, and any other reactions (PROMISE, 2017).	Special attention is paid to sensory aspects such as acoustics (avoiding echo), adjustable lighting (for visual comfort), and temperature.
	The hearing room allows for multiple camera setups to both record the child's and the interviewers' expressions (Baugerud & Johnson, 2017; Russell et al., 2019).

MINIMUM MEASURES	ADVANCED MEASURES
A communication system between the interviewer and the observer is in place – such as a one-way mirror, video link or a signalling system – to allow for the timely exchange of additional questions, without disrupting the interview (Russell et al., 2019). While the use of an earpiece is possible, it may be disruptive for the child and should be used with caution.	

GOOD PRACTICES



In **Romania**, all forensic interview rooms within court facilities are equipped with the necessary technological equipment to allow real-time connection to the courtroom via video-conferencing, as well as the audio-visual recording of the hearings (Ministerul Justiției, 2024).

In **Poland**, the hearing rooms, or so called “blue rooms”, are adapted for conducting forensic interviews with child victims. The interview room is decorated in pastel colours, has soft carpeting, and is furnished for both younger and older children through chairs and tables in different sizes. To ensure the privacy of the child, the door is soundproofed¹¹ (Policja.pl, 2007).

In **Iceland** and **Sweden**, Barnahus centres are co-designed with children and child psychologists. Interview rooms are equipped with adjustable lightning, soft furnishing, and minimal visual distractions.

In Zagreb (**Croatia**), the forensic interview and observation rooms look like this (PROMISE, 2017):



Figure 14: PROMISE. (2017). Barnahus Quality Standards. Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence Council of the Baltic Sea States Secretariat and Child Circle.

5.6. When to perform a forensic interview?

Avoiding undue delay in criminal justice proceedings is a fundamental principle of child-friendly justice, which also requires the timely conduct of forensic interviews (PROMISE, 2017). Research shows that children’s memories may be corrupted by influences of other people, such as questions of family members or pressure from the perpetrator. Additionally, as time passes, the

11 For more information, see <https://www.youtube.com/watch?v=NNogEnxSDEM>.

child's capacity to recall certain memories and the opportunity to collect potential corroborative evidence may diminish with time, as well as the child's willingness to speak (Newlin et al., 2015) (see also Chapter 4). More importantly, caregivers are advised not to talk with the child about the facts before the forensic interviews take place to avoid suggestion. When the forensic interview does not take place in a timely manner, this lack of support jeopardises the recovery of the child, with potential long-term impact on their development.

The above reasons show why forensic interviews should follow as soon as possible after the initial disclosure of violence (APSAC Taskforce, 2023; Newlin et al., 2015). However, the child's best interests should also be considered: children who are overly fatigued, hungry, or frightened may not be capable of testifying immediately (APSAC Taskforce, 2023; Myers, 2005; Newlin et al., 2015; UK Ministry of Justice & National Police Chiefs' Council, 2022). In practice, the main reason for delay is often related to practical and organizational constraints in ensuring the availability of trained professionals and adapted interviewing rooms (Soletto et al., 2025b).

► Timing of the forensic interview

MINIMUM MEASURES	ADVANCED MEASURES
Forensic interviews are conducted as soon as possible and within a maximum of 1 week upon disclosure (see Chapter 4), unless the procedural requirements cannot be guaranteed. The best interests of the child should always be the primary consideration, specifically considering the mental and physical state of the child.	Forensic interviews are conducted within a maximum of 3 days upon disclosure, unless the procedural requirements cannot be guaranteed. However, the best interests of the child should always be the primary consideration, considering the mental and physical state of the child.



GOOD PRACTICE

In **Belgium**, around 850 trained forensic interviewers are part of a forensic interview network (TAM-network) distributed across various police zones. Within those networks, a permanence system is in place to facilitate the prompt execution of forensic interviews: the investigative authority consults the permanence list to schedule an interview based on the availability of interviewers within the network. Because of this system, most forensic interviews take place in a timely manner. However, some interviews still take place weeks after the prosecutor's office is notified (Federale politie, 2022; Vervaeke et al., 2025).

5.7. Recording and reporting of forensic interviews and their use in court

Article 24(1)(a) VRD (European Union, 2012) urges member states to ensure that all interviews with child victims are **audio-visually recorded and may be used as pre-constituted evidence** in criminal proceedings. The main reason for this is that it prevents children from testifying in court, coming into contact with the alleged offender and undergoing repeated questioning, hence limiting secondary victimization of child victims. The recording of a forensic interview also allows several professionals to revisit more accurate accounts of the child, including the exact wording of questions and answers and the nonverbal communication of the child and interviewer, hence improving the evidentiary value of the interview (Faller, 2007). Other reasons why recording these forensic interviews is put forward are related to quality control. The interviewer's knowledge that the interview is being recorded may help ensure that the interview is performed appropriately, that questions are free of bias, and that the rights of the child during

the forensic interview are protected. Moreover, these recordings can be used for feedback, training, and supervision of forensic interviewers.

▶ Recording forensic interviews

MINIMUM MEASURES	ADVANCED MEASURES
Forensic interviews are audio-visually recorded from start to finish (APSAC Taskforce, 2023; Cauchi & Powell, 2009; Lamb et al., 2000; NCAC, 2019). The quality of the recording tools allows the recording to be reproduced and understood in later stages. Audio recording or written statements are used when an audio-visual recording is not possible. However, this practice makes it difficult for judges to acutely discern the credibility of the testimony (APSAC Taskforce, 2023).	
Forensic interviews are transcribed as close as possible to verbatim, including both the interviewers' prompts and the child's responses (Lamb et al., 2000).	Forensic interviews are automatically transcribed verbatim and subsequently reviewed and corrected by the observer or interviewer. Verbatim transcripts of the forensic interview are written by more than one person, to ensure that all questions and answers are written down correctly.
Child interviewees are informed by the interviewer that they will be video-recorded, including the reasons why, how the video will be used, and who will have access to the video (in a child-friendly manner, as proposed in Chapter 6).	
Children are allowed to express any concerns about being recorded. If they refuse to be video-recorded, the interviews are audio-recorded. If they also refuse this, verbatim transcripts are produced by a person other than the interviewer (typically the person in the observation room).	

GOOD PRACTICE

In **Belgium**, forensic interviews are audio-visually recorded. The consent of the child's legal guardians is not required. Children aged 12 and above must provide informed consent (art. 92 Code of Criminal Procedure; Forensic Interview Circular, 5.3.2.1.). For children under the age of 12, it is sufficient to inform the child that the forensic interview will be recorded, and no formal consent is required (art. 92 CCP).



▶ How to record forensic interviews?

MINIMUM MEASURES	ADVANCED MEASURES
Recording systems are tested before the actual interview. Recordings are secure, tamper-proven, and stored in encrypted systems with strict access logs, in full compliance with GDPR and national child protection standards (PROMISE, 2017).	

MINIMUM MEASURES	ADVANCED MEASURES
The recording captures the exchange between the child and the interviewer, including the exact wording of questions and facial expressions (APSAC Taskforce, 2023; Newlin et al., 2015).	
The recordings are uninterrupted, even if the child asks for a break (APSAC Taskforce, 2023). During a break, either the interviewer or the child should stay in the recording room in order to prevent conversations from happening outside the recording room. This prevents any suspicion of influencing the child during unrecorded moments. However, the verbatim transcription only refers to the substantive phase.	



GOOD PRACTICE

In **Belgium**, minimum standards for recording equipment used during forensic interviews are established in the Forensic Interview Circular.

► The use of forensic interview recordings in court

MINIMUM MEASURES	ADVANCED MEASURES
The recorded forensic interview is admissible in court, and children are not re-interviewed in person in court (Korkman et al., 2024; PROMISE, 2017). The procedural or evidentiary value of these recordings are recognised by national legal frameworks.	The victim's wish to be heard in the trial shall be respected.
As a general rule, recordings of forensic interviews are not reproduced during trial. When the recording must be presented in court, partial reproduction is preferred. Any reproduction takes place behind closed doors to preserve the privacy and dignity of the child, even when the child is not physically present. The child's lawyer ensures that the child's rights and interests are protected during any such use of the recording.	



GOOD PRACTICES

In **Cyprus**, recordings of forensic interviews are admissible as evidence in court. If additional testimony is required, the child may testify remotely from the Children's House via an audio-visual link to the court (Law 91(I)2014 on Preventing and Combating Sexual Abuse and Sexual Exploitation of Children and Child Pornography).

In **Spain**, Organic Act 8/2021 establishes that forensic interviews with child victims under the age of 14 may be used as pre-constituted evidence in certain cases of violence against children.

► Storage of forensic interview recordings

MINIMUM MEASURES	ADVANCED MEASURES
There are clear policies regarding what needs to be done with the recording of a forensic interview after the case is closed, e.g. if they should be retained and anonymised for future training purposes or if they must be destroyed as soon as possible.	Forensic interview recordings are transcribed and anonymised for training purposes.

GOOD PRACTICE

In **Belgium**, the Code of Criminal Proceedings and the Forensic Interview Circular require that forensic interview recordings are stored in two copies on non-rewritable data carriers and prohibit the duplication of these materials. The forensic interview framework further specifies who is authorised to view the recordings and where they may be viewed.



5.8. Organizational monitoring and evaluation of forensic interviews

Continuous monitoring and evaluation are essential to ensure the quality and integrity of forensic interviews. This process safeguards children's rights, promotes professional development, and maintains adherence to legal and procedural standards.

MINIMUM MEASURES	ADVANCED MEASURES
Organizational monitoring and evaluation of forensic interviewing of child victims of violence is in place. Indicators include: ► the number of cases of VAC notified to criminal justice authorities, ► the number and proportion of cases of VAC in which a forensic interview is requested, ► the number and proportion of forensic interviews conducted, ► the reasons for conducting or not conducting a forensic interview, ► the socio-demographic characteristics of interviewees, ► the time elapsed between the initial report of VAC to criminal justice authorities, the decision to conduct a forensic interview, and the forensic interview itself, ► the proportion of interviews conducted within recommended timeframes, ► the number of interviews conducted per child (to monitor repeated interviewing), ► the number and proportion of cases in which a forensic interview is used as evidence at trial, ► the number of trained forensic interviewers available.	Additional indicators include: ► the level of adherence to child-friendly and trauma-informed practices by forensic interviewers and the extent to which interviews follow established protocols, ► feedback from children, where appropriate, on their experience of the interview process, ► case outcomes (e.g., prosecution, conviction, dismissal) in relation to the use of forensic interviews.



GOOD PRACTICES

In **Belgium**, the forensic interview unit of the Federal Police collects data on forensic interviews. This data includes the annual number of forensic interviews, disaggregated by factors such as (Federale gerechtelijke politie, 2023):

- The alleged crime leading to a forensic interview,
- Age and gender of the child,
- The language in which the forensic interview was conducted,
- Whether the child is a victim, witness, suspect, or victim and suspect,
- Whether the child has any impairments,
- Whether the child was subject to any previous hearings by care professionals or by the police (forensic interviews or others).

In Linköping (**Sweden**), the Barnahus centre systematically collects data and statistics about the timing and delays of the forensic interviews (PROMISE, 2017).

In **Portugal**, the Polícia Judiciária has established the Sexual Crime Observatory, which analyses relevant statistical data related to the investigation of sexual offences. This includes information concerning forensic interviews, such as the number of forensic interviews conducted, the number of prior interviews, the victim's age and gender, the time elapsed between disclosure or awareness of the offense and the forensic interview, the duration of the interview, and the number and type of participants involved.

6. Measures for a child-friendly and trauma-informed approach through criminal justice proceedings

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6.1. Introduction

This chapter aims to promote the implementation of child-friendly and trauma-informed measures at every stage of criminal justice proceedings. This chapter begins with an outline of the different stages of a child victim's journey through the criminal justice process, followed by an explanation of the structure based on the child-friendly justice framework. Minimum and advanced measures are then presented for each phase of the child's journey, followed by measures addressing training of professionals and multidisciplinary interagency (MDIA) cooperation.

Minimum measures refer to **essential** actions necessary to establish a **basic** child-friendly and trauma-informed criminal justice system. These are fundamental measures enabling the preparation of conditions to install advanced measures. **Advanced measures** represent actions to reach a more full-fledged child-friendly and trauma-informed criminal justice system. While it may not always be feasible to implement these advanced measures in the short term, we do see them as essential long-term goals to be pursued. Some advanced measures build further on minimum measures, while others stand alone.



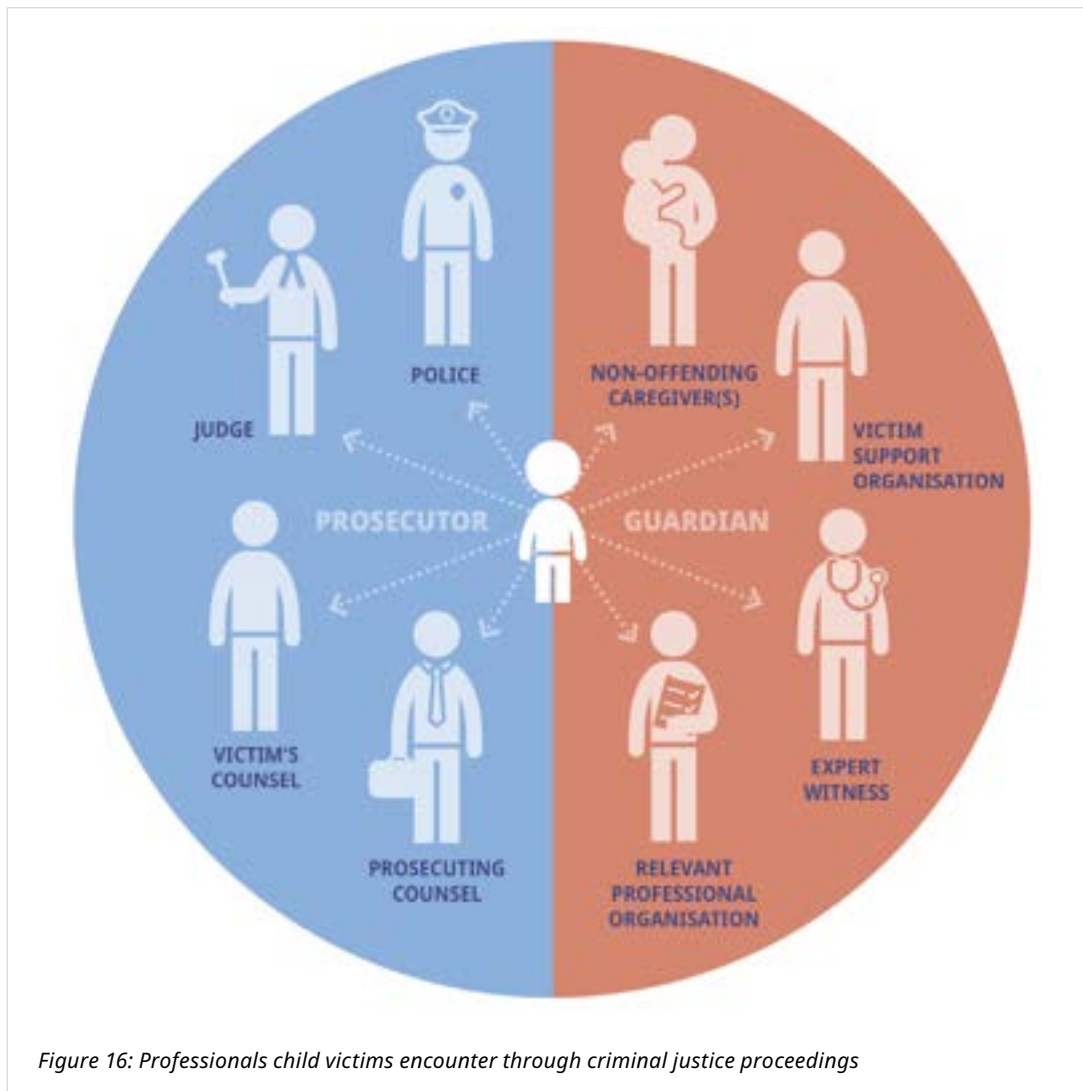
Figure 15: A child victim's journey through criminal justice proceedings

6.1.1. A child victim's journey through criminal justice proceedings

In this chapter, we distinguish different steps in a child victim's journey through criminal justice proceedings, as presented in Figure 15. First, cases of VAC can enter the legal system through various entry points. This can occur through **direct contact with the police**, when a child victim or another individual – such as a legal guardian or eyewitness – files a complaint with the police or when law enforcement authorities intervene directly. Alternatively, **health, care, education, or other professionals may report (suspected) VAC** to the competent legal authority, in accordance with their legal right or obligation to report cases of VAC, after which a criminal justice proceeding process can be started.

Second, the **investigative phase** begins once a case of VAC reaches the investigative authority. This phase involves building the case through investigative actions ordered by the responsible investigative authority and is typically carried out by law enforcement authorities. The goal of this phase is to determine whether a crime has occurred, to gather evidence, and to identify the alleged offender(s) and their responsibility. Investigative activities that require the participation of the child include, among others, forensic interviews and medical and forensic examinations. The investigative phase concludes when the investigative authority decides whether to proceed to trial, dismiss the case, or apply alternative measures (such as mediation).

Last, if a case of VAC goes to court, the **trial and subsequently, the post-trial phase** begins. This includes preparing the child for court participation, conducting the trial, providing compensation and ensuring justice to the victim, sentencing the offender, and enforcing the judgement.



Child victims and witnesses may interact with a variety of professionals throughout criminal justice proceedings, as presented in Figure 16. The different roles and responsibilities of these professionals will become clear in this chapter.



Figure 17: Building blocks of child-friendly and trauma-informed justice

6.1.2. Structure of this chapter

In this chapter, the measures and good practices along the different phases of the child victim's journey are organised according to the key **building blocks of child-friendly and trauma-informed justice** (Figure 17), based on the frameworks on child friendly justice (Chapter 1) and trauma-informed approaches (Chapter 3). The first building block talks about how to ensure children's right to access justice and – once a case reaches the investigative phase – how to ensure the right to an effective remedy. A second building block consists of measures to ensure all actors act within the best interests of the child. As ensuring children's access to justice and ensuring to act within their best interests can only be achieved through **multidisciplinary interagency collaboration** and through the **training of professionals** involved in the criminal justice proceedings, these present the third and fourth building block.

6.2. First contact with the criminal justice system through the police

Police officers are often the first contact between child victims of violence and the criminal justice system. They may have to respond to incidents of domestic violence, encounter child victims during various other interventions, or receive reports of VAC from the victims themselves or others. These first interactions play a crucial role in shaping the child's sense of safety, their feeling of being heard and supported, and can impact the effectiveness of the investigation (Beckett & Warrington, 2015; Liagre & Verleysen, 2016; UNODC, 1999, 2009).

6.2.1. Ensuring children's access to justice

► Ensuring safe and accessible reporting of violence against children

To enter the criminal justice system, child victims and support persons should be offered safe and accessible reporting pathways. The ability to formally report or file a complaint on VAC is crucial to ensure child protection and children's access to justice (EU Agency for Fundamental Rights, 2018). The Domestic Violence Directive imposes that children should at least be able to report violence without the consent of their legal guardians if the latter are involved in the acts of violence (art. 14 DVD).

We propose the following minimum and advanced measures to ensure safe and accessible reporting of violence against children:

MINIMUM MEASURES	ADVANCED MEASURES
All children have the right to file a complaint on their own, regardless of the consent of their legal guardians . Police authorities may not refuse to accept a complaint from a child on the grounds of age (EU Agency for Fundamental Rights, 2017b).	
All children can file a complaint on their own, regardless of their residence status (European Commission, 2020). Police officers should be prohibited from transferring information about the victim's residence status for other purposes than processing the complaint and the subsequent criminal proceedings to any other authority, including migration authorities (Verelst et al., 2021; Victim Support Europe, 2023).	
Online reporting mechanisms are available at a minimum for cybercrimes (art 14 DVD).	Online reporting mechanisms are available for all acts of violence against children (Victim Support Europe, 2023).
	Cases of VAC can be reported without revealing the reporter's identity (anonymous reporting) (Victim Support Europe, 2023).
	Cases of VAC can be reported through third-party reporting : child victims, family members, or witnesses of VAC can inform an appropriately trained and designated third party, usually specialist and community-focused civil society organizations. In turn, these organizations provide information and support to the victim, and report the crime to the police, preventing the victim from coming into direct contact with (untrained) police officers (EU Agency for Fundamental Rights, 2024c).

MINIMUM MEASURES	ADVANCED MEASURES
Children are allowed to be accompanied by a support person of their choice in their first contact with a competent authority (EU Agency for Fundamental Rights, 2017a; UNODC, 2009). Such accompaniment can only be refused if it is contrary to the interests of the child victim, unless that person is a representative of a recognised victim support service (Victim Support Europe, 2023).	
Children and other people can report VAC at the police station or during an intervention.	Children can report VAC at Children's Houses.

GOOD PRACTICES



In **Spain**, children are allowed to file a complaint on their own and the police are obliged to accept such complaints (art. 50 of the Organic Act 8/2021, of 4 June on the comprehensive protection of children and adolescents against violence).

In **Ireland**, despite the absence of a specific legal framework, it is not routine practice for the police to inquire about a person's migration status during their interactions with victims (Verelst et al., 2021).

In **Croatia**, adults and children can report suspicions of sexual VAC online anonymously, decreasing the barrier to report to the police (Republic of Croatia & Ministry of the Interior, 2025; Steering Committee for the Rights of the Child (CDENF), 2022b).

In **Estonia**, children can anonymously report neglect, violence, and other problems or crises by calling or chatting with the Child Help Hotline. Professionals provide counselling and support, may initiate additional measures where necessary, such as contacting child protection services, the police, or Children's Houses.

► The right to information

At their first contact with a competent authority, victims must be promptly informed about available support services, how to access protection measures, how to obtain legal assistance, the contact details for communication about their case, and must also receive a written acknowledgment of their complaint (arts. 4-5 VRD). Moreover, all victims have the right to understand and to be understood (art. 3 VRD). This means that all communication should be provided in plain language that is easy to understand and tailored to the victim's personal characteristics. While the Victims' Rights Directive does not specify how this applies to children, it emphasises that a child-friendly approach should be applied (Art. 1(2) VRD).

We suggest the following minimum and advanced measures for police officers regarding the right to information for child victims of violence:

MINIMUM MEASURES	ADVANCED MEASURES
WHO TO PROVIDE THIS INFORMATION TO? ► When a child is accompanied during first contact with the police At minimum the legal guardian of the child or the person who accompanies the child is informed about the above information. At minimum every child is informed by the police officer about the first contact with the police: name and role of the police officer involved, what will/has happened during this first encounter and what will be done soon. This can be done in the presence of the child's accompanying person.	It does not suffice to only provide information to legal guardians or accompanying adults. Child victims should be directly informed as well. This must be done in a child-friendly manner adopted to their age, maturity, and level of understanding, considering all specific circumstances such as communication difficulties, disabilities, and cultural differences (Artinopoulou et al., 2018; Beckett & Warrington, 2015; Council of Europe, 2011; EU Agency for Fundamental Rights, 2017a; Guerreiro & Sedletzki, 2020). Professionals must consider the child's developmental stages when asking themselves if they are capable of making their own decisions and understanding the consequences of them. Roughly, three age categories can be distinguished, with corresponding guidance for practice: ▪ +/- 0-5 years old: explain who you are, what will happen or has happened today, and what will happen in the coming days. ▪ +/- 6-12 years old: explain who you are, what will happen or has happened today, what will happen in the coming days, and provide information on who they can contact if they could benefit from further help. ▪ +/- older than 12: inform the child about all necessary information mentioned above (arts. 4-5 VRD).
WHO TO PROVIDE THIS INFORMATION TO? ► When a child is alone during first contact with the police: In these cases, it shall be explored whether a legal guardian/accompanying adult can be invited to the police station and be informed. Check whether there is a possible conflict of interest between the child and their legal guardian(s). ▪ If there is no conflict of interest, discuss with the child that you will/must inform their legal guardian(s), depending on national legislation. ▪ If there is a possible conflict of interest between the child and their legal guardian(s), inform the accompanying adult and/or another adult person the child trusts for any immature child, or inform the child directly in case they are vocal and mature. Impose protection measures for the safety of the child before informing their legal guardian(s) in case they are involved in the act of violence (art. 14 Domestic Violence Directive). Refer to relevant services for the appointment of a special representative for the child victim immediately.	

MINIMUM MEASURES	ADVANCED MEASURES
HOW TO PROVIDE THIS INFORMATION? Information is provided at least orally or in writing. If a child is not able to read, written information should be transmitted orally. Information for child victims and their support persons should be provided in a trauma-informed and age-appropriate way, adapted to the child's age, maturity, and other circumstances such as communication needs, disabilities, and cultural background. Check whether they have understood the information, repeat if needed, and ask what other information would be helpful (Artinopoulou et al., 2018; Beckett & Warrington, 2015; Council of Europe, 2011; Davies & Bartels, 2020; Guerreiro & Sedletzki, 2020). Information at the first contact is provided in small amounts and restricted to what is strictly necessary and comprehensible for the child victim and support person, limiting or eliminating the use of technical language (Davies & Bartels, 2020; Victim Support Europe, 2022b).	Information is provided both orally and in writing, with the support of visual aids such as interactive videos, pictograms, brochures, and other communication methods. Written information is easy to read¹² and adapted to the child's age and developmental level, including materials in Braille and in all languages frequently used in the country (Artinopoulou et al., 2018; Council of Europe, 2011).
FOLLOW-UP Within the police, a single point of contact is designated to provide the child and their legal guardian(s) with information about the complaint and further procedural steps. This is especially important when the initial contact occurs during a police intervention. The police officer refers the child victim and/or legal guardian(s) to victim support services to provide complete and tailored information (EU Fundamental Rights Agency, 2019).	The single point of contact is a victim support professional, who ideally also had the initial contact with the child.

GOOD PRACTICE

In **Romania**, some police stations provide brochures and posters presenting available social support services for victims of violence.



12 For standards on easy-to-read information, visit <https://www.inclusion-europe.eu/easy-to-read-standards-guidelines/>. The guidelines are available in English, Czech, German, Estonian, Spanish, French, Croatian, Italian, Latvian, Lithuanian, Hungarian, Polish, Portuguese, Slovenian, Serbian, Albanian and Finnish.

► The right to translation and interpretation

The Victims' Rights Directive states that victims who do not understand or speak the language of the authority they file a complaint with must be able to do so in a language they understand or receive linguistic or sensorial assistance. Victims must also receive a free translated version of the written acknowledgement of their complaint (art.5). For child victims of violence this translates into following measures during their first contact with the police:

MINIMUM MEASURES	ADVANCED MEASURES
Professional interpreters for non-native speakers or people with sensory impairments are available to assist children and their support persons during the first contact with the police on request, free of charge, and according to national procedures.	Professional interpreters for non-native speakers or people with sensory impairments are available 24/7 to assist children and their support persons during the first contact with the police.
These interpreters are trained in child-friendly and trauma-sensitive communication.	
The child victim or accompanying person can make a written statement in their native language.	



GOOD PRACTICES

The **Croatian** government has translated its written information forms provided after a victim's first contact with a competent authority (art. 4 VRD) into the 20 most commonly spoken languages in Croatia (Liagre & Verleysen, 2016).

In **Belgium**, sworn interpreters and translators provide services to judicial and police authorities upon registration in a national register (Law of 10 April 2014), based on proof of legal competency in civil law, criminal law, and police interactions (Universiteit Gent, 2025).

► The right to legal advice and representation by a lawyer in their own name

Child victims have the right to receive legal advice, and to be represented by a lawyer in their own name (art. 24 VRD).

MINIMUM MEASURES	ADVANCED MEASURES
The police shall inform a child and/or the accompanying person about the child's right to legal representation in their own name and free of charge.	
If a child victim and/or the accompanying person requests a lawyer during the first contact with the police, the police actively reach out to lawyers.	The police maintain a list of trained youth lawyers who can be contacted if the child victim and/or the accompanying person requests legal representation.

GOOD PRACTICE

In **Spain**, police, prosecutors, and judges are obliged to inform the child and their legal guardian(s) of their right to legal representation immediately upon becoming aware of a crime against a child. The appointment of a lawyer is requested from the Bar Association, either by the legal guardian(s) of the child or by the investigative authority handling the case. The Bar Association of each province foresees in different specializations of lawyers, such as lawyers for victims in general or lawyers for victims of certain crimes, such as gender-based or sexual violence (art. 50 of the Organic Act 8/2021 on the comprehensive protection of children and adolescents against violence).

6.2.2. Ensuring acting within the best interests of the child

► Performing an individual needs assessment

According to art. 22(4) VRD, child victims are presumed to have specific protection needs due to their heightened vulnerability to secondary and repeat victimization, intimidation, and retaliation. These needs must be determined through an individual assessment, which involves a two-step process of first identifying children's special needs, and second implementing tailored measures (art. 22 VRD). While the Victim's Rights Directive limits this assessment to certain protection needs and measures to prevent secondary victimization, the Domestic Violence Directive extends the scope to include both protection needs against secondary and repeat victimization, as well as support needs (arts. 16-17 DVD). In this guide, we adopt the approach of the DVD by addressing both protection measures and support measures.

A comprehensive assessment should differentiate between identifying **immediate** protection and support needs and **longer-term** needs such as trauma-focused therapy, sustained psychosocial care, or ongoing protective measures (Guerreiro & Sedletzki, 2020; Monteiro, 2022). With regard to the first contact with the police, the main focus will be an **assessment of immediate protection and support needs**¹³.

(a) Identifying children's special needs

As to the initial identification of immediate protection and support needs, we propose the following measures:

MINIMUM MEASURES	ADVANCED MEASURES
The police carry out an initial assessment of the victims' needs as soon as possible after the complaint is filed or after an intervention, and no later than 48 hours thereafter (Guerreiro & Sedletzki, 2020).	The assessment of the child's individual needs is performed by a multidisciplinary team, by preference in Children's Houses. This assessment is supervised by the child's lawyer to ensure adherence to the necessary protection measures.
The initial assessment is focused on the identification of immediate needs of the child with regard to physical safety and health, including basic needs such as food, shelter, and medical care (Guerreiro & Sedletzki, 2020).	The initial needs assessment is conducted using a standardised and validated method (Guerreiro & Sedletzki, 2020).

¹³ After this initial urgent assessment of immediate needs, a more comprehensive needs assessment will follow in the subsequent stages of the criminal justice process.

MINIMUM MEASURES	ADVANCED MEASURES
This assessment is performed in a child-friendly and trauma-informed manner: the child participates according to their level of understanding (Council of Europe, 2023c). Children are at least informed about what immediate protection measures will be implemented and why (Beckett & Warrington, 2015; Crest Advisory, 2023; Guerreiro & Sedletzki, 2020; Monteiro, 2022).	
The assessment of immediate protection and support needs is carried out by a police officer.	The assessment of immediate protection and support needs is carried out by a specifically trained police officer, or a multidisciplinary team.



GOOD PRACTICES

In **France**, police officers or social workers at the police station carry out an initial assessment of the child victim's needs as soon as they receive a complaint. Such assessment takes into account, among other things, the vulnerability of the victim, the existence or risk of intimidation and retaliation, the relationship between the offender and the victim, and whether the child victim receives any support (Infovictims, 2025; Le ministre de l'Intérieur et al., 2021; Victim Support Europe et al., 2019).

In **Ireland**, members of the police (*An Garda Síochána*) notify the Child and Family Agency (*Tusla*) in cases of (suspected) violence against children. The assigned social worker reviews the referral within 24 hours, and the first consideration is the immediate safety of the child. Within five working days of the referral, the social worker will also assess whether a social work intervention is required. If such intervention is required, the social worker undertakes an initial safety assessment within 40 working days. The outcome of such assessment may be, for example, that no further action is required, a child protection notification, referral to another agency for support, the provision of information and advice, admission to care, or a further assessment (Children First et al., 2018).

(b) Responding to individual protection needs against repeat victimization

The Victims' Right Directive underscores that victims must be protected from repeat victimization, intimidation, and retaliation, including against the risk of physical, emotional, or psychological harm (art.18 VRD). Based on the identification of child victims' needs, the police must implement certain protection measures to protect the child from further harm.

We suggest following minimum and advanced protection measures against repeat victimization:

MINIMUM MEASURES	ADVANCED MEASURES
Immediate crisis interventions should be implemented by the police, based on a prompt assessment of protection needs. Such police protection measures may include: ▶ Removing the child from their home and arranging a safe place to stay, ▶ bringing the child to a hospital or doctor, ▶ arranging a medical examination, ▶ ensuring that the child has access to food and water.	

MINIMUM MEASURES	ADVANCED MEASURES
The police urgently refer the case to the investigative authority to ensure other protection measures, such as arranging the placement of the child.	

GOOD PRACTICES



In **Italy**, police and social services can take immediate action to protect a child in danger, without prior court approval. These urgent measures may include ensuring the child's safety by moving them out of the harmful environment and placing them in a safe setting, such as with a foster family, in a community facility, or with a supportive relative. They can also provide immediate medical and psychological care and record important details, such as the living conditions at home. Such interventions must be reported to the juvenile prosecutor within 24 hours. Within the following 48 hours, the juvenile court must either confirm or overturn the measures (art. 403 Civil Code).

In **Ireland**, children may be moved to a safe place if a police officer has reasonable grounds to believe that there is an immediate and serious risk to the health or welfare of the child, but only where it would not be sufficient for the protection of that child to await making an application for an emergency care order by the Child and Family Agency (Children First et al., 2018).

(c) Responding to individual support needs

Under article 3 VRD, every victim has the right to be accompanied by a person of their choice during the first contact with the police. Furthermore, articles 8 and 9 VRD and articles 25-31 DVD establish that victims are entitled to access both general and specialist support services free of charge. Such support services offer emotional and psychological support, as well as legal advice, practical aid, and information. Victim support services are an essential link between victims and the criminal justice system (EU Fundamental Rights Agency, 2019).

For child victims of violence, this translates into the following measures during the first contact with the police:

MINIMUM MEASURES	ADVANCED MEASURES
Every child victim has the right to be accompanied by a support person of their choice during their involvement in the justice process (UNODC, 2009). Such accompaniment can only be refused if contrary to the interests of the child victim, unless that person is a representative of a recognised victim support service (Victim Support Europe, 2023).	Every child victim can be accompanied by a specialised victim support professional if they request so. This accompaniment cannot be refused (Victim Support Europe, 2023).
During the first contact with the child victim, the police assess whether there is a possible conflict of interest between the child victim and their legal guardian(s). They transfer such information to the competent authority who will subsequently take a decision on the appointment of a special representative.	In case of a conflict of interest, it is crucial to ensure that the child has legal representation by a lawyer in their own name.

MINIMUM MEASURES	ADVANCED MEASURES
Each police station maintains a list of social, medical, psychological, therapeutic, and educational support services to which child victims may be referred, based on their identified support needs. Standardised referral mechanisms are in place and are used following a complaint or police intervention. Referral to victim support services and specialised services must be carried out proactively: ▶ Police officers systematically inform child victims and accompanying persons about available general and specialist support services, including their roles and contact details. This information is provided both orally and in writing. ▶ Police officers offer active referral to victim support and specialised services by asking child victims and non-offending legal guardians whether they consent to be contacted by a victim support service or specialised service. When consent is given, the police share the necessary information with the relevant service as soon as possible - within 48 hours or immediately in case of emergency (EU Fundamental Rights Agency, 2019; Liagre & Verleysen, 2016). Police officers directly refer child victims of domestic violence to specialised services. For child victims of recent sexual violence priority is given to immediate referral for medical, psychosocial and forensic care and examinations.	Preferably, police officers automatically refer cases of VAC to victim support and specialised services, unless the child or their non-offending legal guardian(s) actively refuse this (opt-out).



GOOD PRACTICES

In **Belgium**, Circular GPI 58 on police victim support emphasises the prioritization of medical and practical support, such as taking victims to the hospital or contacting their family doctor, notifying a trusted person, or arranging transport. Moreover, police officers are legally obliged to inform child victims and their legal guardian(s) on the available care and victim support services, and to offer active referral for such support (art. 17 Wet 28 maart 2024 houdende goedkeuring van het Samenwerkingsakkoord tussen de Federale Staat en de Vlaamse gemeenschap inzake slachtofferzorg).

In certain cases, police officers are required to directly refer child victims to specialised care services, before any statement is taken. For instance, when child sexual violence has occurred within the past 7 days, the child must be referred and accompanied to a Sexual Assault Care Centre (SACC), ideally by police officers in civil clothes (i.e. not in uniform) and using an unmarked vehicle (Keygnaert, Baert, et al., 2021). Cases of domestic violence against children, including sexual violence that occurred more than 7 days ago, are referred to Confidential Centres on child abuse and neglect (CC) (Circular GPI 58).

In **Belgium**, the *Handle With Care* partnership ensures that the police notify a child's school following a police intervention related to domestic violence. The police transmit only the code "Handle With Care" together with the name of the child, without disclosing further details. This enables the school to provide timely and appropriate support (Handle With Care, 2026; Van Hoorde et al., 2023).

In **Austria**, victims of certain crimes – particularly those affected by violence, dangerous threats, sexual abuse, or minors – are entitled to free procedural assistance throughout criminal proceedings. This assistance consists of both legal assistance by a qualified

lawyer and psychosocial support by a trained counsellor who prepares and accompanies the victim before and during court hearings (Section 66b Austrian Code of Criminal Procedure 1975/631).

► Ensuring a child-friendly and trauma-informed environment

A child-friendly and trauma-informed environment must be ensured at police stations. This refers to both a **child-friendly and trauma-informed approach** by the involved professionals (a), as well as to the **physical environment** (b) to promote child victims' and witnesses' emotional safety and to prevent secondary victimization (Bulling & Hickie, 2023; Council of Europe, 2023b; SAMHSA, 2023; Soleto et al., 2022).

ACCORDING TO CHILDREN, PROFESSIONALS WITH CHILD-FRIENDLY BEHAVIOUR:

- ✓ Smile and are friendly, polite, cheerful, empathetic and attentive;
- ✓ Take children and their situation seriously;
- ✓ Adjust their approach and language to children's age, rather than treating them like adults;
- ✓ Speak clearly enough that children can hear them properly;
- ✓ Listen carefully;
- ✓ Have an informal attitude and create a relaxed atmosphere;
- ✓ Engage in "small talk" to make children feel at ease;
- ✓ Are calm, patient, and do not raise their voices at children or rush them;
- ✓ Avoid wearing uniforms or official wigs and robes;
- ✓ Have experience and training in working with children;
- ✓ Are genuinely interested, engage children and are available and can be contacted at any time during the proceedings

Figure 18: Children's suggestions on child-friendly behaviour (EU Agency for Fundamental Rights, 2017)

(a) Child-friendly and trauma-informed approach

The Victims' Right Directive underscores that victims must be protected from secondary victimization (art. 18 VRD), and the Domestic Violence Directive promotes that victims are treated in a trauma-, gender-, disability-, and child-sensitive manner (art. 21). As the police are often the first contact with the criminal justice system, they play a crucial role in fostering the child's trust and emotional safety in the justice system.

This translates in the following measures for a trauma-informed and child-friendly approach when child victims encounter the police:

MINIMUM MEASURES	ADVANCED MEASURES
IN CASE OF A REPORT ON VAC: The police officer welcomes the child victim and the accompanying person in a trauma-informed manner, showing empathy and recognizing the child victim (see Chapter 3). Police officers without training on forensic interviewing only carefully listen to the child's or the accompanying person's initial statement of the violence in the hearing room. They do not ask substantive questions about the facts, avoiding suggestiveness. If the child is accompanied, that person is heard in the hearing room while the child is taken care of somewhere else by a dedicated professional.	Every child victim and witness is received by a specialised victim support professional. It is possible to schedule the first appointment with the police to ensure this.
IN CASE OF AN INTERVENTION BY THE POLICE: When responding to cases of domestic violence at home, police must consider whether children may be present and plan their intervention accordingly. Where possible, interventions are scheduled during school hours. If this is not feasible, police officers should take the child's presence into account and ensure that a designated officer is responsible for attending specifically to the child.	

Other examples of child-friendly behaviour by professionals are presented in Figure 18:



GOOD PRACTICES

The **Italian** government, in cooperation with the National Authority for Children and Adolescents, has issued operational guidelines for law enforcement professionals, in line with the best interests of the child. The document sets out standards to prevent secondary victimization with a focus on respect, protection, and institutional coordination. Practical recommendations include ensuring access to legal representation or guardianship for unaccompanied children, speaking clearly and gently, avoiding intimidating or leading questions, offering reassurance, allowing breaks when needed, refraining from pressing for details, and using simple language (Ministero Dell'Interno, 2014).

In **Belgium**, participants in the CHILD capacity building sessions gave following examples of trauma sensitive approaches that frontline police officers can use:

- Carrying a small doll or teddy bear during interventions. This can be offered to comfort a child in distress.
- Providing children with choices when they need to be transported in a police vehicle. For instance, adolescents could be allowed to choose the music played during the ride.
- Reducing stress during police transport by allowing the child to explore the vehicle briefly beforehand—such as letting them sit in the front seat—before the journey begins.
- Communicating at the child's physical level by crouching or sitting so the interaction feels less intimidating.

(b) Child-friendly and trauma-informed physical environment

We suggest the following minimum and advanced measures for a trauma-informed and child-friendly physical police environment, related to the accessibility of the police building and the set-up of the waiting area and hearing room:

ACCESSIBILITY OF THE POLICE BUILDING

MINIMUM MEASURES	ADVANCED MEASURES
Police buildings are accessible by public transportation.	
Alternative locations are available if the police building is not accessible to the child.	Police buildings are accessible for children with special needs e.g. ramps, sensory-friendly material, and braille signage (Soleto et al., 2022).
The exterior areas of police buildings are well-lit.	
	There are separate entrances for (child) victims and their families (Turman & Poyer, 1998). However, these entrances are discrete, and for example do not have any signs that show or tell that they are for victims of violence.

SET-UP OF THE WAITING AREA

MINIMUM MEASURES	ADVANCED MEASURES
There are separate waiting rooms at police stations for victims and alleged offenders to prevent contact between them.	There are separate waiting rooms at police stations for child victims. There are separate toilet facilities at all police buildings to prevent contact with the alleged offender and their family members (Victim Support Europe, 2022a).
The general waiting area has a neutral and welcoming design, with a child-friendly play corner ¹⁴ .	There is a separate waiting area for child victims and their families, with child-, age-, and family-friendly furnishings and materials.

GOOD PRACTICE

In **Belgium**, Circular GPI58 on police victim support declares that each victim should, to the extent possible, be received in a separate and private room, with sufficient intimacy and discretion, particularly for victims of physical or sexual violence.



14 For example, the waiting room has a small table with small chairs, coloring books, and a puzzle.

SET-UP OF THE HEARING ROOM

We propose the following minimum and advanced measures for obtaining the initial statement from the accompanying person and/or child, which should not be considered a forensic interview¹⁵:

MINIMUM MEASURES	ADVANCED MEASURES
There is a private and soundproof hearing room for victims, ensuring their privacy and sense of safety. The hearing room is free of weapons.	There is a child-friendly hearing room for child victims, equipped with child-friendly furnishing and materials. The hearing room has natural light and biophilic elements, and is equipped with modular, adjustable furniture with preferably round edges. Child- and trauma-informed environments are co-designed with children, child psychologists, and children and adults with lived experiences of VAC, through an evidence-based approach in order to provide a comforting environment for all children regardless of age.
There is access to water.	There is access to food and beverages.
	Police officers in the hearing area do not wear uniforms.

► Ensuring the protection of privacy

Appropriate measures to protect victims' right to privacy must be taken. The personal characteristics of the victim and their family must be considered in the individual needs assessments. In the case of a child victim, the competent authorities must take all lawful measures to prevent public dissemination of any information that could lead to the identification of a child victim (art. 21 VRD).

MINIMUM MEASURES	ADVANCED MEASURES
Police officers abide by the rules of confidentiality and refrain from disclosing information to anyone without prior authorization or legal basis.	
Police officers strictly follow personal data processing rules as provided in the Directive 2016/680/EU ¹⁶ and national implementing provisions.	
The public disclosure of the identity of child victims of violence is criminalised, and neither the child nor their legal guardian(s) can give permission for such disclosure.	

¹⁵ For minimum and advanced measures regarding the forensic interview room, see Chapter 5.

¹⁶ Directive (EU) 2016/680 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data by competent authorities for the purposes of the prevention, investigation, detection or prosecution of criminal offenses or the execution of criminal penalties, and the free movement of such data, and repealing Council Framework Decision 2008/977/JHA.

6.3. First contact with the criminal justice system through health, welfare, and other professionals outside of the legal system

In many cases, child victims of violence, their legal guardian(s), or other persons do not report VAC directly to the police. Instead, they may contact professionals outside the justice system first – such as those working in health care or social services – who can discuss the option of reporting to the police and facilitate this process if the child or their legal guardian(s) wishes so. Alternatively, child protection and other professionals may themselves report suspected or known cases of VAC, without the consent of the child or legal guardian(s). National legislation often obliges or permits professionals to notify the competent criminal justice authority in case of suspected violence against children (Steering Committee for the Rights of the Child (CDENF), 2022b).

Non-judicial professionals thus often act as a critical bridge between the child and the justice system. This subchapter is therefore limited to examining the role of health, welfare, and other non-judicial professionals in relation to cases of violence against children that will or have entered the criminal justice system. This subchapter does not address their broader functions in preventing violence against children or supporting victims of violence. Hence, this section only addresses the professionals' obligation or right to report VAC and child victims' right to information and support.

6.3.1. Ensuring children's access to justice

► Ensuring safe and accessible reporting of violence against children for professionals

The Convention on the Rights of the Child requires member states to adopt measures that protect children from violence, including the establishment of effective procedures for reporting VAC to judicial authorities (art. 19 CRC). According to the Domestic Violence Directive and Directive 2011/93/EU, professionals subject to confidentiality obligations must be able to report domestic and sexual violence against children when they have reasonable grounds to believe that serious physical harm will be inflicted or has been inflicted on the child (art. 14 DVD) or that a child is victim of sexual abuse (art. 16(1) Directive 2011/93/EU).

MINIMUM MEASURES	ADVANCED MEASURES
National legislation exempts professionals subject to confidentiality obligations from disciplinary, civil, and criminal liability when reporting VAC in good faith (Council of Europe, 2023d; Steering Committee for the Rights of the Child (CDENF), 2022a, 2022b).	
Professionals subject to confidentiality obligations have clear reporting codes for concerns or suspicions of violence against children (Council of Europe, 2023d; Steering Committee for the Rights of the Child (CDENF), 2022a, 2022b).	
Professionals may report cases of VAC anonymously (Steering Committee for the Rights of the Child (CDENF), 2022b).	

MINIMUM MEASURES	ADVANCED MEASURES
Organisations in the health, welfare, and related sectors have internal procedures or codes of conduct in place to guide the escalation of suspicions of violence and support reporting to competent authorities, for example through designated contact persons and clear communication and referral protocols.	



GOOD PRACTICES

In **the Netherlands**, all organizations working with children and adults must implement a reporting code to guide professionals in responding effectively to suspected cases of domestic violence. The reporting code does not impose a reporting obligation, but obliges professionals to follow the steps of this code. In short, these steps are the following (Ministerie van Veiligheid en Justitie & Ministerie van Volksgezondheid, 2017):

- (1) Identification and documentation of signs that both support and refute concerns about domestic violence.
- (2) Consultation with an expert colleague or child protection service for advice.
- (3) Discussion of the concerns with the child and their legal guardian(s).
- (4) Assessment of the nature and severity of the situation based on the previous steps. If adequate protection of the child can be ensured, appropriate support should be organised. If the situation is acutely or structurally unsafe, the case must be reported to the child protection service.

In **Ireland**, social workers of the Child and Family Agency (*Tusla*) must formally notify the police (*An Garda Síochána*) without delay when they suspect that a child has been or is being physically or sexually abused or willfully neglected. In cases of doubt, the social worker will informally consult with *An Garda Síochána* to decide whether a notification is appropriate (Children First et al., 2018).

In **Belgium**, professionals bound to professional secrecy may report suspicions of VAC to the public prosecutor, to the police, or to child protection services under certain conditions. Extra-judicial support and care is always prioritised, and reporting to the legal authorities is seen as a last resort, especially in cases of domestic violence (Herbots et al., 2019; Versweyvelt & Put, 2018; Vervaet et al., 2025).

► The right to information

Articles 4-5 VRD on the right to information also apply to healthcare or other non-judicial professionals with a mandate to report VAC, as the first contact authority is interpreted broader than law enforcement (Victim Support Europe, 2022b). Specific minimum and advanced measures are proposed for non-judicial professionals. In some cases, these measures emphasise informing victims and legal guardians of their option to report to the police, while in others they require informing children and legal guardians about the professionals' obligation or mandate to report VAC to the authorities.

MINIMUM MEASURES	ADVANCED MEASURES
Professionals inform the child victim/legal guardian(s) orally about their right to report to the police, the practicalities of reporting to the police, including a discussion on the advantages and challenges of reporting to the police.	The information is provided to the child/legal guardian(s) orally and in writing, and through different means, such as leaflets and videos.
Professionals inform the child/legal guardian(s) about the professionals' own legal obligation or right to report the case to the competent authority and the reasons why they chose to report.	
	Child protection services and other non-judicial actors provide child-friendly information on their online platforms on the nature of violence against children, how to file a complaint, available support services, the rights of child victims, and the course of criminal investigations.

GOOD PRACTICES

In **Belgium**, the Sexual Assault Care Centres provide information about the possibility to file a complaint to the police to all victims, including children and their legal guardians. The forensic nurse discusses the advantages and disadvantages of filing a complaint, and the choice to report is left with the child and their legal guardian(s). When a child and/or their caretaker are willing to file a complaint, the forensic nurse calls the trained police inspectors to take a first complaint from the legal guardian or other accompanying person in a dedicated room reserved for the police. When victims do not wish to report to the police, but there is an acute and imminent danger, professionals can still decide to notify the VAC to relevant authorities (Baert & Keygnaert, 2019).

In **Cyprus**, Children's Houses' staff use a board game to inform children about court proceedings and to prepare them for their own participation (Council of Europe, 2023a).



6.3.2. Ensuring acting within the best interests of the child

► Performing an individual needs assessment

Health, welfare, and other non-judicial professionals are better placed than the police to provide an in-depth assessment of the child's individual needs, going beyond the initial evaluation of immediate protection needs. They bring valuable expertise, for example in child health and well-being, and may already have an established relationship with the child and their family, providing insights into their individual needs. The following minimum and advanced measures should therefore apply to ensure protection and support of child victims when non-judicial professionals report cases of VAC:

MINIMUM MEASURES	ADVANCED MEASURES
National legislation allows non-judicial professionals to share relevant information about the child's needs with investigative authorities.	
Support provided by non-judicial professionals before the case entered the legal system continues throughout the criminal proceedings if needed.	

MINIMUM MEASURES	ADVANCED MEASURES
Child victims can access care and victim support services independently of the consent of their legal guardians in case of a conflict of interest.	Child victims can access care and victim support services independently of the consent of their legal guardians.



GOOD PRACTICES

In **Austria**, free of charge psycho-social support, legal counselling, and representation is available to child victims of crime throughout all stages of criminal proceedings and starting even before reporting to the police. The support professionals work in close consultation with the child's lawyer and support the child in their participation in the proceedings, e.g. by accompanying the child to police interviews. They also provide child-friendly information to child victims and to non-offending legal guardians and other relevant family members (Council of Europe, 2023a) (Austrian Code of Criminal Procedure).

In the Children's House in Bucharest (**Romania**), the case prosecutor may order a social, psychological, and medical assessment of the needs of child victims of violence. Such assessment is carried out by a multidisciplinary team and sent to the prosecutor. If the child requires a more complex medical examination, a specialised medical unit is consulted. If the needs assessment is relevant to the case, the prosecutor sends it to the court (Muresan et al., 2025).

In **Belgium**, Family Justice Centres bring together professionals from police, justice, and social services to provide a coordinated response to families facing a high risk of recurrent domestic violence. Although these professionals are bound by professional secrecy, the Decree of 29 March 2024 provides the legal basis for them to exchange relevant information and to develop a coordinated approach to support the entire family (Decreet 29 maart 2024 tot oprichting en regeling van de Veilige Huizen).

6.4. Investigative phase

The investigative phase covers all investigative actions mandated by the competent investigative authority and is generally carried out by the police. This phase primarily involves the collection of evidence and concludes with the investigative authority's decision on whether to proceed with the case. While forensic interviews are conducted during this phase as a means of gathering evidence, this topic is discussed separately in Chapter 5.

6.4.1. Ensuring children's right to an effective remedy

► The right to information

Victims must be informed without undue delay of their procedural rights, such as the right to be heard, to provide evidence, or to receive updates on the progress of the criminal investigation. This includes decisions not to prosecute or to close the investigation, the release or escape of the alleged offender, and any protective measures adopted for the victim's safety. Victims may decide whether they wish to receive such information and may change their preference at any time (art. 6 VRD). For child victims of violence, this translates into the following measures in the investigative phase:

MINIMUM MEASURES	ADVANCED MEASURES
WHO TO PROVIDE THIS INFORMATION TO? The same measures apply as in 6.2.1. Information is at least given to the legal guardian(s) of the child, or to a special representative in case of a conflict of interest between the child and their legal guardian(s). Every child is at least informed about the outcome of the investigative phase and the reasons for dismissal of the case.	See 6.2.1.
HOW TO PROVIDE THIS INFORMATION? The same measures apply as in 6.2.1. The investigative authority makes sure that the child and their legal guardian(s) are actively informed about the state of the investigation if they wish so (Artinopoulou et al., 2018; Council of Europe, 2011).	See 6.2.1. The investigative authority informs the child and their legal guardian(s) about the state of the investigation at certain intervals, even if there is no new information. Information about the decision not to prosecute or about the release or escape from detention of the person in custody is provided to victims orally or in person, and always accompanied with information on available support services (Victim Support Europe, 2022b, 2023).
FOLLOW-UP The same measures apply as in 6.2.1.	There are safe and accessible online platforms available to provide information and updates about the case to child victims and their support persons (Victim Support Europe, 2023). The single point of contact is preferably a court-based victim support professional that received training on child-friendly justice and communication (UNODC, 2009).

GOOD PRACTICES



In the **UK**, victims can log on to an application called 'Track my crime' to follow what has happened in their case (Liagre & Verleysen, 2016). Moreover, child victims must be informed within one working day of significant changes to an investigation, such as a suspect being arrested or released or the investigative authority deciding not to prosecute (Beckett & Warrington, 2015).

In **Sweden**, all victims whose case is dismissed automatically receive a letter explaining the reasons why. In situations of serious crimes, or when there is an identified risk to the victim, they are referred to the police's victim support service, who contact the victim on the phone to provide information (Victim Support Europe, 2022b).

In **Belgium**, court-based victim support services provide free information and support to victims (or the legal guardians of child victims) throughout judicial proceedings. Victims can contact these services on their own initiative, and in some cases, magistrates are obliged to summon these services (Wet 28 maart 2024 houdende goedkeuring van het Samenwerkingsakkoord tussen de Federale Staat en de Vlaamse gemeenschap inzake slachtofferzorg).

► The right to translation and interpretation

According to article 7 of the Victims' Rights Directive, victims have the right to free interpretation during interviews or questioning of the victim before investigative and judicial authorities. Moreover, they have the right to free translation of information essential to exercise their rights in criminal proceedings. Translations shall at least include any decision ending the criminal proceedings and (upon request) the reasons or a brief summary of reasons for such decision and the time and place of the trial.

For child victims of violence, the same measures as during the first contact with the police (6.2.1.) should be implemented during the investigative phase, as well as the following specific measures:

MINIMUM MEASURES	ADVANCED MEASURES
Professional interpretation for linguistic aspects and sensory impairments is available during all investigative hearings and testimonies. Professional translation is available for all essential information.	To ensure the effective delivery of child-friendly communication, only registered interpreters with specialist training on child-friendly communication and trauma-informed practices assist child victims (Victim Support Europe, 2022b).
For non-essential information, unofficial interpretation and translation is available, for example by a native speaker or using technological tools (Victim Support Europe, 2022b, 2023).	

► The right to be heard

Victims have the right to be heard during criminal proceedings and may provide evidence (art. 10 Victims' Rights Directive). Child victims of violence should be heard through special means, and more specifically through audio-visually recorded forensic interviews (see Chapter 5). However, the child's right to be heard extends beyond testifying through forensic interviewing. It also relates to being heard regarding procedural safeguards and assistance during criminal proceedings (O'Donnell, 2020). If interviews other than forensic interviews during the investigative phase do occur, the following minimum and advanced measures must be taken into account:

MINIMUM MEASURES	ADVANCED MEASURES
Whenever a child takes the initiative to be heard in a case that affects them, the investigative authority cannot refuse this and should hear the child without undue delay (Council of Europe, 2011).	
The child's participation shall be adapted to their circumstances and needs, giving priority to the forms of communication that are most appropriate (Council of Europe, 2011). For example, a drawing can be useful when the child does not want to talk.	



GOOD PRACTICE

In the Barnahus Centre in **Iceland**, the views of children on child protection interventions are asked during interagency meetings. Interventions move at a child's pace and additional sessions are planned if the child is feeling left out. A single point of contact is appointed to ensure that the child is informed at all times (Hill et al., 2021).

► The right to legal advice and representation by a lawyer in their own name

Child victims have the right to receive legal advice, and to be represented by a lawyer in their own name (art. 24 VRD).

MINIMUM MEASURES	ADVANCED MEASURES
If the child victim does not have a lawyer yet, the investigative authorities inform the child and their legal guardian(s) about the child's right to free legal representation.	If the child victim and/or their legal guardian(s) do not have a lawyer yet, the investigative authorities appoint a lawyer. This is preferably a trained youth lawyer.

GOOD PRACTICE

In **Romania**, free legal aid is mandatory when the injured person is a person without legal capacity (child under 14) or with restricted legal capacity (child between 14 and 18) (Law 135/2010, art. 93(4)). It is provided ex officio and does not have to be requested. The judicial body notifies the Bar Association by telephone in order to appoint a public defender to provide legal assistance to the child victim.



6.4.2. Ensuring acting within the best interests of the child

► Preventing undue delay

Lengthy criminal justice proceedings can have a severe impact on victims' personal and professional lives, as well as on their mental health. Delays undermine victims' sense of control and erode their confidence in the criminal justice system (Burman & Brooks-Hay, 2021; Clemente & Padilla-Racero, 2020). Avoiding undue delay is particularly important for child victims, whose perception of time differs from that of adults, which is why it is a fundamental principle of child-friendly justice (Council of Europe, 2011). The following basic and advanced measures are proposed during the investigative phase:

MINIMUM MEASURES	ADVANCED MEASURES
Undue delay is avoided in all proceedings involving child victims and witnesses of violence, by treating such cases as urgent (Council of Europe, 2009, 2011; CRIN, 2016; European Commission, 2015; UNODC, 2009).	National legislation defines time limits in which the court or legal professionals must act in cases of violence against children. Accessible complaint mechanisms in case of failure to respect these deadlines are in place.

► Performing an individual needs assessment

After the initial protection and support assessment by the police, a more **comprehensive assessment of short- and long-term individual protection and support needs** must be done during the investigative phase. This assessment aims to guarantee the victim's appropriate involvement throughout the proceedings, while prioritizing their well-being (Guerreiro & Sedletzki, 2020; Monteiro, 2022).

(a) Identifying children's special needs

MINIMUM MEASURES	ADVANCED MEASURES
A comprehensive protection and support needs assessment follows a structured and empirically tested protocol.	
A comprehensive individual protection and support needs assessment of the child is carried out within one month after the report is referred to the investigative authority (Guerreiro & Sedletzki, 2020).	Comprehensive protection and support needs assessments are reconvened at pre-set intervals and after key events, such as a school transfer or emergent risk factors.
Comprehensive protection and support needs assessments are performed by the investigative authority in charge of the case.	Comprehensive protection and support needs assessment are ordered by the investigative authority and carried out by a professional trained in child protection and support.
The comprehensive protection and support needs assessment incorporates information provided by the police, involved non-judicial professionals, and the child's support network.	
The comprehensive protection and support needs assessment reviews the initial needs assessment carried out by the police (Guerreiro & Sedletzki, 2020).	
The comprehensive protection and support needs assessment also considers the child's legal, psychological, social, emotional, physical, and cognitive needs and well-being, as well as the needs of the child's support network (Beckett & Warrington, 2015; Crest Advisory, 2023; Guerreiro & Sedletzki, 2020; Monteiro, 2022).	
This comprehensive protection and support needs assessment is performed in a child-friendly and trauma-informed manner (see 6.2.2.).	

**GOOD PRACTICE**

In **France**, the police submit their initial assessment of the child's needs (see 6.2.2.) to the investigative authorities. The investigative authority then reviews this assessment and decides whether to appoint a victim support service and/or a forensic medical unit to conduct an in-dept evaluation, including, if necessary, a psychological assessment (art. 41 Code of Criminal Procedure). The victim support service subsequently provides its opinion to the investigative authority, which may order protective measures. These in-dept assessments are conducted as soon as possible after victim's hearing, using standardised forms and questionnaires that are adopted locally, in consultation with the care sector and local partners (Infovictims, 2025; Le ministre de l'Intérieur et al., 2021; Victim Support Europe et al., 2019).

(b) Responding to individual protection needs against repeat victimization

Child victims must be protected from revictimization, including the risk of physical, emotional, or psychological harm (art. 18 VRD). Based on the individual assessment of needs, the following minimum and advanced measures must be in place during the investigative phase:

MINIMUM MEASURES	ADVANCED MEASURES
Investigative authorities must take provisional decisions (Council of Europe, 2011) to protect child victims based on their individual protection needs. Protection measures include among others the following (Holder et al., 2014): ▶ Placing a child in emergency protective custody if the child is likely to experience repeated domestic violence, such as in residential care, a foster family, or a shelter. ▶ Issuing a provisional barring, restraining, or protection order to protect the child against further violence. This includes imposing a series of conditions on perpetrators, such as prohibiting them from visiting certain places or areas and restricting their contact with the child victim. ▶ In case of immediate danger, the investigative authority can temporarily withdraw the parental authority of the alleged offender.	When children must be moved from their home, they are placed in community-based care, such as foster care or kinship care as alternatives to residential child protection facilities (<i>deinstitutionalization</i>) (EU Agency for Fundamental Rights, 2025; UNODC, 2009). Children should – whenever possible – be placed with other family members, particularly with a non-violent holder of parental responsibility and after their views have been heard, considering their age and maturity.
	Whenever a criminal investigation is initiated, a parallel child welfare investigation is also ordered, with a full focus on the best interests of the child.

GOOD PRACTICE

In **Belgium**, the public prosecutor may issue a temporary order prohibiting an adult from visiting the home where the child victim lives, which may include a restraining order (*Wet van 15 mei 2012 betreffende het tijdelijk huisverbod in geval van huiselijk geweld*).

**(c) Responding to individual support needs**

Victims are entitled to access general and specialist support and have the right to be accompanied by a person of their choice during the investigative phase as well. For child victims, this person of choice will typically be a parent. However, if the legal guardian's interests conflict with those of the child, or if the child is unaccompanied or separated from their family, a special representative must be appointed by the investigative authority. This special representative (*ad hoc* guardian or public defender) must help the court in deciding what is in the best interests of the child, while the lawyer of the child must represent the views of the child (Council of Europe, 2011).

MINIMUM MEASURES	ADVANCED MEASURES
If the police have not yet referred child victims to the appropriate support service(s), prosecutors should do so immediately (UNODC, 2009) following standardised protocols to facilitate timely and appropriate access to specialised services.	
Support measures are provided without undue delay, even if the investigative authority decided not to proceed with the case.	

MINIMUM MEASURES	ADVANCED MEASURES
Support measures include access to medical care to address any physical injuries or health concerns, as well as ongoing health monitoring. Moreover, it must be ensured that the child's living conditions, nutrition, and general welfare are safeguarded, especially if the family environment is unstable or unsafe.	
Support measures should also include practical support, such as ensuring that the child goes to school, providing transportation, and ensuring that the child has contact with non-offending and supportive family members of trust.	
	Victim support services should inform criminal justice professionals of the child's needs and wishes and ensure the implementation of specific measures. The other way around, VSS should be informed of certain protection measures that are imposed by criminal justice professionals (Turman & Poyer, 1998).



GOOD PRACTICES

In **Cyprus**, the court appoints the Director of the Social Welfare Services as the special representative of the child if there is a conflict of interest between the child and the holders of parental authority, or if the child is unaccompanied or living apart from their family (art. 23(2)(c) Law 51(I)/2016). In such cases, the child victim is also usually granted the right to legal advice and representation in their own name (Michael & Petridou, 2025).

In **Portugal**, some courts have victim support professionals, who ensure that (child) victims are accompanied and supported during criminal justice proceedings (Pontedeira et al., 2025).

► Ensuring a child-friendly and trauma-informed environment

A child-friendly and trauma-informed environment must also be ensured when the child comes into contact with criminal justice authorities throughout the investigative phase.

(a) Child-friendly and trauma-informed approach

To protect child victims from secondary victimization in the investigative phase, the Victims' Rights Directive (arts. 23-24) requires the following:

- Medical examinations are kept to a minimum and are only carried out when strictly necessary for the purposes of criminal justice proceedings;
- Measures to avoid visual contact between victims and offenders;
- Measures to avoid unnecessary questioning concerning the victim's private life that are not related to the criminal offense.

MINIMUM MEASURES	ADVANCED MEASURES
Forensic examinations of child victims are only ordered if strictly necessary or in the interest of the child (UNODC, 2009). If ordered, forensic examinations are carried out by medical services providing trauma-informed medical evaluations. These services must be accessible without undue delay to ensure that forensic examinations are conducted promptly, preserving vital evidence for criminal investigations. Beyond the investigative function, these forensic examinations play a vital role in assessing the child's physical health and facilitating immediate care for injuries and long-term recovery plans.	Forensic and medical examinations are carried out in Children's Houses.
When children's personal items need to be removed for evidence, the police and/or investigative authority ensure that the child is informed about the reasons why it is relevant to the investigations (Beckett & Warrington, 2015).	
	One single professional engages with the child throughout the investigative process to build rapport and trust. Ideally, this is the single point of contact of the victim (a court-based victim support professional).
	Specialised courts with specialised professionals and child-friendly environments are established to ensure child victims' effective access to justice and their adequate treatment in criminal justice proceedings (European Commission, 2015).

GOOD PRACTICE

In **Belgium**, child victims of recent sexual violence (< 7 days) are referred to the Sexual Assault Care Centre (SACC) by the police and other professionals. At the SACC, a paediatrician and a specially trained forensic nurse conduct the forensic examination, which is only offered after careful consideration of the child's best interests (Keygnaert, Baert, et al., 2021).

**(b) Child-friendly and trauma-informed physical environment**

The same minimum and advanced measures for a child-friendly and trauma-informed physical environment apply during the investigative phase as during the first contact with the police (see 6.2.2.).

► **Ensuring the protection of privacy**

In cases with child victims, investigative authorities must take all lawful measures to prevent public dissemination of any information that could lead to the identification of a child victim (art. 21 VRD) or that could compromise their safety and well-being. Such information includes the child's name, date of birth, address, school, as well as details about their family members or caregivers. Additionally, the identities of professionals, witnesses, or support networks involved with the child should also be protected to prevent indirect exposure and access to information about the child.

The following minimum and advanced measures should apply during the investigative phase:

MINIMUM MEASURES	ADVANCED MEASURES
Investigative authorities abide by the rules of confidentiality and refrain from disclosing information to anyone without a legal basis.	
Medical and mental health records, forensic interview and forensic examination reports, and any other documents or evidence should remain confidential.	
The public disclosure of the identity of child victims of violence is criminalised, and neither the child nor their legal guardian(s) can give permission for such disclosure. Investigative authorities prosecute the media in case they violate the child's right to privacy or confidentiality (UNODC, 2009).	



GOOD PRACTICE

In **Belgium**, the public disclosure of the identity of child victims of sexual violence is punishable, and neither the child nor their legal guardian(s) can give permission for such disclosure (art. 417/63 Criminal Code¹⁷).

6.5. Trial and post-trial phase

The trial and post-trial phases include preparing the child for court participation, conducting the trial, providing compensation and ensuring justice to the victim, sentencing the offender, and enforcing the judgment, as well as any post-trial professional activity related to the criminal case.

6.5.1. Ensuring children's right to an effective judicial remedy

► The right to information

Victims have the right to receive information on the time and place of the trial, the nature of the charges against the offender, and the outcome of the trial, including the reasons or a brief summary of reasons for the court decision. Moreover, victims must be promptly notified when the perpetrator is released or has escaped detention. Victims can decide whether they wish to receive such information and may change their preference at any time (art. 6 VRD).

17 On 8 April 2026, the new Belgian Criminal Code will enter into force.

MINIMUM MEASURES	ADVANCED MEASURES
WHAT INFORMATION TO PROVIDE BEFORE THE JUDGEMENT? The child should be informed in advance about the role and responsibilities of each professional involved in the trial and post-trial phase, as well as the child's role and what they can and cannot expect, in order to avoid any misunderstandings (Leiria & Nunes, 2023). Child victims and witnesses must be prepared and briefed through pre-visits to court. These pre-visits must include an introduction to all the professionals involved and an explanation of their roles. Moreover, children and their legal guardian(s) must be made aware of practical elements such as knowing where to park or that they may be required to go through security checks (EU Fundamental Rights Agency, 2019; Turman & Poyer, 1998; UNODC, 2009; Victim Support Europe, 2023; Werner, 2021).	Pre-visits are done by the single point of contact of the court-based victim support service.
WHAT INFORMATION TO PROVIDE AFTER THE JUDGEMENT? Information about the judgement should include the reasons why the court decision was made and possible appeal or complaint mechanisms (Beckett & Warrington, 2015; Council of Europe, 2011; Guerreiro & Sedletzki, 2020).	
WHO TO PROVIDE THIS INFORMATION TO? See 6.2.1.	
HOW TO PROVIDE INFORMATION? See 6.2.1.	
FOLLOW-UP The single point of contact ensures that the child is informed about the judgment in a way adapted to their level of understanding.	The single point of contact is preferably a court-based victim support professional that received training on child-friendly justice and communication (UNODC, 2009).

GOOD PRACTICES



In **Estonia**, an online resource provides information to children, legal guardians, and professionals on various legal proceedings, including a guide for children participating in court proceedings as victims or witnesses. This guide explains key aspects of the legal process, including who the parties in the proceedings are, what happens in court, how the court can support the child, and what happens after the court hearing (Taal, 2025).

In **the Netherlands**, a family court judge adapted the wording of a ruling in a child-friendly manner. The ruling starts with the judge speaking directly to the child, acknowledging that the outcome may not be what she had hoped for, but assuring her that he will explain why he came to the decision and how he took into account the opinion of the child and her family. Alongside this introduction, the judge included a personal letter addressed to the child, written in simple, age-appropriate language. In the specific letter, the judge not only explains the decision, but also wishes the child a happy birthday and expresses hope for the future. Only after this child-friendly focused section does the document proceed to the formal legal ruling, written in standard legal jargon (Rechtbank Zeeland-West-Brabant 27 december 2024, ECLI:NL:RBZWB:2024/9078, *Rechtspraak.nl* 17 januari 2025).

► The right to translation and interpretation

Professional interpretation during court hearings and testimonies must be available, as well as professional translation of the court decision and the reasons for the decision (Council of Europe, 2023c). The latter should be provided free of charge to the victim upon their request (art. 7 VRD).

MINIMUM MEASURES	ADVANCED MEASURES
Professional interpretation for linguistic aspects and sensory impairments is available during all hearings and testimonies.	To ensure the effective delivery of child-friendly communication, only registered interpreters with specialist training on child-friendly communication and trauma-informed practices assist child victims (Victim Support Europe, 2022b).
The translation of the court decision shall be provided without undue delay.	

► The right to be heard

The right to be heard is a procedural right that must be guaranteed to all victims. Ideally, children are heard through forensic interviews, with their recordings serving as pre-constituted evidence, thereby preventing the physical presence of children in court and reducing the risk for secondary victimization (see Chapter 5). However, child victims may be heard during trial if they wish to, or if the court deems it necessary to reach a verdict. In such cases, measures to protect them from secondary victimization should be imposed. These measures include:

MINIMUM MEASURES	ADVANCED MEASURES
Whenever a child takes the initiative to be heard in a case that affects them, the judge cannot refuse this.	
Children are heard behind closed doors.	
The judge orders an in-camera hearing, preventing the child from coming into contact with the perpetrator.	
The judge exercises strict control to safeguard the child's best interests when questions are posed by lawyers of all parties to the proceedings.	



GOOD PRACTICES

In **Romania**, children are not heard directly in the courtroom. If they must testify in court, judges use a video-link connecting the hearing room to the courtroom.

In **Cyprus**, Law 51(I)/2016 safeguards the rights of victims to participate as witnesses in criminal proceedings, ensuring their protection throughout the process and avoiding any visual confrontation with the offender. Law 91(I)/2014 provides for the video recording of a child's testimony and allows the court to order that hearings involving a child victim or witness are held "in camera" (behind closed doors). These provisions reflect the Barnahus model and are implemented through the Children's House, at least in cases of child sexual abuse (Michael & Petridou, 2025).

► The right to legal advice and representation by a lawyer in their own name

The same measures on legal assistance apply in the trial phase as in the investigative phase.

GOOD PRACTICE

In **Romania**, several NGOs provide free legal assistance and court representation to victims of crime, such as ACTEDO (<https://actedo.org/>).



6.5.2. Ensuring acting within the best interests of the child

► Preventing undue delay

The same measures on preventing undue delay apply in the trial phase as in the investigative phase.

GOOD PRACTICE

In **Romania**, there are no legal provisions prioritizing the trial of cases involving child victims of violence. However, judges may grant shorter trial periods for urgent cases, such as cases involving child victims (art. 353(10) Law 135/2010).



► Performing an individual needs assessment

The needs of child victims may change throughout criminal justice proceedings. Therefore, the comprehensive needs assessment should be updated during the trial phase.

(a) Identifying children's special needs

During the trial and post-trial phase, the same basic and advanced measures should apply as during the investigative phase in order to identify children's special support and protection needs:

MINIMUM MEASURES	ADVANCED MEASURES
The comprehensive protection and support needs assessment is re-evaluated periodically by the single point of contact, particularly just before trial.	A comprehensive protection and support needs assessment is performed after a judgement on the case.

(b) Responding to individual protection needs against repeat victimization

During the trial and post-trial phase, we propose the following minimum and advanced measures to respond to individual protection needs against repeat victimization:

MINIMUM MEASURES	ADVANCED MEASURES
Provisional protection measures imposed by the investigative authority are reconsidered by the judge.	

MINIMUM MEASURES	ADVANCED MEASURES
After a judgment, the risk of revictimization and retaliation must be re-assessed, particularly in cases of domestic violence.	
Coordination between courts, child protection services, schools, and healthcare institutions is in place to ensure that the child does not “disappear” from institutional attention once the case ends (see 6.6 on MDIA collaboration).	

(c) Responding to individual support needs

The VRD stipulates that victims and their families should have access to confidential victim support services free of charge during, and for an appropriate amount of time after, the criminal proceedings (art. 8 VRD).

MINIMUM MEASURES	ADVANCED MEASURES
Free of charge support should (continue to) be provided after court decisions regarding domestic violence by specialised services, including health, care, social and therapeutic services (Council of Europe, 2011). The justice response should be immediately followed by support services (Council of Europe, 2009). Especially after judgements in highly conflictual proceedings, child victims and their families should be referred to specialised services for child protection (Council of Europe, 2011).	Updated psychological and social evaluation reports must be available to the court to guide protective decisions and procedural adaptations. This interdisciplinary approach is essential to guarantee that the child's best interests remain at the centre of all judicial actions.
	Psychological support interventions are available for non-offending and supportive family members during and after the trial phase.



GOOD PRACTICES

In **Ireland**, the Accompaniment Support Service for Children (A.S.S.C.) was established in 2020 to assist and support children throughout criminal justice proceedings. The service provides support to young people and their families during visits to Sexual Assault Treatment Units, offers phone support to those accompanying child victims and witnesses of crime, facilitates pre-trial meetings with children and their families, and continues to provide support after the trial (Accompaniment Support Services for Children, 2025).

In **France**, justice facility dogs were introduced as part of a pilot project. Justice facility dogs are trained to support vulnerable victims in proceedings to increase the victim's confidence and to improve the quality of their testimony (Victim Support Europe, 2022a).

In **Belgium**, a local pilot project introducing a person of trust to assist children in family court proceedings serves as an example for criminal justice proceedings. This person of trust is a trained and remunerated lawyer who informs the child about their rights, explains the different steps of the procedures, identifies the child's wishes and concerns to present them in court, and informs the child about the outcome of the procedure (Bruneel & Verschelden, 2023; Rechtbank eerste aanleg Oost-Vlaanderen, 2024).

► Ensuring a child-friendly and trauma-informed environment

Courts are not appropriate environments for children (EU Agency for Fundamental Rights, 2017a). When child victims and witnesses are required to appear in court, appropriate accommodation should be made to protect their well-being, privacy, and dignity. To protect child victims from secondary victimization and to protect their privacy during the trial, the Victims' Rights Directive imposes measures to ensure that victims can testify without being physically present in the courtroom and to allow hearings to take place without the presence of the public (arts. 20-23 VRD). The same measures regarding accessibility and the waiting area apply here as in the first contact with the police, as well as the following measures:

MINIMUM MEASURES	ADVANCED MEASURES
Every child visiting the court is welcomed by a court professional.	Every child visiting the court is welcomed by a court-based victim support professional when they enter court premises, ideally by the single point of contact of the child (Crest Advisory, 2023).
	Specialised courts with trained professionals and child-friendly infrastructure ensure child victims' effective access to justice and their adequate treatment in criminal justice proceedings (European Commission, 2015).
	Where appropriate, legal professionals interacting with children should not wear traditional robes or uniforms, which may be intimidating (UNODC, 2009). However, uniforms may make it clear to the child to whom they are talking and make them feel taken seriously. This measure should thus depend on the child's age (Council of Europe, 2011).
If a child's attendance at court is required (for example because a forensic interview was not possible or proved insufficient), suitable communication technology should be used to enable the child to testify without being physically present in the courtroom.	
Child-friendly toys and materials are available in court at the request of the investigative authority.	Child-friendly toys and materials are always available in court.
	Children should be offered opportunities to give feedback about how they were treated during justice proceedings, which can inform systemic improvements and enhance child-friendly practices.

GOOD PRACTICES

In **Belgium**, child victims of violence generally do not have to appear in criminal court, as recordings of forensic interviews are used as evidence (Vervae et al., 2025).

In **Spain**, a specialised court for cases of violence against children was established in 2021 in Las Palmas de Gran Canaria. This court provides child-friendly premises, such as child-friendly interview rooms and child-friendly and age-appropriate materials for child victims going to court (Council of Europe, 2023a).



In **Romania**, various courts provide specialised child-friendly hearing rooms (55 in total) equipped with modern recording systems and the possibility of a live connection between the hearing room and the courtroom. Children can thus be heard by the court without having to come to court (Muresan et al., 2025).

► Ensuring the protection of privacy

During the trial and post-trial phase, criminal justice authorities should take appropriate measures to protect the privacy of the child (art. 21 VRD). In addition to the minimum and advanced measures presented in the investigation phase, we propose the following measures during the trial- and post-trial phase:

MINIMUM MEASURES	ADVANCED MEASURES
The public disclosure of the identity of child victims of violence is criminalised, and neither the child nor their legal guardian(s) can give permission for such disclosure.	
The hearing and court proceedings take place behind closed doors, even if the victim is not physically present.	Only the necessary parts of the forensic interview shall be played in court, provided that this does not affect the assessment of the evidence, in order to preserve the victim's privacy in relation to questions not directly linked to the criminal acts.



GOOD PRACTICE

In **Italy**, the Carta di Treviso is a professional charter that prohibits journalists to publish the names or identifying details of children involved in news coverage, even when parental authority is given. For child victims and witnesses of crime, journalists are obliged to avoid any exposure that could lead to psychological harm, contribute to social stigma, or interfere with legal proceedings. Sensationalism is strictly discouraged and direct interviews with child victims are considered inappropriate (Federazione della Stampa et al., 1995).



6.6. Multidisciplinary interagency collaboration

The complex and intersecting needs of child victims of violence transcend the scope of any single institution or professional domain (EU Agency for Fundamental Rights, 2025) but require coordinated responses across and within different disciplines. In this context, we use the term **multidisciplinary interagency (MDIA) collaboration**. *Multidisciplinary* refers to the involvement of different professional disciplines such as child protection, social services, health care, child psychology, law enforcement, and the judicial sector. *Interagency* refers to the collaboration between state agencies or public entities involved in cases of violence against children. Public agencies may collaborate with individual experts and private service providers, depending on the local context and the circumstances of the case. In addition to these dimensions, it is also important to recognise the need for **cooperation within disciplines**, for example when family, child protection, and criminal proceedings intersect for the same case of VAC.

Multidisciplinary and interagency services are typically regulated by national or sub-national legislation, a cooperation agreement or protocol, or a memorandum of understanding, setting out the roles and responsibilities of each actor, and how they will work together with the child and their family (Council of Europe, 2023a, 2023b; Guerreiro & Sedletzki, 2020).

A multidisciplinary interagency collaboration is not just a sum of protection measures, but requires **fluid coordination** between professionals from the judicial, health and social sectors involved. Incoherence between different measures must be pointed out and adjusted to the specific situation of the victim so that each intervention achieves the desired purpose. This includes (Council of Europe, 2011, 2023b; European Commission, 2020, 2024):

- Cooperation to assess children's legal, psychological, social, emotional, physical, and cognitive situations.
- Clearly established roles, mandates, coordination mechanisms, budget, and measures for monitoring and evaluation.
- The formalization and standardization of protocols among agencies.

This translates into following minimum and advanced measures throughout the criminal justice proceedings:

MINIMUM MEASURES	ADVANCED MEASURES
States designate a governmental agency with overall responsibility for policies related to the prevention of VAC and the support of victims of violence (Steering Committee for the Rights of the Child (CDEF), 2022b).	The competent agency organises multidisciplinary round tables for strategic discussion, policy alignment, and institutional coordination. They should function as decision-making platforms for refining protocols, addressing systemic failures, and proposing service improvements (OECD, 2023; Soleto et al., 2022).
Clear guidelines and/or national legislation on professional secrecy and information sharing between all professionals are established, striking a balance between the need for confidentiality and the imperative to protect the child.	
Cooperation agreements are established, with clearly defined operational protocols to ensure cohesive and integrated responses to violence against children. Such agreements include a common framework to ensure effective communication, a mutual understanding of the professional mandates, and a coordinated intervention strategy centred on the rights, needs, and best interests of the child, including referral protocols.	Integrated support services for child victims provide the following services within one premise (European Commission, 2023, 2024; Victim Support Europe, 2023): ▪ information, ▪ medical examination, ▪ emotional and psychological support, ▪ possibility of crime reporting, ▪ individual protection and support needs assessment, ▪ forensic interviewing.
There are regular consultation or case management meetings among all the professionals involved to monitor individual cases, share relevant information, and to ensure coherent and timely interventions focused on the needs of the child (Johansson et al., 2017). Regular consultation and meetings are especially necessary for cases of VAC where multiple jurisdictions are involved (often criminal, juvenile, and family courts)(Egan & Dunlop, 2023).	

MINIMUM MEASURES	ADVANCED MEASURES
A single point of contact is assigned to accompany the child throughout the proceedings and to ensure child-friendly information and support (EU Agency for Fundamental Rights, 2014a).	
	All above-mentioned forms of multidisciplinary cooperation are monitored and evaluated on a regular basis. Such assessment identifies operational strengths and shortcomings and the impact and efficiency of these mechanisms, not only from an institutional perspective but also in terms of their contribution to the well-being, safety, and rights of the child (Hale et al., 2024).



GOOD PRACTICES

In **Estonia**, case management is necessary if a child's needs for assistance cannot be met through a single intervention. The child protection officer of a local social service will serve as a case manager and coordinate the cooperation between different agencies involved (Taal, 2025).

In **Belgium**, there is a legal exception to professional secrecy: police, judicial, and social services can exchange information to protect the physical and emotional integrity of a person under certain circumstances (Versweyvelt & Put, 2018). A specific application of such shared case consultations are within the context of the Flemish Family Justice Centres (Veilig Huis). These centres facilitate information exchange and case management among police, social, and justice professionals for families with a high risk of repeated domestic violence under the legal provision of shared secrecy (art. 458ter Code of Criminal Procedure) (Vervaeke et al., 2025).

In **Ireland**, the collaboration between the Child and Family Agency (*Tusla*) and the police (*An Garda Síochána*) is guided by protocols such as the Joint Working Protocol (Children First et al., 2018) and the National Guidance for the Protection and Welfare of Children (Minister for Children and Youth Affairs, 2017). Such collaboration includes information sharing, joint criminal and welfare investigations in cases of suspected cases of VAC, emergency interventions, and liaison teams to oversee the collaboration between the Garda and Tusla. For example, a strategy meeting may be called at any point during the process to prepare a plan of action for the protection of the child and their siblings if necessary. Moreover, an MDIA meeting may be held when there are grounds for believing that a child is at ongoing risk of significant harm, attributable to inappropriate or inadequate care from parents/guardians. The purpose of such a meeting is to identify risk and protective factors and to develop a child protection plan to promote the safety and welfare of the child together with the parents/guardians (An Garda Síochána, 2025).

In **Portugal**, some courts have Integrated Specialised Sections on Domestic Violence within the public prosecution, which focus on ensuring cooperation between police, prosecutors, and criminal and family law courts in cases of domestic violence involving children and adults (Pontedeira et al., 2025).

In **Italy**, information on judgements and measures that pertain both civil and criminal law can be exchanged (Bonato et al., 2025).

In **Italy**, the Juvenile Prosecutor's Office in Naples created a multidisciplinary and interagency network to protect child victims of crime, strengthening collaboration among all relevant state and civil society actors in both child protection and criminal justice proceedings. This led to an operational protocol that sets out the relevant procedures under criminal and civil law, clarifies rules on information sharing, and

promotes the use of a child-friendly interviewing space and specialised forensic interviewers. Moreover, the protocol reinforces the role of the Judicial Social Services of the Ministry of Justice, who act as intermediaries between the judiciary and local service providers, ensuring protection before, during, and after the proceedings (Council of Europe, 2023a).

The **Children's House** or **Barnahus** model serves as a best practice for the implementation of child-friendly, multidisciplinary and interagency (MDIA) services under one and the same roof to support child victims and witnesses of violence (Johansson et al., 2017). Acknowledging that VAC is a complex phenomenon, demanding highly specialised expertise and coordination, Barnahus aims to improve multidisciplinary responses through cross-agency communication and collaboration, preventing secondary victimization, and focusing on the best interests of the child (Herbert & Bromfield, 2019). The common criteria of Barnahus are the following (Council of Europe, 2023b):

- (1) Forensic interviews are carried out according to an evidence-based protocol;
- (2) The evidentiary validity of the child's statement is ensured by appropriate arrangements in line with the principles of "due process";
- (3) Medical evaluation for forensic investigative purposes, as well as to ensure the child's physical well-being and recovery;
- (4) Psychological support and short- and long-term therapeutic services for trauma to the child and non-offending family members and caretakers;
- (5) Assessment of protection needs of the victim and possible siblings in the family.¹⁸

Other promising practices regarding multidisciplinary and interagency services for victims of **domestic violence** are the **Family Justice Centres**. These centres bring together a team of social, health, and criminal justice professionals under one roof to deliver coordinated support and assistance to victims of gender-based and domestic violence, as well as to their families (Groen, 2022)¹⁹.

6.7. Training of professionals

Although the Victims' Rights Directive does not establish specific training requirements for professionals encountering (child) victims, article 25 obliges all professionals who are likely to interact with victims to receive both general and specialised training. The goal of such training is to enable professionals to recognise victims, to increase awareness of victims' needs, and to enable them to deal with victims in an impartial, non-discriminatory, respectful, and professional manner (Council of Europe, 2023c).

We propose the following learning objectives for **all professionals likely to encounter victims through criminal justice procedures**, including the police, judges, prosecutors, lawyers, and victim support services. The training requirements for forensic interviewers are handled separately in Chapter 5.



¹⁸ For more information about the Barnahus model, visit: <https://barnahus.eu/>.

¹⁹ For more information about the Family Justice Centres, visit: <https://www.efjca.eu/the-alliance>.

MINIMUM MEASURES	ADVANCED MEASURES
At the end of the general training for all professionals likely to encounter child victims through criminal justice proceedings, participants should be able to (Council of Europe, 2023c; ECOSOC, 2005): ▶ understand children's rights, in particular the rights of child victims of violence within criminal justice proceedings; ▶ recognise and describe the different forms of VAC; ▶ challenge common myths around VAC; ▶ understand the prevalence of VAC; ▶ identify risk and protective factors of VAC; ▶ understand the impact of VAC on children, in particular trauma and the ways children disclose violence and seek help; ▶ apply trauma-informed principles when working with and responding to child victims of violence; ▶ understand children's developmental stages in relation to memory, language, lying and moral standards; ▶ recognise the risk of secondary victimization in criminal justice proceedings; ▶ carry out an assessment of immediate protection and support needs and refer to care and victim support services for a comprehensive assessment of long-term support needs; ▶ identify available general and specialist support services tailored to the victims' needs, and explain how to access them; ▶ apply child-friendly, trauma-informed skills and measures to minimise the risk of secondary victimization; ▶ understand the respective roles of and referral guidelines to all professionals involved in criminal justice proceedings following VAC; ▶ explain the objectives and methods of forensic interviewing.	At the end of the general training for all professionals likely to encounter child victims through criminal justice proceedings, participants should be able to: ▶ collaborate with interpreters for linguistic and sensory aspects; ▶ work with communication support tools for victims with special needs.
	Professionals have access to structured intervention and supervision, including regular case-based discussions and ongoing support, to continuously develop and maintain their skills.



GOOD PRACTICES

In **Belgium**, youth lawyers can follow a two-year specialised training program covering the rights of children, youth assistance, juvenile delinquency, and how to represent children from a legal, criminologist, psychological, and socio-economic perspective. Youth lawyers are considered important persons for young people, not only to ensure that their rights are respected but also to support and inform children (Vervae et al., 2025; VZW Unie van Jeugdadvocaten, 2024).

In **Austria**, judges and prosecutors must follow at least two weeks of training at a victim protection or welfare institution before their appointment (RiAA Training Ordinance (§ 2 Z 6)).

In **Austria**, psychosocial court assistants for child victims must follow a nine-day training. Such training consists of a five-day general training on the mandate and goals of court accompaniment, important elements of criminal, civil, and guardianship proceedings, responding to trauma responses, interagency collaboration, and special challenges such as poly-victimization, diversity and developmental consideration, and working with interpreters. After the general training, the training provides 4 days of specialist training on child victims on topics such as informing children and their legal guardians, reporting duties, preparing children for forensic interviews and other hearings, collaborating with experts, stabilization techniques, and distinguishing counselling/therapy/crisis interventions (§44 PbRegVO).

In **Romania**, judges and prosecutors have access to courses on how to interact with and conduct hearings involving child victims of physical and sexual abuse. These are delivered through programmes of the National Institute of Magistracy, as well as through European projects and other institutional initiatives.

For care, health, and other **non-judicial professionals** likely to encounter child victims of violence, we propose the following learning objectives:

MINIMUM MEASURES	ADVANCED MEASURES
At the end of the training for care, health and other non-judicial professionals likely to encounter child victims of violence, participants are able to (Baker et al., 2021; Steering Committee for the Rights of the Child (CDENF), 2022b): ▶ recognise their role and responsibility in reporting VAC; ▶ understand their legal obligations and available options for reporting; ▶ describe the fundamental steps of criminal justice proceedings.	

GOOD PRACTICE

In **Belgium**, Operation Alert is a support program for healthcare providers in hospitals aimed at improving care for victims of violence. As part of this programme, e-learning modules have been developed to strengthen the competencies of health professionals in recognizing signs of violence, providing victim-centred care, and referring victims to specialised care when necessary. Certain modules specifically address the legal framework on violence and the exceptions to professional confidentiality, while also offering guidance on how to support and inform victims about reporting violence to judicial authorities (UZGent et al., 2025).



Conclusion and future steps

This guide sets out key principles, standards, and practical measures to support child-friendly and trauma-informed criminal justice proceedings for child victims of violence. It brings together existing evidence, legal frameworks, and promising practices to guide professionals across sectors in responding to the needs of children in a coordinated and effective manner. Central to this approach is the prevention of secondary victimization, including through measures such as the use of audio-visually recorded forensic interviews as pre-constituted evidence and the implementation of multidisciplinary models such as the Barnahus (Children's House).

The development of this guide was made possible through the collaboration of numerous experts and professionals from diverse sectors, including (health)care, child protection, victim support services, law enforcement, the judiciary, and legal practice. While this guide provides a comprehensive framework for practice, further work remains necessary. Future research should incorporate the perspectives of children themselves, particularly child victims and witnesses of violence. In addition, alternatives to traditional criminal justice responses merit further exploration, as criminal justice systems are primarily designed to punish perpetrators for crimes committed against the state rather than to promote victim rehabilitation. Restorative and transformative justice approaches, in particular, warrant further research and development to better support victim recovery alongside accountability.

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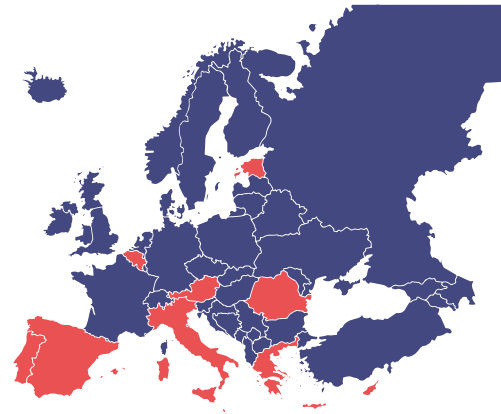
Annexes

Annex I: Structure and content of the Victims' Rights Directive

CHAPTER	ARTICLES
General provisions	Art. 1 – Objectives
	Art. 2 – Definitions
Provision of information and support	Art. 3 – Right to understand and to be understood
	Art. 4 – Right to information from first contact
	Art. 5 – Rights of victims when making complaints
	Art. 6 – Right to receive information about their case
	Art. 7 – Right to interpretation and translation
	Art. 8 – Right to access victim support services
	Art. 9 – Support from victim support services
	Art. 10 – Right to be heard
	Art. 11 – Rights if decision not to prosecute
Participation in criminal proceedings	Art. 12 – Right to safeguards in restorative justice
	Art. 13 – Right to legal aid
	Art. 14 – Right to reimbursement of expenses
	Art. 15 – Right to return of property
	Art. 16 – Right to decision on compensation (offender)
	Art. 17 – Rights of victims resident in other Member States
	Art. 18 – Right to protection
Protection and specific needs	Art. 19 – Right to avoid contact (victim with offender)
	Art. 20 – Right to protection during criminal investigations
	Art. 21 – Protection of privacy
	Art. 22 – Individual assessment of specific needs
	Art. 23 – Protection for specific needs during investigations
	Art. 24 – Protection of child victims during criminal proceedings
	Art. 25 – Training of practitioners
Other provisions	Art. 26 – Cooperation and coordination of services

Table 5: Structure and content of the Victims' Rights Directive (EU Agency for Fundamental Rights, 2014)

Annex II: National forensic interview frameworks



In **Austria**, the Code of Criminal Procedure (StPO; Federal Law Gazette No. 631/1975, as amended) contains specific provisions regarding the forensic examination of children, particularly in Sections 66b, 165 and 250. Section 165 StPO allows for early video-assisted questioning during preliminary proceedings, with the participation of those involved in the case. This serves to secure statements and avoid the repeated questioning of particularly vulnerable victims, especially minors. However, the use of adversarial questioning restricts the principle of immediacy, so its implementation is subject to a case-by-case examination of the legal requirements.

In **Belgium**, forensic interviews are strictly regulated in the Code of Criminal Procedure (arts. 91bis-101) and in the Forensic Interview Circular. Apart from the criteria for which a forensic interview is mandatory and optional, the forensic interview framework also regulates the first reception of the child with or without an accompanying person, the forensic interrogation environment, the key principles of forensic interviewing, the use of tools, how to store the audiovisual data carrier, the rights of the child related to the forensic interview, and the persons allowed to attend the interview.

In **Cyprus**, the video recording of child victims' testimonies and the conduct of forensic interviews are primarily regulated by Law 91(I)/2014 on the Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography and Law 51(I)/2016, which transposes the Victims' Rights Directive. Forensic interviews are conducted for all cases of sexual violence against children and may also be used for other serious forms of violence against children. The framework further regulates who is allowed to be present in the interview and observation rooms, where the interview must take place, and how to record and store the recordings of the interview.

In **Estonia**, there is no national framework governing forensic interviews with child victims and witnesses of violence.

In **Greece**, Law 4478/2017 mandates the videorecording of forensic interviews of children, and for the interviews to be conducted by specially trained professionals. Moreover, Ministerial Decision 7320/2019 establishes the Structured Forensic Interview Protocol.

In **Italy**, the national framework on forensic interviews contains a set of laws to protect the child while ensuring the reliability of their testimony. When there is a risk that the child's testimony may be compromised over time, the system provides for a special procedure called *incidente probatorio* (pre-trial evidentiary hearing), which allows the judge to collect the testimony in advance, in a protected environment. In cases of domestic violence, sexual abuse, child pornography, trafficking, or exploitation, the use of this instrument becomes particularly relevant: the hearing takes place in safe premises, often outside the court, is video-recorded, and is conducted in a way that avoids repeated questioning of the child.

In **Portugal**, the Code of Criminal Procedure guarantees the *statement for future memory* for all cases of sexual violence against children. This procedure enables the early audiovisual recording of the child's testimony to be used at trial.

In **Romania**, Law no. 135/2010 – Criminal Procedure Code regulates detailed rules regarding the recorded hearing of child victims, in order to ensure their protection and necessary support. The framework regulates who must be present during the hearings and recognises the evidentiary value of the testimony.

In **Spain**, Organic Act 8/2021 formally mandates the audiovisual recording of forensic interviews as pre-constituted evidence for certain crimes against child victims younger than 14 years old or with disabilities (arts. 449 bis-ter Criminal Procedure Law). Moreover, the law establishes that the interview must be conducted by experts and specifies in general terms which other professionals and procedural parties must be present in the observation room and that the interview must be recorded audio-visually.



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