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# GUIDELINES TRAUMA-INFORMED CARE FOR CHILD VICTIMS OF VIOLENCE

Spain 





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# Trauma-informed care for child victims of violence - Guidelines

## Trauma-informed care for child victims of violence in Spain

In Spain the concept of trauma-informed care is known by some professionals and organisations, but there is no widespread knowledge.

In Catalonia, the first Barnahus was launched in Tarragona, in 2020, as an integrated care unit for minors and adolescent victims of sexual abuse, with the aim of subsequently replicating the model on a larger scale. The Autonomous Communities of Navarra, Cantabria, Extremadura and the Basque Country are preparing to set up a Barnahus in the near future and other Autonomous Communities are also studying the possibility of implementing the Barnahus model.

## Legislative changes

In Spain, the system for the protection of children and adolescents has as a guiding principle the protection of minors against all forms of violence and the public authorities have the obligation to develop awareness-raising, prevention, assistance and protection actions against any form of child abuse, as well as to establish the necessary procedures to ensure coordination between the competent public administrations and to provide effective protection in situations of risk and neglect of minors.

Law 4/2015, on the Statute of the Crime Victim carried out the transposition into Spanish law of Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, as well as Directive 2011/93/EU, on combating the sexual abuse and sexual exploitation of children and child pornography, and Directive 2011/36/EU, on preventing and combating trafficking in human beings and the protection of its victims.

The effectiveness of victims' rights requires maximum institutional collaboration and involves not only the different Public Administrations, the Judicial System and the groups of professionals and victims, but also the specific people who, from their place of work, have contact with the victims and, in short, society as a whole.

The Victim Support Offices are configured as a multidisciplinary and free public service to support the needs of the victim. Its general objective is to provide comprehensive, coordinated and specialized assistance to victims as a result of the crime and to respond to specific needs in the legal, psychological and social fields.

Law 8/2021, of 4 June, on the Comprehensive Protection of Children and Adolescents against Violence, states in its Preamble that it combats violence against children and adolescents from a comprehensive approach, in an extensive response to the multidimensionality of its risk factors and consequences, and establishes measures for protection, early detection, assistance, reintegration of violated rights and recovery of the victim, which find their inspiration in the

integrated models of care identified as good practices when it comes to avoiding secondary victimisation. This Law imposes on public authorities the obligation to provide themselves with professionals trained and specialised in this type of victims, as well as the necessary methodologies and spaces so that the collection of testimonies from underage victims is carried out with rigour, tact and respect, especially when listening to victims at an early age. It also includes the obligation of child protection administrations to have protocols containing specific actions for prevention, early detection and intervention in possible cases of abuse, sexual exploitation and trafficking in human beings, whose victims are minors subject to protection measures and who live in residential centres under their responsibility.

Law 10/2022, of 6 September, on the comprehensive guarantee of sexual freedom, establishes that public administrations, within the scope of their respective competences, shall promote the right to comprehensive, specialised and accessible assistance, through the availability of specialised care services for child victims of sexual violence: services adapted and appropriate to their needs, which provide psychological, educational and legal assistance, and which constitute the place of reference for victims, to which all professionals involved in the care and judicial processes go.

The preamble of this Law states that, in relation to child victims, it establishes the bases for the implementation in Spain of the Anglo-Saxon Children's House or Scandinavian Barnahus (Children's House) model, which has been spreading to other European countries for the last decade. This model places the child victim of sexual violence at the centre of the intervention, which requires the joint and coordinated participation, in a specific place, adapted and appropriate to their needs, of all the professionals involved in the care and judicial itinerary. In terms of justice, this model responds to two important objectives: it drastically reduces the sources of re-victimisation for the child and, by offering greater guarantees of obtaining testimony in conditions of security and tranquillity, it increases the possibilities of successfully concluding the investigation of facts that are complex to prove.

The Strategy to eradicate violence against children and adolescents adopted in 2022 defines five key strategic areas:

- Social awareness. Visibilisation of the problem of violence and mobilisation of all key actors for its eradication. Actions to prevent and respond to violence will be based on updated data on its prevalence and impact, and there will be a systematic registry of identified cases;
- Zero tolerance. Creation of a culture of good treatment and zero tolerance towards violence against children and adolescents, from a human rights perspective that consolidates the position of children and adolescents as rights holders, including compliance with the recommendations of international human rights mechanisms and treaty monitoring committees.

- Protective environments. Development of a protection policy and human resources structure necessary for its implementation by the institutions and entities responsible for the design and management of the environments where children and adolescents live or interact. These environments will have mechanisms for child and adolescent participation and adequately trained professionals;
- Specialization. Existence of the necessary resources to guarantee specialised, multidisciplinary and child-friendly care for all children and adolescents who have suffered or experienced violence, wherever they live and on a universal basis;
- Effective coordination. Coordination between services, administrations and other actors, which will guarantee a multidisciplinary approach, and the efficiency, effectiveness and quality of the action.

### Recommendations for Victim Support Offices <sup>1</sup>

The Working Group on Child Victims of Crime, constituted within the Advisory Council for Victim Assistance on 19 December 2017, has drawn up the Guide of recommendations for Victim Support Offices (VSO) related to the care of child and adolescent victims of crime. Among them, the following common criteria for action should be highlighted:

The VSOs should limit their competences to two essential functions in the case of minors who are victims of crime: firstly, counselling the victim the victim and their legal representative and/or trusted person of legal age who accompanies them, to inform them on the possibility of filing a complaint in the event that it has not yet been formulated, referring it to the competent authority and about the right to free legal aid, the possibility of claiming compensation, assistance in the processing of complaints; and secondly, accompaniment by the staff of the Office to the victim from the first moment of filing the complaint, and during all the procedural actions in which their intervention is necessary throughout the judicial procedure.

The VSOs shall assist the victim, offering a warm welcome, using clear and simple language, adapted to the age of the victim, and avoiding the use of legal terms that cannot be properly understood.

The VSOs may issue advisory reports when there is a conflict between the rights of the minor and other rights such as the exercise of parental authority or when the VSOs consider it necessary for minors to receive care in other specialised social, health, educational or other services. In these

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<sup>1</sup> GUÍA DE RECOMENDACIONES PARA LAS OFICINAS DE ASISTENCIA A LAS VÍCTIMAS EN EL ÁMBITO DE LA ATENCIÓN A LAS VÍCTIMAS DEL DELITO EN LA INFANCIA Y LA ADOLESCENCIA. Grupo de trabajo sobre menores víctimas del delito, constituido en el seno del

Consejo Asesor de Asistencia a las Víctimas en fecha 19 de diciembre de 2017  
[.https://www.mjusticia.gob.es/es/Ciudadano/Victimas/Documents/1292430354241-Guia de Recomendaciones para las OAVD en la asistencia a victimas en la infancia y adolescencia.PDF](https://www.mjusticia.gob.es/es/Ciudadano/Victimas/Documents/1292430354241-Guia de Recomendaciones para las OAVD en la asistencia a victimas en la infancia y adolescencia.PDF)

situations, the VSOs will take into account the best interests of the minor and the risk situation of the minor in coordination with the state and regional security forces competent in the matter.<sup>2</sup>

### Multi-agency cooperation

There are other multidisciplinary models, such as the pilot plan carried out in Las Palmas de Gran Canaria, in the first Spanish court specialised in violence against children and adolescents. This plan includes a Good Practice Guide for children, a protocol for the reception and accompaniment of child victims, equipped waiting rooms and a Gesell room. They have received a national award for the quality of justice for their improvements in the area of child protection.

The Spanish Association of Primary Care Paediatrics in its Comments to the "Draft Organic Law for the Comprehensive Protection of Children and Adolescents" states:

"We know that one in four minors suffers some type of child abuse, that one in five suffers some type of sexual violence before the age of 18 and that one in ten is a direct victim of gender violence because of their condition as a child or because they are the child of a mother who is a victim of this violence. In our daily work we deal with children who are victims of different types of violence. The biggest difficulty we encounter is the recognition of their status as victims. The lack of training and lack of coordination between the professionals involved in the treatment of violence against minors, as well as the lack of application of the protection laws in force, lead to institutional mistreatment that re-victimises and makes the victims invisible. It is necessary to reverse this chain of invisibility and defencelessness that prevents victims from being considered as such. There are changes in this law that are very welcome for adults who were victims in their childhood or adolescence. But measures are needed to protect children and adolescents who today suffer violence before our eyes. They need it now, urgently."<sup>3</sup>

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<sup>2</sup> GUÍA DE RECOMENDACIONES PARA LAS OFICINAS DE ASISTENCIA A LAS VÍCTIMAS EN EL ÁMBITO DE LA ATENCIÓN A LAS VÍCTIMAS DEL DELITO EN LA INFANCIA Y LA ADOLESCENCIA. Grupo de trabajo sobre menores víctimas del delito, constituido en el seno del

Consejo Asesor de Asistencia a las Víctimas en fecha 19 de diciembre de 2017. pp. 9, 10,13 [.https://www.mjusticia.gob.es/es/Ciudadano/Victimas/Documents/1292430354241-Guia de Recomendaciones para las OAVD en la asistencia a victimas en la infancia y adolescencia.PDF](https://www.mjusticia.gob.es/es/Ciudadano/Victimas/Documents/1292430354241-Guia de Recomendaciones para las OAVD en la asistencia a victimas en la infancia y adolescencia.PDF)

<sup>3</sup> LA ASOCIACIÓN ESPAÑOLA DE PEDIATRÍA DE ATENCIÓN PRIMARIA. COMENTARIOS DE AL "ANTEPROYECTO DE LEY ORGÁNICA DE PROTECCIÓN INTEGRAL A LA INFANCIA Y LA ADOLESCENCIA FRENTE A LA VIOLENCIA". 2020.

## INTIT Project

The European Commission funded project INTIT - Integrated Trauma Informed Therapy for Child Victims of Violence (881677 - I.N.T.I.T. - REC-AG-2019 / REC-RDAP-GBV-AG-2019) has focused on improving multi-agency trauma-informed care for child victims of violence in partner countries.

To this end, the INTIT Project carried out activities on two levels:

- On the knowledge and competence level, the project aimed to increase the knowledge and skills of professionals on the concepts, principles and values of trauma-informed care.
- At the system level, the aim was to promote integrated care delivery, ensuring collaboration between different agencies (justice, social services, medical, etc.) to minimise secondary victimisation of children passing through the justice and protection systems.

The publication "The Meaning of Trauma Informed Care Today: A Status Report by I.N.T.I.T." elaborates on key concepts and issues related to the subject matter of the Project. Some of these are reproduced below:

### Concept of trauma

The US Substance Abuse and Mental Health Administration (SAMSHA) defines trauma as follows:

Individual trauma is the result of an event, series of events, or set of circumstances that a person experiences as physically or emotionally harmful or life threatening and that has lasting adverse effects on the person's mental, physical, social, emotional, or spiritual functioning and well-being<sup>4</sup>.

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<sup>4</sup>SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014. p.7. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Policy, Planning and Innovation.

## Concept of Trauma Informed Care<sup>5</sup>

A trauma informed approach is distinct from traumaspecific services or trauma systems. A trauma informed approach is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture.

SAMHSA defines a trauma-informed organisation as:

- A programme, organisation or system that takes into consideration the widespread impact of trauma and understands possible recovery pathways; recognises the signs and symptoms of trauma in clients, families, staff and others associated with the organisation; and responds by fully integrating trauma knowledge into policies, procedures and practices, actively seeking to address re-traumatisation.<sup>6</sup>

## Key guidelines

To comply with a trauma-informed approach, organisations should follow the following key guidelines<sup>7</sup>:

- All people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals. There is an understanding that trauma should be systematically addressed in prevention, treatment, and recovery settings.
- People in the organization or system are able to recognize the signs of trauma.
- The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning.
- A trauma-informed approach seeks to resist re-traumatization of clients as well as staff.

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<sup>5</sup> SAMHSA P.9

<sup>6</sup> SAMHSA p. 9

<sup>7</sup> SAMHSA p. 9-10

## Core principles

Fundamental to SAMSHA's trauma-informed approach is adherence to the following core principles<sup>8</sup>:

- **Safety:** Professionals and the people they serve feel physically and psychologically safe;
- **Trustworthiness and Transparency:** The functioning of the organisation is conducted towards building trust among patients, family members and professionals;
- **Peer support:** "Peers", companions or "trauma survivors" are considered basic elements in the process of healing and recovery. In the case of minors, peers may be family members who have experienced trauma during childhood;
- **Collaboration and mutuality:** All members of an organisation or system have a role to play in a trauma-informed approach. Power differentials between professionals and clients, as well as among staff themselves, are levelled, rather than reproducing a hierarchical division between expert knowledge and client compliance;
- **Empowerment, voice and choice:** Organisations believe in resilience and the capacity of individuals and communities to heal and recover from trauma. Self-advocacy skills are promoted and professionals are seen as facilitators of recovery rather than controllers of recovery;
- **Cultural, historical and gender issues:** Organisations respond to cultural needs, recognise historical trauma and are aware of gender-specific needs.

## Inter-agency and multidisciplinary cooperation

A successful trauma-informed approach requires inter-agency and multidisciplinary co-operation between services and agencies that care for child victims of violence.

The World Health Organisation (WHO) states that though stakeholders in many countries are working to eliminate violence against children, their efforts are not always well coordinated and supported, and few are undertaken at a large scale. Coordination mechanisms are therefore essential, as no single sector can deliver the full package of interventions, and no individual government can tackle the growing threats to its children that now transcend national borders<sup>9</sup>.

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<sup>8</sup> SAMHSA, p.11

<sup>9</sup> INSPIRE: seven strategies for ending violence against children (2016). p.79. World Health Organization. <https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children>

Also the "EU Strategy for a more effective fight against child sexual abuse" states that child sexual abuse is a complex problem that requires maximum cooperation from all stakeholders. The aim is to provide, at EU level, a framework for developing a strong and comprehensive response to these crimes, both in their online and offline form. This strategy includes coordinated multi-stakeholders action in relation to prevention, investigation and assistance to victims, who need to be able, willing and ready to act<sup>10</sup>.

### **Child Advocacy Center model (US)**

The Child Advocacy Center's American model, based on a multidisciplinary team approach, brings together law enforcement, criminal justice, child protective services, medical and mental health workers in a coordinated team..<sup>11</sup> The aim is to reduce additional trauma for child victims of physical or sexual abuse by working with a multidisciplinary team to conduct a professional and child-friendly forensic interview to ensure that they are not re-victimised by the system itself, which is designed to protect them.<sup>12</sup>

### **Barnahus model**

Information on this model can be found in the INTIT Status Report: The Barnahus model across the Broader European Context. Authors: Anna Markina, Andreas Kapardis and Svenja Heinrich.<sup>13</sup>

Barnahus is recognised as a multidisciplinary and inter-institutional model for responding to child victims and witnesses of violence. The aim of Barnahus is to provide each child with a coordinated and effective response and to avoid re-traumatisation during investigation and court proceedings. The first Barnahus in Europe was established in Iceland in 1998. Since then, the Barnahus model has gradually spread to the other Nordic countries - Denmark, Norway, Sweden and Finland.<sup>14</sup>

Ongoing European efforts to establish the Barnahus concept are strongly linked to the activities and documents developed in the framework of the PROMISE project, a multinational partnership developed between 2015 and 2017. In 2017, the PROMISE project published the Barnahus European Standards which represent the first attempt in Europe to define the principles of interventions and services of the "Barnahus" model. In 2019 the PROMISE Barnahus network was formalised. The network currently represents 36 organisations and individuals from 22 countries.<sup>15</sup>

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<sup>10</sup> COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS. EU Strategy for a more effective fight against child sexual abuse. (24/07/2020).

<sup>11</sup> <https://www.nationalcac.org/history/>

<sup>12</sup> Children's Advocacy Center. Covina (California) <http://childrensadvocacyctr.org/abo>

<sup>13</sup> <https://www.iprs.it/en/progetti/i-n-t-i-t-integrated-trauma-informed-therapy-for-child-victims-of-violence/>

<sup>14</sup> National Children's Alliance - Standards for Accredited Members (2017) pp.12,13.

<sup>15</sup> <http://www.childrenatrisk.eu/promise/>

## Key criteria of Barnahus<sup>16</sup>

Barnahus offers a safe and child-friendly environment, bringing together all relevant services under one roof.

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, is available
4. Psychological support and short- and long-term therapeutic services for trauma to the child and non-offending family members and caretakers are available
5. Assessment of the protection needs of the victim and potential siblings in the family is made

## Barnahus quality standards<sup>17</sup>

The Barnahus quality standards are included below in relation to the legal obligations arising from Directive 2011/93/EU of 13 December 2011 on combating the sexual abuse and exploitation of children and child pornography, Directive 2012/29/EU of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS n° 201) (Lanzarote, 2007).<sup>18</sup>

### - 1.1 Best interest of the child

Ensuring the best interests is a primary consideration in the application of the obligations in the Directives

- Victim Rights Directive: Recital 14, Article 1.2 Child Sexual Abuse Directive: Recital 2, 6, 30, Article 18.1 Lanzarote Convention: Article 30.1.

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The PROMISE project: The Barnahus model supporting children's right to justice and care in Europe, 2017. <https://www.barnahus.eu/en/greater-network-map/#>

<sup>16</sup> Olivia Lind Haldorsson, Child Circle. Barnahus Quality Standards Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence. The PROMISE Project series [www.childrenatrisk.eu/promise](http://www.childrenatrisk.eu/promise) Publisher: Council of the Baltic Sea States Secretariat and Child Circle.

<sup>17</sup> Olivia Lind Haldorsson, Child Circle. Barnahus Quality Standards Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence. The PROMISE Project series [www.childrenatrisk.eu/promise](http://www.childrenatrisk.eu/promise) Publisher: Council of the Baltic Sea States Secretariat and Child Circle.

<sup>18</sup> Olivia Lind Haldorsson, Child Circle. Barnahus Quality Standards Summary Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence. Tables pp. 86-101. The PROMISE Project series [www.childrenatrisk.eu/promise](http://www.childrenatrisk.eu/promise) Publisher: Council of the Baltic Sea States Secretariat and Child Circle.

- 1.2 Right to be heard and receive information

Taking due account of the views of the child

- Victim Rights Directive: Recital 14, 42, Article 1. 2; 10.1 Sexual Abuse Directive: 19.3 Lanzarote Convention: Art 14.1,31.1

Provision of information

- Victim Rights Directive: Recital 21, 26, 30, 31, Article 1.1.; 3; 4; 6 Lanzarote Convention: Article 31.1 a, b, 31.2, 31.6

Right to interpretation and translation

- Victim Rights Directive: Recital 34, 36, Article 5.2-3; 7.1-7.8 Lanzarote Convention: Article 31.6

Possibility to order that the child victim be heard through the use of appropriate communication technologies

- Victim Rights Directive: Article 23.3 (a) (b) Sexual Abuse Directive: Article 20.5 (b) Lanzarote Convention: Article 36.2 b

• 1.3 Preventing undue delay

No unjustified delay between the reporting of the facts and interviews take place

- Victim Rights Directive: Article 20. (a) Child Sexual Abuse Directive: Article 20.3 (a) Lanzarote Convention: Article 30.3, Art 35.1.a.

Individual assessment of each child's circumstances and non-offending family members' needs

- Victim Rights Directive: Article 22.1

Provision of information

- Victim Rights Directive: Article 4.1, 6.1 Lanzarote Convention: Article 31. 2

Provision of assistance and support

- Child Sexual Abuse Directive: Article 18.2, 18.3

• 2. Multidisciplinary and interagency collaboration in Barnahus

Multi-disciplinarity/ coordination/cooperation

- Victim Rights Directive: Recital 38, 62, Article 26. 1 Lanzarote Convention: Article 10.1, 10.3, 11.1

- 3. Target Group

Non-discrimination

- Victim Rights Directive: Recital 9, 10, 15, 19, 66, Article 1 ; 22.3 Lanzarote Convention: Article 2

Provisions concerning identifying victims, including specific provisions identifying children as a victim of crime, such as age assessment provision, family members

- Victim Rights Directive: Recital 19, Article 1; 2.1, 17, 24.2 Sexual Abuse Directive: Article 18.2, 18.3, 19.5 Lanzarote Convention: Article 3 a, 11.2, 14.4, 34.2, 35.3

- 4. Child-friendly environment

Interviews take place in premises designed or adapted for this purpose

- Victim Rights Directive: Article 9.1.; 9.3; 12. 1; 18; 22. 1; 22.4; 26 Sexual Abuse Directive: Article 20.3 Lanzarote Convention: Art 35.1.b

Right to avoid contact between victim and offender

- Victim Rights Directive: Article 19 1.-2 Sexual Abuse Directive: Recital 30

- 5. Interagency Case Management

Ensuring the best interests is a primary consideration in the application of the obligations in the Directives

- Victim Rights Directive: Article 1 (c) 2 Sexual Abuse Directive: 18.1, 19.2 Lanzarote Convention: Article 30.1

Individual assessment of each child's circumstances and nonoffending family members' needs

- Victim Rights Directive: Recital 9, 55, 56, 58, Article 22.1-7 Sexual Abuse Directive: 19.3

Multi-disciplinarity/ coordination/ cooperation

- Victim Rights Directive: Recital 62, Article 26. 1 Lanzarote Convention: Art 10.1

Circle of Trust provisions

- Victim Rights Directive: Recital 18 Sexual Abuse Directive: Recital 30, Article 19.1 Lanzarote Convention: Article 14.1

- 6. Forensic interviews

Provision of information

- Victim Rights Directive: Recital 21, 26, 30, 31, Article 1.1.; 3.1-3; 4.1-2; 6 Lanzarote Convention: Article 31.1, 31.2

Right to interpretation and translation

- Victim Rights Directive: Article 9.1.; 9.3; 12. 1; 18; 22. 1; 22.4; 26 Lanzarote Convention: 31.6

Adapted procedures in investigations and judicial proceedings involving children

- Victim Rights Directive: Recital 58, 59, 66, Article 1.1, 18, 23. 1. Lanzarote Convention: Article 30.1-4, 31.1

Interviews take place, where necessary in premises designed or adapted for this purpose

- Victim Rights Directive: Article 23.2 (b) Sexual Abuse Directive: Article 20.3 Lanzarote Convention: Article 35.1 (b)

Interviews are carried out by or through professionals trained for this purpose

- Victim Rights Directive: Article 23.2 (b) Sexual Abuse Directive: Article 20.3 (c) Lanzarote Convention: Article 35.1 (c)

The same persons, if possible and were appropriate, conduct all interviews with children

- Victim Rights Directive: Article 23.2 (c) Sexual Abuse Directive: Article 20.3 (d) Lanzarote Convention: Article 35.1 (d)

Interviews of victims of sexual violence, genderbased violence or violence in close relationships being carried out by persons of the same sex

- Victim Rights Directive: Article 23.2 (d)

The number of interviews is as limited as possible and interviews are carried out only where strictly necessary and for the purpose of the investigations and proceedings.

- Victim Rights Directive: Article 20(b) Sexual Abuse Directive: Article 20.3 (e) Lanzarote Convention: Article 35.1 (e)

All interviews with a child victim or where appropriate a child witness, may be audiovisually recorded and that such recordings may be used as evidence in criminal court proceedings

- Victim Rights Directive: Article 24. 1 (a) Sexual Abuse Directive: Article 20.4 4 Lanzarote Convention: Article 35.2

Possibility to order that the child victim be heard through the use of appropriate communication technologies

- Victim Rights Directive: Recital 58, Article 23.3 (a) (b) Sexual Abuse Directive: Article 20.5 (b) Lanzarote Convention: Article 36.2 b

Right to avoid contact between victim and offender

- Victim Rights Directive: Recital 58, Article 19 1.-2 Sexual Abuse Directive: Recital 30 Lanzarote Convention: Article 31.1

#### Training and tools

- Victim Rights Directive: Recital 61, 63, Article 25 Sexual Abuse Directive: Recital 30 A Lanzarote Convention: Article 5.1, 5.2, 35.1 (c), 36.1

#### Multidisciplinarity/coordination/cooperation

- Victim Rights Directive: Recital 38, 62, Article 26. 1 Lanzarote Convention: Article 10.1.

- 7. Medical examinations

#### Taking due account of the views of the child

- Victim Rights Directive: Article 1. 2; 10.1 and 10.2 Sexual Abuse Directive: 19.3 Lanzarote Convention: Article 14.1

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#### Provision of information

- Victim Rights Directive: Article 1.1.; 3; 4; 6 Lanzarote Convention: Article 31.1, 31.6

#### Right to interpretation and translation

- Victim Rights Directive: Article 5.2-3; 7.1-7.8 Lanzarote Convention: 31.6

#### Provision of assistance and support

- Victim Rights Directive: Recital 38, Article 8. 1-5, 9. 1.-3, 25. 4 Sexual Abuse Directive: Recital 31, Article 18.1 Lanzarote Convention: Article 14.1

#### Individual assessment of each child's circumstances and nonoffending family members' needs

- Victim Rights Directive: Recital 9, 55, 56, Article 22. 1, 22.4 Sexual Abuse Directive: 19.3

#### Involvement of trained professionals in psychosocial assessment, forensic interview and physical examinations /Training and Tools

- Victim Rights Directive: Article 25.4 Sexual Abuse Directive: Recital 36 Lanzarote Convention: Article 5.1, 5.2

#### CRIMINAL INVESTIGATION: (Forensic) Medical examinations are kept to a minimum

#### Victim Rights Directive: Article 20 (c) (d)

- 8. Therapeutic Services/Mental Health

#### Taking due account of the views of the child

- Victim Rights Directive: Article 1. 2; 10.1 and 10.2 Sexual Abuse Directive: 19.3 Lanzarote Convention: Article 14.1

Provision of information

- Victim Rights Directive: Article 1.1.; 3; 4; 6 Lanzarote Convention: Article 31.1, 31.6

Right to interpretation and translation

- Victim Rights Directive: Article 5.2-3; 7.1-7.8 Lanzarote Convention: 31.6

Provision of assistance and support

- Victim Rights Directive: Article 1.1, 8. 1-5, 9, 17, 25. 4 Sexual Abuse Directive: Recital 31, Article 18.2, 18.3, 19.1-19.5 Lanzarote Convention: Art 11.1, Art 14.1, 14.4

Individual assessment of each child's circumstances and nonoffending family members' needs

- Victim Rights Directive: Recital 9, 55, 56, 56, Article 22.1, 22.4 Sexual Abuse Directive: 19.3

Involvement of trained professionals in psychosocial assessment, forensic interview and physical examinations/Training and Tools

- Victim Rights Directive: Recital 66, Article 25.4 Sexual Abuse Directive: Recital 30, 36 Lanzarote Convention: Article 5.1, 5.2

- 9. Capacity building

Interviews are carried out by or through professionals trained for this purpose

- Victim Rights Directive: Article 23.2 (b) Sexual Abuse Directive: Article 20.3 (c) Lanzarote Convention: Article 35.1 (c)

Provision of assistance and support

- Victim Rights Directive: Recital 66, Article 8. 1-5, 9. 1.-3, 25. 4 Lanzarote Convention: Article 5.1, 5.2

Involvement of trained professionals in psychosocial assessment, forensic interview and physical examinations/Training & tolos

- Victim Rights Directive: Recital 61, 62, 66, Article 25 Sexual Abuse Directive: Recital 30, 36, Article 20.3 (c) Lanzarote Convention: Article 5.1, 5.2, 35.1 (c) , 36.1

- 10. Prevention: Information sharing and external competence building

Necessary measures to protect the privacy, identity and image of child victims and to prevent the public dissemination of any information that could lead to their identification

- Victim Rights Directive: Article 21. 1-2 Sexual Abuse Directive: Article 20.6 Lanzarote Convention: Article 31.1 (e)

#### Training and tools

- Victim Rights Directive: Recital 61, 62, Article 25, 26.1 Sexual Abuse Directive: Recital 30, 36, Article 23.1, 23.3 Lanzarote Convention: Article 5.1, 5.2, 35.1 (c) , 36.1, 38

#### Data and monitoring

- Victim Rights Directive: Recital 62, 64 Sexual Abuse Directive: Recital 44 Lanzarote Convention: Art 10.2 (b)

#### Awareness raising

- Victim Rights Directive: Recital 62, Article 26.2 Sexual Abuse Directive: Recital 34, 45, Article 23.1- 23.3 Lanzarote Convention: Article 5, 6 and 8

#### Prevention

- Victim Rights Directive: Article 26.1, 26.2 Sexual Abuse Directive: Recital 34, 37, 45, Article 22, 23.1-3 Lanzarote Convention: Article 4, 5.3, 7, 15, 16, 17, 38. <sup>19</sup>.

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<sup>19</sup> Olivia Lind Haldorsson, Child Circle. Barnahus Quality Standards Summary Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence. Tables pp. 86-101. The PROMISE Project series [www.childrenatrisk.eu/promise](http://www.childrenatrisk.eu/promise) Publisher: Council of the Baltic Sea States Secretariat and Child Circle.



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