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# SYSTEMATIC FORENSIC MEDICAL SCREENING OF CHILDREN IN CASES OF SUSPECTED PHYSICAL VIOLENCE

A  
gathering of experiences  
from a two-year  
intervention project  
2020-2022



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Børnehus Hovedstaden

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## Foreword

This report is a presentation of the Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence project. The project is a Danish co-creation and intervention project supported by funds from the Danish Victims Fund and set up as a cross-sectoral collaboration between the Danish Children's Centre for the Capital Region, Section for Child Abuse at the Copenhagen Police, and the Department of Forensic Medicine, University of Copenhagen.

We know that only a minority of children are physically examined when a suspicion is raised that they have been subjected to violence in close relationships, even when the matter has been reported to the police and the child has subsequently been interviewed.

We also know that, when a suspicion is raised of violence against a child, many sectors are involved. These include the municipality, the police, the Children's Centre, health care services and forensic doctors. This requires a high degree of collaboration and coordination, and, if something needs changing, no single person can do it alone.

As professionals with specialised knowledge about violence and child abuse, we have a professional obligation to make active use of our knowledge when we can see that something could be done better. For this reason, the overall aim of the project has been to work together in developing and testing a new practice whenever suspected violence against children needs to be exposed and dealt with. We have done this promptly in order to document and contribute to the physical and mental health of children and ensuring due process. In contrast with existing practice, the intervention, the intervention offers systematic, standardised forensic medical examinations and screening by health care professionals in all cases of violence against children reported to the police in the Copenhagen Police District.

This report presents the findings and experiences of the project – including the execution of, and findings from, the forensic medical examination and screening by health care professionals, the promoting and inhibiting factors in the cross-sectoral collaboration regarding the children, and not least the children's own experiences of the video-recorded investigative police interview and the forensic medical screening.<sup>1</sup>

Finally, the experiences in the report will be used to put matters into perspective, including recommendations on options for optimising practices in the field in Denmark.



We would like to use this foreword to thank the Danish Victims Fund for its financial support, as well as to thank the many people who have been involved in and made a positive contribution to the project.

<sup>1</sup> It is important to emphasise that all data in this report are simple calculations that have not yet undergone any thorough scientific processing, and they must not be passed on or used without first contacting the project's management. The data will – in processed form – be included in a number of PhD projects and scientific publications.

# Introduction

This report opens with a presentation of how Denmark and comparable countries deal with violence against children today. This is followed by an explanation of why it made sense to initiate the project and test a new practice, and of how this was realised. The findings and experiences from the project are then presented from a forensic medical perspective, and from the perspective of the police, the Children's Centre and the children. Points of attention in the cross-sectoral collaboration are also presented.

Finally, the experiences are collated by putting things into perspective, including recommendations on how to improve the practices relating to children subjected to violence in close relationships in Denmark.

## Short abstract

### What is the project?

The Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence is a cross-sectoral co-creation project that tested an intervention in the existing practice over a period of two years. A population of 205 children, who had participated in a video-recorded interview with the Copenhagen Police due to suspected violence in close relationships, were systematically given a forensic medical examination and a screening by health care professionals, referred to as a forensic medical screening. In addition to recording signs of violence or illness, part of the project also involved collecting data on the children's experiences of the screening and the cross-sectoral collaboration regarding the children.

### What did we find out?

- Half of the children examined displayed signs of violence or illness.
- More than one-quarter of the children examined had signs of violence on their body.
- More than one-quarter of the children examined required monitoring of the their physical or mental health.
- The forensic medical examination provides clarification to the police investigation.
- The combination of a forensic medical examination and screening by a health care professional is of benefit to the child.
- Children do not perceive the forensic medical examination and screening by a health care professional as a further assault.
- There needs to be a greater focus on the cross-sectoral coordination surrounding the child.

### What is the most important recommendation for future practice?

- That all children should be guaranteed systematic forensic medical examinations in cases of suspected violence in close relationships – at the very least if the case is being investigated by the police.

## Background

### Violence against children remains widespread

In 2022, it has been 25 years since the parental right of corporal punishment was abolished in Denmark. Despite this, studies show that up to one in five children experience domestic violence, and that 5% of children and adolescents aged 7–18 years have been subjected to serious violence (Oldrup et al., 2016; Børns Vilkår, 2022).

Violence towards - and neglect of - children can have both physical and psychological consequences that affect them for the rest of their lives. Children who grow up with violence prosper less at school, perform less well academically and are at 64% higher risk of developing post-traumatic stress disorder (PTSD) compared with other children (Lyk-Jensen et al., 2017).

### Differences between due process protection of adults and children in cases of violence

When adults are subjected to violence, reporting the matter to the police begins a process of documenting the injuries, either in the form of a forensic medical examination or a statement to the police prepared by a doctor, for example at the Accident and Emergency Department. In contrast to adults, children themselves have neither the opportunity nor the resources to make a decision on whether to report the matter to the police and have their injuries documented. They depend completely on help from adults in terms of safeguarding their due process protection and health interests.

It is society's responsibility to care for children who have been subjected to violence and neglect in the home. It is of great ethical and societal value to find and support these children so that they may experience the good childhood to which they are entitled (UN Convention on the Rights of the Child, 1989). Unfortunately, children who are victims of violence in close relationships are in a much less favourable position in terms of their due process protection and health than are adult victims of violence.

In Denmark, no standardised guidelines and selection criteria have been established as to when the police should order a forensic medical examination of a child when violence is suspected. This means that, in practice, only a few children are physically examined when it is suspected that they have been subjected to violence. The annual statistics from the Danish Children's Centres in 2019 show that only 3.8% of children who were part of a children's centre process based on a suspicion of either violence or sexual abuse were physically examined by a paediatrician, and only 2.3% were examined by a forensic doctor (Danish National Board of Social Services, 2020).

*Only 3.8% of children who were part of a children's centre process based on a suspicion of either violence or sexual abuse were physically examined by a paediatrician, and only 2.3% were examined by a forensic doctor*

### The Danish Children's Centre model

The purpose of the Danish Children's Centres is to strengthen and facilitate the cross-sectoral collaboration regarding children who have been subjected to violence and sexual abuse. Since the children's centres were established in 2013, there has been a close and daily cooperation between the centres, police and municipalities; unfortunately, however, there is no similar extent of uniform collaborative practice with the departments of forensic medicine or the health care system.

It has been the Danish Children's Centres' long-standing desire to focus more on the due process protection and physical health of children, including giving children a genuine opportunity to have their injuries docu-

mented following episodes of violence in order to detect the violence in a timely manner and initiate the necessary physical, psychological and social help and support.

The Children's Centres must ensure that children are taken seriously when they report having been subjected to violence, as well as ensure that they are treated as gently as possible with regard to the activities with regard to activities carried out by the authorities. The legislation on Children's Centres in Denmark stipulates that the Children's Centres must be organised in a child-friendly way and that they must represent a single point of access for the children, thus protecting them from having to go to various bodies of authority and telling their story an unnecessary number of times.

### Practices abroad

The Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence project has been inspired by American and Norwegian practice (Bakketeig et al., 2012; Herbert & Bromfield, 2015). In Norway, examinations by health care professionals are part of the established practice, and when appropriate supplemented by a forensic medical assessment of - and statement on - children who have been seen in the children's centres by a dentist, a paediatrician, and a paediatric nurse. In the USA, there is a tradition of multi-disciplinary teams that include specialised forensic doctors who contribute to the documentation needed to ensure due process protection.

While working on this project, we have been inspired by the practices in both countries.



## Organisation of the project

The project has been set up as a collaboration between the Danish Children's Centre for the Capital Region, Section for Child Abuse at the Copenhagen Police, and the Department of Forensic Medicine, University of Copenhagen.

### THE STEERING GROUP

- Pernille Spitz, psychologist and manager of the Danish Children's Centre for the Capital Region.
- Jytte Banner, Head of Department, professor and state pathologist at the Department of Forensic Medicine, University of Copenhagen.
- Brian Belling, Head of Department and Deputy Chief Superintendent, Copenhagen Police, Investigation Unit.

### THE WORKING GROUP

- Anne Birgitte Dyhre Bugge, board-certified forensic specialist and consultant at the Section of Forensic Pathology and Clinical Forensic Medicine, Department of Forensic Medicine, University of Copenhagen. Anne is the technical coordinator on the project and co-supervisor on a related PhD project.
- Maria Balslöv, nurse and health visitor with a master's degree and Project Manager training. Maria is employed at the Section of Forensic Pathology and Clinical Forensic Medicine, Department of Forensic Medicine, University of Copenhagen, and is involved in performing forensic medical screenings at the Children's Centre for the Capital Region, and also has a coordinating role on the project.
- Anders Raastrup Kristensen, associate professor at the Section of Forensic Pathology and Clinical Forensic Medicine, Department of Forensic Medicine, University of Copenhagen; he has a PhD in management from Copenhagen Business School. As part of the project, Anders examines what promotes and what inhibits the cross-sectoral collaboration under the auspices of the children's centres.
- Ida Haahr-Pedersen, sociologist from Copenhagen University with a PhD in psychology from Trinity College Dublin. On the project, Ida works on collecting knowledge regarding children's experiences of the forensic medical examination, screening by health care professionals and the video-recorded investigative interview.
- René Nicolai Jensen, Detective Superintendent at Copenhagen Police, Head of the Section for Child Abuse and technical adviser for the case area.

### THE REFERENCE GROUP

The established reference group consists of appropriate specialists and collaborative partners in the subject area of 'children and violence', and during the course of the project the reference group has contributed by providing constructive specialised sparring and feedback.

- The Danish National Police, represented by Steen H. Hansen; Special Consultant.
- The Danish National Board of Social Services, represented by Rasmus Bruun; Head of the Abuse Team.
- Danner (a women's shelter), represented by Lisbeth Jessen; Director.
- University Colleges Denmark, represented by Nete Krogsgaard Niss; Analysis Manager.
- Red Barnet, represented by Ann Westergaard Nielsen; Project Coordinator, and Ane Lemcke; psychologist Paediatric Adviser.
- Centre of Social Paediatrics, Herlev Hospital, represented by Eva Mosfeldt Jeppesen; Centre Manager.
- The Danish Children's Centres, represented by Rikke Holm Bramsen; Manager of the Children's Centre for the Central Denmark Region.
- The City of Copenhagen, represented by Christian Sørensen; Area Manager.

# About the Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence project

## Overall aims of the project

The overall aim of the project is to test an intervention in the existing practice. The intervention systematically offers standardised forensic medical examinations in all cases of violence against children reported to the police in the Copenhagen Police District, where the child will take part in a video-recorded police interview at the Danish Children's Centre for the Capital Region.

## The intermediate objectives of the project are to:

- Strengthen the due process protection of children by documenting any physical injuries resulting from violence and, on a qualified basis, optimising their continued case processing in the legal, health care and social systems.
- Detect any physical injuries and/or psychological stresses that the children may display, in a timely manner.
- Gather experiences and knowledge that can help in developing a better practice in the area of children and violence, both at local and national level.

If you would like more information about the thoughts and vision behind the Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence project, scan the QR code or click on the link to the website for a video about the project.



<https://retsmedicin.ku.dk/forskning/retspatologi-medarbejdere/systematisk-retsmedicinsk-screening-af-boern-ved-mistanke-om-vold/>  
(information in Danish)

## Study Population

During the period from April 2020 to March 2022, a total of 205 children were examined, and video-recorded police interviews were carried out by the Copenhagen Police due to suspicion of violence in close relationships. All the children included in the project were given a forensic medical examination and screening by a health care professional immediately after the interview at the Danish Children's Centre for the Capital Region, where they had already been taken to for the purpose of the police interview. In 16 cases, the planned examination of a child did not take place, either due to the absence of consent from the holder of parental authority or for other reasons – for example, when, prior to the video-recorded police interview, they had been examined at an accident and emergency department.

## In more specific terms, the population of children examined included:

- Children who, on the basis of a report of violence in close relationships, were questioned in a video-recorded interview by the Copenhagen Police during the period from April 2020 to March 2022.
- Siblings of the above-mentioned children, whose age was below the age range for video-recorded interviews (under 4 years or in the age group 15–17 years).

## What have we done differently on the intervention project?

### PRACTICE BEFORE THE START OF THE PROJECT



- When a report of suspected violence against a child is filed, the police conduct a video-recorded interview with the child as part of the investigation.

The police consider in each individual case whether it would be appropriate to order a forensic medical examination of the child.

- If a forensic medical examination is ordered, this is performed by a forensic doctor, who will focus on documenting any injuries.
- The forensic doctor sends a forensic medical statement to the police within 2–4 weeks. Statements are used as legal documentation to be used in the continuing investigation and in any subsequent judicial proceedings.

### PRACTICE ON THE PROJECT



- When a report of suspected violence against a child is filed, the police conduct a video-recorded interview with the child as part of the investigation.
- In conjunction with the video-recorded interview, all children (from the Copenhagen Police District) undergo a forensic medical screening, which is a full forensic medical examination combined with a health and well-being screening.
- The forensic medical screening is performed by a forensic medical team consisting of a forensic doctor, a health visitor and a dentist.
- The forensic doctor submits a preliminary conclusion to the police within around four days. On the basis of the preliminary conclusion, the police may consider whether they wish to order a full forensic medical statement (only this statement can be used as a legal document).
- If the forensic medical team considers it necessary to follow up on the child's health and well-being, the local authorities will be informed via a notification.
- If the report of suspected violence become a case for the Children's Centre, the results of the forensic medical screening may be discussed at a cross-sectoral case consultation.
- We continue to work on making the forensic medical screenings as gentle as possible for the child, which includes taking a systematic approach to developing and teaching relationship skills.

### The concept: A forensic medical screening

A forensic medical screening encompasses an innovation, whereby in a single examination the focus is both on providing forensic medical documentation of the consequences of an act of violence and on the children's physical health and well-being. In other words, this is a full clinical forensic medical examination of the child, combined with a health and well-being screening.

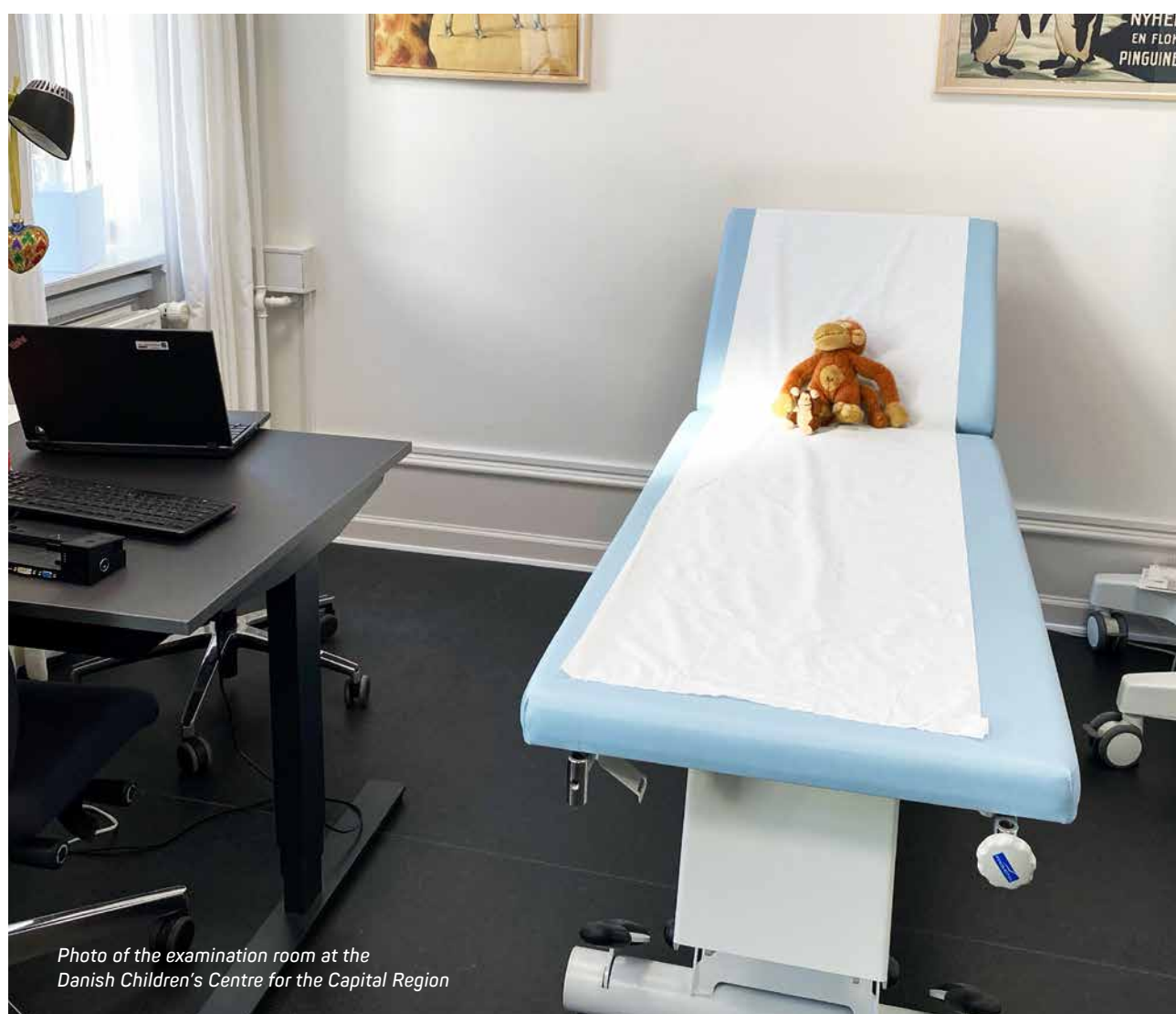
Within the concept of 'screening', the police also receive a written 'preliminary conclusion' within a few days. Based on this, the police can consider whether they would like a full forensic medical statement to be used in the continuing investigation and in any subsequent judicial proceedings.

### A systematic approach

In contrast to general practice in Denmark, where only a few children are offered a forensic medical examination following a specific individual assessment by the local police district, on this project we have systematically chosen to examine all children included in the project's population.<sup>2</sup> This has been done in order to see what we find when we examine all children rather than just a few selected ones.

### Children's Centres equipped with examination rooms

Since the inception of children's centres in Denmark in 2013, it has not been standard practice to perform physical examinations of children in the children's centres, and the Danish Children's Centre for the Capital Region is the only one to have maintained availability of an examination room – something that has benefited us on the project.



*Photo of the examination room at the Danish Children's Centre for the Capital Region*

<sup>2</sup> See the section 'Population', page 9.

### **The forensic medical team**

One innovation on the project is that the forensic doctor has been assisted by a nurse, who is also a trained health visitor employed at the Department of Forensic Medicine. The health visitor assists in assessing the child's health and well-being and, by virtue of his or her training, is well qualified to establish rapid contact with children in a way that makes them feel safe and relaxed in an otherwise unfamiliar situation.

In addition to this, the examination has been expanded compared to a traditional forensic medical examination by adding an examination of the child's mouth, jaws and teeth by including a dentist (forensic odontologist) on the team. The composition of the forensic medical team and the expanded forensic medical paediatric examination has helped to ensure that, at a single examination, an objective and neutral examination can be performed in order to assess and document injuries or consequences of violence, while at the same time helping to detect neglect and any physical and psychological stresses for the child that, for example, require monitoring in the health care system.

### **New cross-sectoral communication procedures and information material**

New standardised procedures have been established on the project to allow the police and the Department of Forensic Medicine to work together before and after the examination. Prior to the project, practice meant that it took around a month for the police – in those few cases where a forensic medical examination and documentation were requested – to receive a full forensic medical statement detailing the findings on the child's body and an assessment thereof in terms of any violence inflicted. On the project, following the video-recorded interview and the forensic medical examination guaranteed by the project, the police have received a 'preliminary conclusion' within four days. Based on this, the police can make a qualified assessment as to whether or not to request a full forensic medical statement to be used in the continuing investigation and in any subsequent judicial proceedings.

As part of the project, we have produced information material in various languages as a guideline to police officers when explaining what a forensic medical examination is, and also to provide parents with the knowledge needed to give informed consent to the examination of the child.

### **Greater attention to notifications to the municipality**

During the project, the Department of Forensic Medicine has increased its focus on notifying the child's home municipality of any circumstances relating to the child's health and well-being that should be followed up on. If the child was referred to the Children's Centre, there was also the option for a representative from the forensic medical team to take part in a case consultation on the case in question, along with – among others – the child's home municipality, with the view to elaborating on and discussing the notification (in accordance with Section 50(c) of the Danish Social Service Act).

### **Greater focus on the professionals' relationship skills**

Based on experiences from the project, the Department of Forensic Medicine has adopted a systematic approach to developing and teaching the relationship skills that the forensic medical team need to master at both individual and at team level when examining children.<sup>3</sup> This development work is being done to make the clinical forensic medical examinations of children as professional, gentle and child-friendly as possible.

<sup>3</sup> See the section 'The professionals' relationship skills' page 22.


# The forensic medical screening in practice

## Before the examination

Before the forensic medical screening, the parents of the child will have been informed by the police of the location and nature of the screening and the parents will have given their consent for their child to be examined.

Immediately before the forensic medical screening, the child will have participated in a video-recorded police interview. The child will be given a short break after the police interview and will be offered something to eat and drink before the screening. During this time period, the police investigator will provide the forensic doctor and the nurse with a brief description of the nature of the suspected violence – for example, whether the child was hit with an object. A standardised document, inspired by Norway, has been developed for the project and is used by the police during the video-recorded interview to register the type of violence and the time of the violent episode. A sketch is also used for visual location of the injuries on the body according to the child's statement. The purpose of passing on this information to the examination team is to prepare the forensic medical team, to better target and focus the examination and, not least, to support the child's explanation.

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Eventuelt medbragt	Intet medbragt <input type="checkbox"/> Kopi af anmeldelsesrapportfor side <input type="checkbox"/> Kopi af samtykket <input type="checkbox"/> Andet:

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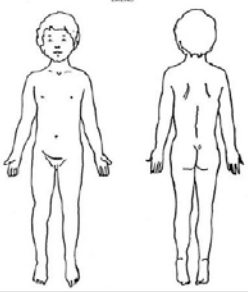
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Politiets resumé fra videoafhøringen

Navn: Dato: CPR.nr.:

DRØNG



Hvilke type vold er der tale om (stump, skarp, skud):

Opstøtelsesmåde (flad hånd, knytnæve, redskaber, halsgreb, andet):

Hvor er eventuelle skader lokaliseret (markeres på tegning):

Perioden for overgreb incl. hyppighed:

Dato for sidste overgreb:

Evt. bemærkninger:

Udfyldt af:

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Figure 1: The police registration form used in connection with the video-recorded interview.

## Examining the child

The forensic medical screening takes place in the examination room at the Children's Centre. The examination process is child-centered, and the screening is done as gently as possible. The child is always offered the chance to have caregiver and/or other supportive person present at the screening. This is often a teacher or nursery teacher, although it may also be a family member. Initially, the child and the caregiver will be told what will be involved in the screening and that photographs etc. will be taken. Both before and during the screening, the focus is on making the child feel as safe as possible. The child is entitled at all times to decline to the whole, or parts of, the examination.

During the first part of the screening, the child is asked a range of questions that can help assess the current state of the child's physical and mental health (Danish Health Authority, 2019). This will include questions about diet, sleep, pain, illnesses, medication, school satisfaction, etc. In order not to interfere with the investigation, questions are never asked about anything relating to the case, except with the agreement of the police.

The second part of the screening examines and documents any injuries and traces of bodily harm. The forensic medical examination on the project is performed in exactly the same manner as a forensic medical examination of an adult or child outside the project. The examination is a full body examination and is always performed in an objective and neutral manner; for this reason, the case is not discussed with the child during this part of the screening, either, with only open questions asked such as: 'Can you remember how you got this mark?' The examination of the body is done by undressing step-by-step, which means that the child is never fully unclothed in the room. All findings on the child are recorded and photographed – both fresh injuries, such as bruises and abrasions, and older scars, which may result from violence committed over time or from play, as well as signs of illness and neglect.

As a new feature, at the conclusion of the examination, the child will be examined by a dentist, who will record whether or not the teeth have developed to the degree appropriate to the child's age and whether or not there are any findings such as caries, tooth damage or changes in the oral cavity.

All physical observations are documented during the examination.

## After the examination

After the screening, the forensic medical team reviews the child's details and any traces of bodily harm and/or signs of illness and failure to thrive. Finally, the examining forensic doctor will assess any findings of the screening and any photographs along with a forensic doctor at expert level, and a preliminary conclusion will be prepared and submitted to the police.

Within approximately four days, the police receive the written 'preliminary conclusion' from the forensic doctor and are able on this basis to consider whether or not they wish to request a full forensic medical statement, which is the legal document required for the investigation and any subsequent judicial proceedings.

If, based on the screening, there are recommendations to monitor the child's physical and/or mental health, the social authorities will be informed. If the case is subsequently referred to the Children's Centre, Section 50(c) of the Danish Social Service Act and the Executive Order on Danish Children's Centres also provide the option to expand on and discuss the results of the screening at a cross-sectoral case consultation in the Children's Centre.

# Experiences and findings based on the project

## Concerns and prejudices before the project

### **Will parents give consent for their children to be examined?**

Prior to the start of the project, there was a concern that many parents would refuse to allow their children to be examined. This is seen in the light of the fact that the parents often find themselves in a high-pressure situation, where they may themselves be suspected of having committed violence against the child. However, this concern proved unfounded, with fewer than 5% of the planned examinations being prevented through the absence of consent from the parental authority holder.

### **‘It will be too time-consuming’**

At the time of the initial discussions about the project, there was concern within the police about increases in the time spent both on obtaining parental consent and on conducting the actual examinations at the Children’s Centre.

This concern proved unfounded. Consent for the forensic medical screening is obtained at the same time as the police make contact with the parent/guardian regarding the forthcoming video-recorded police interview and does not entail any increase in the time spent by the police.

According to the police, no irrelevant time is spent on the forensic medical examination as good working processes have been established with both the Children’s Centre and the municipality, whereby the time during which the child is in the examination room is used for appropriate coordination in a form of ‘mini-case consultations’, which involve jointly agreeing on the next steps, particularly with regard to the municipality’s processing of the case.

### **Is the examination a further assault on the child?**

Prior to the project, a number of people were concerned that the forensic medical examination would be an awful experience for the child – perhaps almost like a further assault.

At first, the term ‘forensic medical examination’ may sound dreadful and have associations with crime movies, where forensic doctors are usually seen in connection with deceased individuals. Part of the project has been to convey the message that forensic doctors to an equal degree examine living individuals in order to secure biological evidence and document signs of violence. This benefits the due process protection of both the possible victim and the suspected perpetrator. Furthermore, we have made a great point of dedramatising the examination itself, which consists solely of the forensic doctor examining, photographing and describing the surface of the child’s skin in order to find possible signs of violence. There is nothing in the examination that hurts the child.

In contrast to the above-mentioned prejudice, and based on our experiences of forensic medical examinations of child and adult victims of violence, those of us in the project group had a clear expectation that these examinations could be conducted in a manner that was gentle and helpful to the child. Our hope was that, through the physical examination, children would feel they were being taken seriously and being listened to. We also hoped to be able to conduct the examinations in a way that respected the child’s boundaries, and where it absolutely did not feel like an assault. Given this concern, a central point of focus throughout the entire project has been to include the children’s own perspectives and to listen to their experiences of being examined. The qualitative and quantitative data on the children’s perspectives show that the children have overwhelmingly had a positive experience of undergoing a forensic medical examination at the Children’s Centre,<sup>4</sup> and that the children’s feedback on the examinations has been considered on an ongoing basis and has led to changes in specific procedures.

<sup>4</sup> See the section ‘The children’s perspective’, page 30.

### Is it appropriate at all to conduct so many forensic medical examinations?

During the project we have been met with doubt with regard to whether it is at all appropriate to conduct forensic medical examinations to such an extent, and whether any scars or marks would be found on the children at all.

Similarly, we have encountered advance assessments from other professionals, for example expressed in sentences such as: 'There are no immediate marks on the body – the physical education teacher said that himself'. 'It has been a long time since it happened, so you will not find anything'. 'It is only information about slaps across the face, so you will not find anything'. 'There is no need for a physical examination – the child has already confirmed the violence at the video-recorded interview'.

The advance assessments above can be seen as examples of people's reasoning with regard to the need for a forensic medical examination when there is an absence of solid and appropriate professional background knowledge.

On the project, possible signs of violence and/or psychological and physical symptoms were found in almost half the children examined,<sup>5</sup> which is why it is appropriate to examine such a large number of children. On this basis, we believe we can argue that the due process protection, health and well-being of the children examined have been strengthened, which is one of the main aims of the project.



<sup>5</sup> See the section 'Findings on the body', page 20.



## Perspectives of the organisations involved

The Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence project is, as previously mentioned, a cross-sectoral Danish co-creation and intervention project that was set up as a collaboration between three organisations: The Danish Children's Centre for the Capital Region, Section for Child Abuse at the Copenhagen Police, and the Department of Forensic Medicine, University of Copenhagen. Individually, each of the three organisations play an important part in the process of handling children who are victims of violence, with each having its own subject knowledge and case-based goals. Below, we will examine the perspectives that the three organisations paid special attention to in connection with the experiences gained on the project.

## Forensic medical experiences and findings

### Assessing marks on the child's body

Marks on children do not unequivocally mean that the child has been subjected to violence. They may also be a sign that, for example, the child has fallen while playing. Conversely, it is not always the case that physical violence against children produces marks on the body.

Our experience from both the project and previous forensic medical examinations of children is that almost all children examined have marks on the body in the form of abrasions, bruises or small scars. However, it requires great expertise to determine whether the marks are common and typical for the age of the child, or whether they could be caused by violence committed in a specific manner - for example by a blow with an object - but also whether the marks could be a sign of something else, for example illness.

In Denmark, forensic medical examinations of victims of assault - including children - are performed by forensic doctors, and the forensic casework is quality-assured by at least one forensic doctor at expert level (supervisor). Forensic doctors differ from most other doctors in that they are not part of the health-care system, for the very important reason that they must not be responsible for any follow-up treatment of the child, nor must they have direct contact with the child's parents, i.e. the familiar doctor-patient contact. This guarantees the requisite objectivity and increases the due process protection of the child and any suspects in the case, often the parents. The literature supports the notion that the legal case is stronger when the victim has been examined by a forensic doctor (Janßen, Greif, Rothschild, & Banaschak, 2017). Forensic medicine in Denmark is a medical specialty with expertise in describing injuries in detail, supplemented by photographic documentation and, not least, an assessment of how the injuries may have been caused and how old they are.

#### **A forensic medical examination reveals the following, among other things:**

- Whether the child has signs of violence (e.g. bruising, abrasions and scars).
- Whether the injuries (e.g. marks, abrasions and scars) are in excess of what would be expected in a child of the age in question.
- Whether the documented injuries may be related to incidents described in the information provided.

**Table 1: Number of screenings during the data collection period**

	Number
Children screened during the data collection period <sup>6,7</sup>	205
Children who were not given a forensic medical screening due to a lack of consent	10
Children who were police interviewed but not given a forensic medical screening for other reasons <sup>8</sup>	6

### Findings and trends in figures

One of the success criteria on the project was to conduct at least 200 forensic medical screenings during the project period. This has been achieved, with 205 screenings conducted during the two-year data collection period.

### Gender and age distribution

Based on national studies, there is no unequivocal answer to the question of whether boys are at greater risk of physical violence than girls or vice versa, with differing results emerging (Oldrup et al., 2016).

As Table 2 shows, over the course of the project a roughly even proportion of boys and girls participated in police interviews and forensic medical screenings on the basis of suspected violence in close relationships, with boys being slightly overrepresented. The majority of children were in the age range 6–8 years.

Annual statistics from the Danish Children's Centres in 2019 show a similar age distribution with regard to cases referred to the children's centres, with a preponderance of children of early school age, i.e. 6–11 years. In other words, the age distribution among the children referred to the children's centres in Denmark represents a normal distribution bell curve, with most children of early school age, slightly fewer of older school age (12–17 years) and with fewest children in the range in the age range 0–5 years (Danish National Board of Social Services, 2020).

**Table 2: Gender and age (1 Apr 2020–31 Mar 2022)**

		Number	Percentage
Gender	Boy	104	51 %
	Girl	101	49 %
Age	≤5 years	34	17 %
	6–8 years	78	38 %
	9–11 years	52	25 %
	12–14 years	35	17 %
	15–18 years	6	3 %
Total		205	100 %



<sup>6</sup> Forensic medical screenings were also performed on 21 children during the test period (1 January 2020–31 March 2020).

<sup>7</sup> Due to COVID-19, the project was briefly put on hold, and the data collection period did not start until 4 May 2020.

<sup>8</sup> There are various reasons why children did not receive forensic medical screening, e.g. where the child was only interviewed as a witness, was examined at an Accident and Emergency Department, or was not mentally capable of being examined.

### Findings on the body

As shown in Table 3, almost all of the children examined had one or more marks that were considered normal for the age of the child in question, and/or that could not with certainty be attributed to the incident stated. However, in more than 1 in 4 children (29%), there were also findings that exceeded what would be normal for the child's age, or that could be related to the stated violent incident(s). An example of a finding may be a scar whose nature was that of the result of a blow with an object, or where the number and location of bruises, for example, did not match the typical injuries from active playing.

**Table 3: Findings on the body at the forensic medical examination (1 Apr 2020–31 Mar 2022)**

	Number	Percentage
No findings	< 5	-
Findings corresponding to what is normal for a child of that age, or findings that cannot with certainty be attributed to the incident(s) stated	201	98 %
Findings that exceed what is normal for a child of that age, or findings that may be related to the incident(s) stated	59	29 %
Recommendation for referral to general practitioner, social paediatrics department and/or dentist for investigation and monitoring	60	29 %
The child did not wish to be examined	< 5	-
Total screenings	<b>205</b>	<b>-</b>

\* It should be noted that the same child could well be part of several sub-groups.

### Detecting physical and/or mental health problems

We found on the project that a significant proportion of the children who underwent a forensic medical screening had one or more remarks as to their physical and/or mental health, and, as shown in Table 3, in more than 1 in 4 children (29%), it was considered that monitoring of the child's physical and/or mental health would be required, whether through the child's general practitioner, social paediatrician or dentist. It should be noted here that recommendations for monitoring in the health care system covered everything from recommending monitoring headaches and sleep problems to more serious concerns about self-harm and suicidal thoughts.

Below, we present a fictitious but realistic case from the project to illustrate how a forensic medical screening can help detect worrying, acute stresses in the child.

## CASE

*At the video-recorded police interview, a child expresses suicidal thoughts. At the forensic medical screening, the child describes these thoughts in more detail to the forensic doctor and nurse. The child explains that the suicidal thoughts are current and constant.*

*On this basis, the forensic doctor and nurse verbally inform the municipal case worker, who is present at the Children's Centre. They recommend that the child and authority case officer contact the psychiatric emergency department immediately. A written notification is then sent to the municipality.*

*The police subsequently informed us that the psychiatric emergency department immediately offered an outpatient psychiatric treatment.*

### Connection between findings on the body and health

It was expected that there would be an overlap between findings of injuries on the body and the presence of one or more physical and/or mental health symptoms. However, this was shown to be the case in only 9% of the children examined (see Figure 2).

#### Findings (1 Apr 2020–31 Mar 2022)

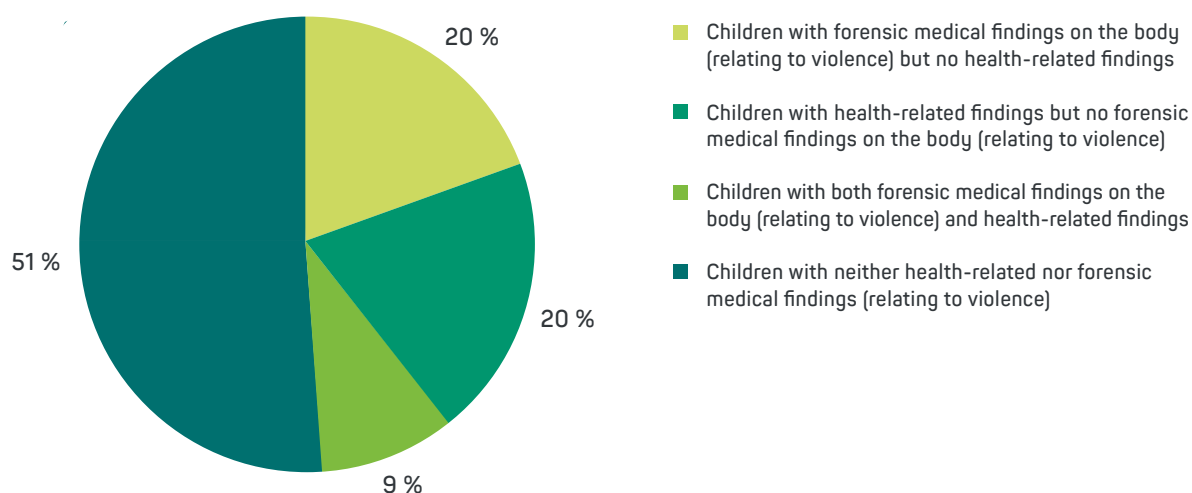


Figure 2: Findings (signs of violence and presence of health-related symptoms)

### Who is a suspect in the case, and what is the nature of the violence?

On the project, we found that children with parents of non-Western background were significantly overrepresented among those undergoing police interviews and forensic medical screenings due to suspected violence in close relationships. Danish and other Nordic studies also show that, in cases of physical violence, children of parents with a non-Western background are overrepresented, and that these children to a greater extent have been subjected to more severe and long-term violence (Myhre et al., 2019; Oldrup et al., 2016; Danish National Council for Children, 2017). There is no unequivocal explanation for this, but socioeconomics and cultural aspects of methods of bringing up children may be possible explanations.

In terms of who the suspect(s) is/are, our findings concur with those of other national and international studies, which show that there are no differences between how often it is the father, the mother or both parents who commit the violence. More recent Nordic studies, however, show that fathers to a greater extent commit violence against children, and that this violence is more often recurrent and more severe (Oldrup et al., 2016; Danish National Council for Children, 2017).

Prior to a forensic medical examination, the police will state what type of violence it is suspected the child has been subjected to – for example, slaps with the flat of the hand, blows with a clenched fist, blows using an object, choke holds or scalding. During the project period, we found that children had often been subjected to several types of violence, and in approximately a third of cases there were details of blows with an object, e.g. a belt, cable or strap.

### Research projects initiated and relating to the project

The data gathered on the project form the basis for two PhD projects that have been initiated and that will seek, using an evidence-based method, to support the trends and findings described in this project. One of the PhD projects is about identifying specific health markers in children subjected to violence in close relationships, and the other is an evaluation of the due process protection of children subjected to violence in close relationships. Both were launched in the autumn of 2022 and are expected to be completed at the end of 2024. Both these PhD projects are supported by independent grants from the Danish Victims Fund.

### The professionals' relationship skills

One of the central areas of the project has been to focus on the children and try to create as safe and gentle a 'setup' as at all possible. One of the things we have done in this regard is to focus on the professionals' relationship skills. Relationship skills are the ability to establish a good emotional relationship with the people with whom we work. This is an extremely important skill for specialists who work with children in cases of suspected abuse.

The day on which a child is to attend a video-recorded police interview about possible violence in the home and undergo a forensic medical examination is a very special and unusual day in that child's life, one that may be characterised by nervousness and worries on the child's part. On days like these, it is particularly important for the professionals to regard the relationship aspect as a vital part of solving the overall task.

In order to professionalise and systematise our work on relationship skills, we have used a tailored and simplified version of the International Child Development Programme (ICDP) (Hundeide, 2004; dansken-centerfor-icdp.dk).

ICDP is a theory and evidence-based programme that aims to improve the quality of the interaction between children and adults. ICDP was originally developed to strengthen parental skills. ICDP has been further developed with the view to professionalising relationship skills in various professional groups that work with children. In Denmark, this is widespread in the fields of educational theory and practice, teaching and the social area. The basic goal of ICDP is to make adults more sensitive to children's needs, and to improve adults' ability to meet children on the children's own terms.

## OUR FOCUS IS ON THREE BASIC SKILLS: PROCESS, BEHAVIOUR AND ROLE

On the project, we have focused on the basic skills of Process, Behaviour and Role (the PBR skills), which are important in creating a good and secure relationship with the child in connection with the forensic medical screening.

### PROCESS: You can adjust the process to match the child

- Choose the child's situation as the starting point.
- Tell the child what they may and should do. Step-by-step.
- Unravel the child's experience – expand and explain.

### BEHAVIOUR: You are positive and accommodating towards the child

- Choose the child's situation as the starting point.
- Tell the child what they may and should do. Step-by-step.
- Unravel the child's experience – expand and explain.

### ROLE: You can change the approach to the child

- See the child's initiative – adjust your role.
- Invite the child to a conversation – listen and answer.
- Be aware of when the child is the object and subject of the examination.

In order to operationalise and concretise the PBR skills, we have developed a collection of examples containing specific proposed actions. This was developed based on the experiences of the forensic medical team and what has worked well during the conversations with, and examinations of, the children. An example can be seen below:

Skill	Action	Example
Choose the child's situation as the starting point	<ul style="list-style-type: none"> <li>- Adapt your language to the age of the child.</li> <li>- Involve and listen to the child.</li> <li>- Recognise that a physical examination may exceed some children's boundaries.</li> <li>- Be particularly aware of the child's boundaries.</li> </ul>	<p><b>If the child is uncomfortable getting undressed:</b></p> <ul style="list-style-type: none"> <li>- Explain that you fully understand that he/she finds it strange being examined and how it may be beyond his/her boundaries, but also that we are used to examining children and will try to do it as reassuringly, well and quickly as possible.</li> <li>- Ask the child, for example, whether the accompanying caregiver should sit with his/her back turned.</li> <li>- Offer a modesty draping sheet.</li> </ul> <p><i>Remember that the child will not have a victim support lawyer, nor usually its parents, present at the examination, who can help the child say yes or no.</i></p>

Figure 3: Draft from 'bank of examples'

### Alternating between procedure and improvisation

A forensic medical examination is performed on the basis of standardised and quality-assured procedures, which ensure that the forensic doctor is able to carry out a top-to-top examination of the child. On the project, we have found that it is vital during forensic medical examinations of children for the professionals to have the ability to follow the quality-assured procedures while at the same time focusing on creating good, reassuring contact with the child.

It is not possible to prepare standard procedures for establishing a trusting relationship with a child, but it is possible to have points of attention and a repertoire of methods that can be used for navigating through a specific situation with a specific child. You might call this the ability to alternate between procedure and improvisation.

During the course of the project, we have become aware of the importance of ensuring that the professionals know their procedure or method well enough to have sufficient reserves of mental energy for any necessary improvisation in the situation on the basis of the PBR skills.

#### An example of improvisation:

*A small child does not wish to remove his/her clothing. The nurse suggests that they could have a competition, in which the child throws one item of clothing at a time to the nurse and the nurse then catches the item of clothing and throws it back to the child once that part of the body has been examined. The child thinks that this is a fun game, begins to remove clothing himself/herself, and can then be examined.*

### Using artefacts: Objects can be used to create a relationship with the child

On the project, we have found that objects very useful when establishing a reassuring relationship and cooperation with the child. Examples of objects in the examination room are stuffed animals, blankets, cameras, lamps, clothing, examination equipment and physical fittings. It is possible to play with the functions of the objects and create variety in the examination process. Objects constitute a common third that can be used to focus the attention and that can provide relief to a child who is feeling tense or insecure in the situation. The child may take control of various objects used in the examination. For example, the child may take photographs of the forensic medical team and the accompanying caregiver, or move the examination table up and down, or play with the ruler used to document the size of marks and lesions.



*On the project, we have found that objects are useful for establishing a trusting relationship between the child and the examiner and gaining the child's cooperation.*

## Police experiences and findings

### **The forensic medical screening benefits the investigation**

It is the clear opinion of the police that the forensic medical screening has assisted the police in identifying cases that otherwise would probably not have been investigated further because of the explanation by the child, the situation regarding the evidence and other misgivings.

The Copenhagen Police found that the forensic medical screenings resulted in an increase in the number of times a full forensic medical statement (the full legal documentation of the examination) is ordered for a case. The preliminary conclusion based on the forensic medical screening, and in some cases the subsequently ordered full forensic medical statement, have led to charges being brought and, in some cases, prosecutions being brought by the Prosecution Division.

The forensic medical screening has helped to provide information for the basis of further investigation and has helped to clarify the cases. This clarification has been relevant whenever it has been necessary to assess the need for further investigation, or if a case should be closed without further legal proceedings. In many cases, the preliminary conclusion from the forensic medical screening – and, particularly, the subsequent full forensic medical statement – has been able to substantiate the explanations provided by the child during the police interview. This applies both when documenting injuries and when documenting the absence of injuries. The Copenhagen Police is currently analysing the extent to which the forensic medical findings have helped lead to charges being brought, prosecutions or judgments in cases where the child victim has been examined as part of the project. This is an extensive work of analysis, which requires careful reading of all indictments and judgments in order to determine the weight added to the specific case by the forensic medical statement.

### **‘No findings’ may also benefit the investigation**

As well as those cases where there have been findings, the remaining cases where there have not been any findings have been equally relevant to the police in their work. In these cases, screening has helped to remove a layer of complexity and provided a more informed basis for a legal assessment. Thanks to the project, it has not been necessary to base this legal assessment solely on the child’s explanation, as it has been possible to substantiate it using the results of the screening.

### **The municipality is an important collaborative partner**

The police have found that it is important to focus on collaboration with the municipalities involved. The municipalities take great responsibility in the subsequent process, where they return the child to the institution/school/home once the forensic medical screening is complete. Returning a child after it has had to talk about abuse in the home is a huge social responsibility. Here, it is absolutely essential from the outset for the municipalities to bring the child and its parents/guardians together in an appropriate manner and to support the reunion between parents and child.

It has also proved to be of benefit that it is the police investigators who pick up children in ‘pincer movements’<sup>9</sup>, as the time spent travelling has had a positive effect on establishing contact between the child and the police officer who will be interviewing them. The police also consider that, from the child’s perspective, it is important to minimise the number of new people who come into contact with the child, so as not to create confusion and uncertainty.

### **The forensic medical screening increases the quality of the police’s work in cases of violence against children**

The same message is coming from the case officers and police interviewer at the Copenhagen Police who have been involved in the project: it has been a success. It is the clear view of the police that the screenings

<sup>9</sup> A ‘pincer movement’ is the name given to collecting a child for a video-recorded police interview without giving prior warning to the suspect parents. In practice, the police meet the children at school or the day care facility while the parents are simultaneously informed of the intended interview. The majority of police interviews in cases of suspected violence in close relationships are conducted in this way. The aim of the manoeuvre is to prevent suspects from influencing the children before the police interview.

have had a positive effect on the quality of cases, and it is also very positive that, in addition to the criminal case aspect, there is also focus on the child's general state of health. The project is also seen as an effective way of giving equal status to children and adults in cases where violence is reported and providing the associated requisite documentation.

Below, we present a fictitious but realistic case from the project to illustrate how the forensic medical screening can help in relation to the criminal proceedings:

## CASE

*At the video-recorded interview, a child says nothing to the police to confirm that the child has been subjected to violence at home. The police can therefore not immediately proceed with the case from a legal perspective.*

*At the forensic medical screening, a worryingly large number of injuries are found on the child's body, and the preliminary conclusion to the police states that the injuries far exceed what would be expected for the age of the child, and that a number of the injuries are considered to relate to the violent incident described in the report to the police.*

*Based on the findings of the forensic medical screening, the police decide to proceed with the case in the criminal law system.*

*Had the child not undergone a forensic medical screening, the case would hardly have been taken further within the legal system and the investigation would have been closed.*

## The Children's Centre's experiences and findings

### Physical examinations of children in a children's centre

Before the start of this project, forensic medical or paediatric examinations of children were carried out only very occasionally in the Danish Children's Centres. Against this background, there has long been a desire among the children's centres to establish a practice for performing physical examinations of children in the children's centres themselves. The project was a golden opportunity to test, in practical terms, how physical examinations of children in a children's centre would work. Fortunately, the Danish Children's Centre for the Capital Region had an examination room available that could be used for the purpose, supplemented only by new lighting with brightness control.

The Children's Centre's view is that adding forensic medical screenings to the building's other activities has worked well and without problems.

### Increased opportunities to include the health and well-being perspective

Thanks to the project, in project-related cases it has been possible to include the well-being and health perspective to a greater extent in the Children's Centre's investigation of the child, with the forensic medical team increasing its participation in case consultations with the local authorities and police. These consultations have given the municipality the opportunity to receive additional information about the well-being and health assessment produced on the basis of the forensic medical screening, which has proved useful in the continued casework on the municipality's social case.

### Forensic medical screening is not considered stressful for the child

Part of the project focused on whether the forensic medical examinations might place such stress on the children that the drawbacks could offset any benefits of performing the examinations systematically.

Fortunately, both the quantitative and qualitative study of the children's experience of being physically examined in connection with the project show that the examinations are carried out in a good and gentle manner. In addition to this, many of the children have a positive experience of the aspects of the examination

relating to health and well-being. Data from the project give the impression that the children in this regard feel that they are being taken seriously and that their health and well-being are important.<sup>10</sup>

Feedback from the children has made it possible to adjust the forensic medical screening procedure continually on the basis of the children's statements. For example, the children have commented in various ways that the lighting in the examination room was too harsh/uncomfortable. As a result of this feedback, sunglasses were procured and can be worn by the children as required during parts of the examination. Several children have also stated that the process of undressing as part of the physical examination could be perceived as strange, unpleasant or awkward. Draping sheets, that the children may put on while undressing, have been introduced and have had a positive effect.

The heightened focus on relationship skills characterises the spirit in the children's centres, where we make an effort at all times to become more skilled at talking to vulnerable children in a manner that is supportive and promotes their development.

Based on the experiences from the project, the Children's Centre can confirm that forensic medical screenings can be conducted in a gentle and child-friendly manner that benefits the children.

## Legal points of attention

In conjunction with the project, it has become clear that some legal frameworks remain unclarified – or, at least, the law is open to interpretation and, thus create professional disagreement within the cross-sectoral collaboration. This is inappropriate, not least when it leads to uncertainty or even unequal due process protection for minors. Here, we would particularly like to draw attention to the issue below.

### Video interview – no opposition or consent

Within more tightly delimited frameworks, police interviews of minors may be recorded on video with a view to using the recording as evidence in court (see Section 745(e) of the Danish Administration of Justice Act). Before conducting such a video interview, the police must inform the holder of parental custody; express consent is not required. On the other hand, there is a requirement that the holder of parental custody (one holder is sufficient) does not oppose the interview.<sup>11</sup> These frameworks create various options for video interviews of children, all depending on whether they have one or two holders of parental custody, and all depending on whether one of the holders of parental custody or a parent without parental custody is the object of the suspicion.

The framework, whereby the police alone must ensure that the holder of parental custody is not opposed, is also different to the one laid out in Section 3(1)(i) of the Danish Parental Responsibility Act. Here, in the case of joint parental custody, significant decisions affecting the child require agreement between the holders of parental custody, and it may be argued that a video interview, with regard to the nature of the intervention – including the fact that the video can be used as evidence in a criminal case – could be considered as an example of such. If that is the assessment, then both (where there are two) would thus be informed about the reason for and purpose of the video interview and, based on this, give their express, fully informed consent. Conversely, it could be argued that a holder of parental custody who is a suspect may be regarded as unqualified, as it is the child's best interests they must consider (see Section 2(1) of the Danish Parental Responsibility Act).

<sup>10</sup> See the section 'The children's perspective', page 30.

<sup>11</sup> Report no. 1420/2002 [8.3.1.], repeated in report no. 1554/2015 (Chap. 11, 2.2.) and applicable Director of Public Prosecutions notice, Video interviews of children (version 1 January 2022, 2.3.) If there is one holder of parental custody, and he/she is opposed to a video interview, or if there are two holders of parental custody who are opposed to a video interview, the prosecutor must submit the question of a video interview to the court (see Section 747 of the Danish Administration of Justice Act).

### The forensic medical screening in practice

If the police wishes for a physical examination of a minor to be performed, this can only take place when consent has been given; with regard to children under 15 years of age, this must be given by the holder of parental custody (see Sections 792(d)(1) and 821(b)(3) of the Danish Administration of Justice Act). For older children – i.e. children of around 12 years of age and older – the child's view should also be taken into consideration when assessing whether a physical examination should take place. If there are two holders of parental custody, one of whom is a suspect/has been charged and is opposed to the child being examined, a physical examination of the child may be performed if the other guardian gives his/her consent (see report no. 1420/2002 (8.3.2.)). There is no legal base in the Administration of Justice Act for the law to determine, in the absence of consent, that the child should take part in a physical examination. In principle, this absence of a legal base means that suspects, in some situations, are given 'carte blanche' to prevent the police from conducting one of the most important steps of their investigation.

At the same time, similar considerations to those above apply with regard to video interviews – i.e. that it may be argued that the framework of the Danish Parental Responsibility Act as far as important decisions are concerned must also include a physical examination.

### Absence of use or timely use of the Children's Centre

Figures from the project show that of the cases, where a forensic medical examination was performed, 72% were subsequently referred to the Danish Children's Centre for the Capital Region as so-called 'children's centre cases' under the provisions of Section 50(b) of the Danish Social Service Act, whereby relevant information may be exchanged between the bodies involved (see the Danish Social Service Act, Section 50(c)). The consequence of there being no referral at all, or referral not taking place until after the video interview and forensic medical screening, is that the opportunity for authorities to exchange information cannot be fully utilised during the initial phase of the process (or not at all). This is because the requisite legal base is not present. An example of this may be where, immediately following the forensic medical screening, it may be appropriate to discuss details of findings relating to the child's health and well-being – for example, signs of self-harm – yet the case has not been referred to the Children's Centre from the outset, meaning that the information cannot be discussed with psychologists at the Children's Centre. For this reason, forensic doctors can only inform the municipality using the mandatory legal obligation to report cases of violence against children to which they are bound under Section 153 of the Danish Social Service Act.

Overall, there is no doubt that failure or delays in establishing the collaboration possible under the legislation adversely affect the effectiveness and quality of the collaboration and therefore, ultimately, the child.



*The Danish Children's Centre for the Capital Region*

# The children’s perspective

It is often emphasised in the existing literature on children’s centres that the child is at the centre of the process and that the focus is on the child’s needs (Johansson et al., 2017; Spitz & Bird, 2017). Despite this, literature on children’s own experiences of, and perspectives on, arriving in a children’s centre remains relatively sparse. This particularly applies to qualitative studies into children’s experiences of medical or forensic medical examinations under the auspices of a children’s centre in cases where violence is suspected. In recent decades, there has been increasing focus on involving the children and on children’s rights to be heard in matters relating to the child himself/herself (Holt, 2011; Ponizovsky-Bergelson et al., 2019; Olsson & Kläfverud, 2017). On the project, we have involved the children directly as information providers – and more specifically looked at their experience of the forensic medical examination and video interview, which in practice has meant continually adjusting the screening procedures on the basis of the children’s feedback.

## Smiley rating of the forensic medical screening

Inspired by an American study from a similar context (Jackson & National Institute of Justice, U.S., 2004), the children on this project have given a smiley rating immediately following the forensic medical screening. On a sheet showing five coloured smileys, the children indicated what it was like to be examined by the forensic doctor, nurse and dentist. The children also had the opportunity to enter an additional comment on the sheet. The children entered the smiley rating without the professionals being present and placed the sheet in a closed box.<sup>12</sup>

As shown in Figure 4, the results of the children’s smiley ratings show that most of the children who entered a smiley rating stated that their experience with the screening had been ‘good’ or ‘very good’.

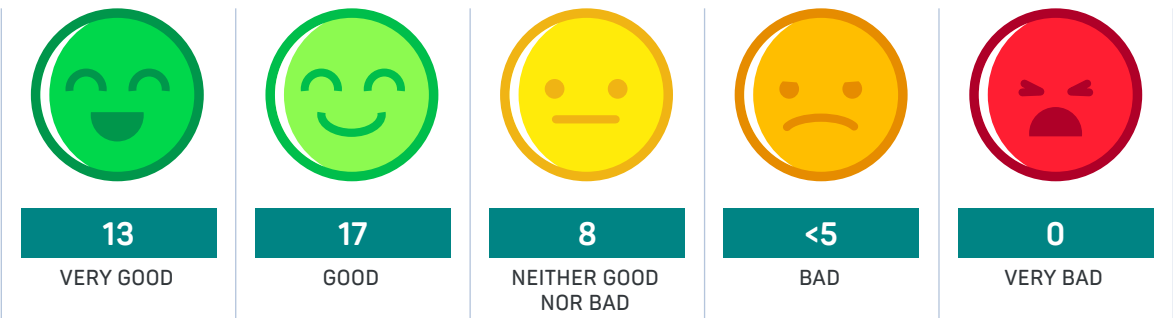


Figure 4: The children’s smiley rating, entered immediately after the forensic medical screening.

As additional comments, the children wrote – among other things – that they would like a few more snacks during the of the examination (sweets, cake and vegetables), as well as slightly more variation in the toys provided. Several of the children describe the adults in the examination room as ‘nice’, and that being examined was fun, while other children describe how having their body and private parts looked at was awkward, strange and unpleasant.

<sup>12</sup> A few children indicated two smileys on their sheet. These responses have been excluded in the actual results part. It should be noted here that we did not begin the smiley ratings until the second year of the project (January 2021–March 2022), when all children examined were offered the chance to enter a smiley rating. However, in a few cases the child was not offered the chance to enter a rating. This may, for example, be due to the fact that the child was too young or too tired after the video interview and examination. The child does not enter a name, age or other identifiable information on the sheet.

## Qualitative interviews about the forensic medical screening and video interview

In order to acquire further knowledge about the children's experiences of the activities in the Children's Centre, qualitative interviews were conducted with a view to revealing in more nuanced detail the children's experiences of the forensic medical screening and video interview.

The qualitative interviews were held on the basis of a semi-structured question guide containing two overall themes ('Screening' and 'Interview') and associated sub-questions, as well as flexibility in following up on perspectives that the children themselves raised during the interview (Överlien, 2016). As the interviews were conducted with children as information providers, a number of different creative and visual resources were integrated (Fane, 2016; Kellett, 2011), such as 'emojicons' and photo cards at rooms in the Children's Centre.

Questions about the video interview were based on existing Nordic literature that, for example, describes children's experiences of the video interviews and the interview room (Forandringsfabrikken, 2019; Rasmussen, 2011).<sup>13</sup> The qualitative interviews took place in conjunction with other interactions at the Children's Centre, and the child was informed about the purpose and subject matter of the interview, including the fact that the interview was about the child's experience of the video interview and forensic medical screening and not the actual questions put to the child by the police. The child was also informed that he/she could refrain from answering any questions that he/she did not wish to answer. Consent was obtained from the parent(s) before the interviews.

Sixteen interviews were held with children (six girls and ten boys aged 4–14 years). As these children often find themselves in a vulnerable situation (Rasmussen, 2011), with one or more of their closest caregivers as suspected parties in the case, a number of ethical questions and considerations arose in connection with conducting the interviews. A central dilemma was that of balancing the child's right to be heard and the child's right to protection (Rasmussen, 2011; Holt, 2011), and for this reason the recruitment of children for the interviews was done in cooperation with psychologists and social workers (Jackson & National Institute of Justice, U.S., 2004; Danish National Council for Children, 2015; Olsson & Kläfverud, 2017) and was conducted by an academic colleague with experience of interviewing children who are in a vulnerable situation. The results of the qualitative interviews of the children show that the children's experiences are diverse. The themes and trends recurring across the interviews are presented below, while at the same time focusing on presenting the diversity of the children's experiences. All themes and trends are presented in a non-personally identifiable manner.

## The experience of the forensic medical screening in general

The interviews show that the children have different experiences of the different components of the forensic medical screening examination. For example, most children describe being examined by the forensic doctor as 'neither good nor bad', while most children describe the part of the screening for which the nurse is responsible (questions about diet, exercise, sleep, etc.) as 'good'. Few children indicate having had a 'bad' or 'very bad' experience with elements of the screening.

## Positive elements of the forensic medical screening

Several children mention the questions asked about well-being, diet, sleep and exercise during the forensic medical screening as being a good aspect of the screening. They describe how it is good to talk about how they are feeling, how their body feels, and that it is nice finding out that they are fit and healthy and being given varied information about health. Some children also describe how, as part of the examination, they were made aware of health-related issues that need to be examined further (e.g. something about the body or teeth), and that it is good to be aware of this. Several children also describe the behaviour of the professionals (forensic doctor, nurse and dentist) as a positive aspect of the examination, e.g. that the professionals are nice and friendly, act calmly and respect the fact that there may be places on the body that

<sup>13</sup> Foruden de to datakilder til at undersøge børnenes oplevelse indeholder nærværende undersøgelse et kort spørgeskema til barnets forælder/forældre, der blandt andet afdækker forældrenes oplevelse af, at deres barn/børn er blevet retsmedicinsk undersøgt og videoafhørt i børnehuset samt hvordan de – som barnets omsorgsperson – oplevede, at barnet havde det efter screening og afhøring. Da kun få forældre har besvaret spørgeskemaet, er resultaterne ikke inkluderet i denne rapport.

the child does not wish to be examined. The word used spontaneously by most children when describing the professionals in the examination room is 'nice' (Danish: sød), and this applies to the various professions (forensic doctor, dentist and nurse). There are also children who mention that it is important to have a choice when it comes to being physically examined.

” *It was really good talking to the nurse. There was nothing about it that was unpleasant. There were just a few normal questions about my everyday life.*

### Negative elements of the forensic medical screening

When describing the forensic medical screening, several children mention undressing and the aspect of having their whole body looked at as a less good feature of the examination. Several children use the words 'awkward' (Danish: akavet) and 'strange' (Danish: mærkeligt) to describe the aspect of undressing. Some children also mention the aspect of having pictures taken of their body as something about the examination that they did not like. This may, among other things, be due to uncertainty as to who will see the pictures, and whether or not the pictures will be deleted. There are also children who describe the lighting in the examination room as something that could be improved – e.g. an experience of having a light shone in their eyes, or the lighting in the room being too harsh.

” *The bad thing about it was when I had to show my body and have pictures taken.*

### The experience of the video interview

Most of the children indicate that their experience of being interviewed by the police was 'neither good nor bad', followed by 'good' and 'really good', respectively. Few children indicate that their experience of the interview was something 'bad' or 'very bad'.

### Positive elements of the video interview

Several children describe the waiting rooms at the Children's Centre and the activities available there as a positive aspect with regard to when they spoke to the police, including the fact that they can have a good time, relax, be with their family, play in the waiting room and be given juice and snacks in the kitchen – in other words, elements that fall outside the actual interview room and situation.

Several children mention the professionals, i.e. the police, as a positive aspect of the interview; this includes that it was good that they were nice, good and funny, and that they listen and give them time to talk. The word mentioned overwhelmingly by the children in describing the police is 'nice' (Danish: sød). There are also children who describe the police as serious, severe and tense. Some of the children mention that they were relieved after the video interview, that it was a relief to get it over with, and that it felt good to be able to open up about everything and to tell things as they are.

” *It was good that afterwards I got a toy from the box and that the police were nice.*

### Negative elements of talking to the police

One aspect that recurs as a negative element of the video interview across all the interviews is the actual questions put to the child during the interview – for example, the number of questions and the types of questions about the child's family and what has happened at home. Several children also mention that it

took a long time to be interviewed, and that as a result of being interviewed and examined they missed out on various things, such as being at school, seeing friends, playing sport and having a weekend. There are also children who describe being tired, feeling strange and thereafter giving a great deal of thought to what had happened and what the consequences of the interview and screening might be for them and their family.



” *It wasn’t so good to be asked about how things are at home.  
What the adults are like and things like that.*

### Good advice from the children

In this section, we have gathered some good pieces of advice for the professionals, based on statements from the children.

#### FORENSIC MEDICAL SCREENING

- The adults should carry on doing what they are doing – for example, asking whether the children are eating healthily, how they are sleeping, how they are feeling physically – and carry on listening to what the children are saying
- That the children can say if there are any parts of the body they do not wish to have examined
- Extra catering after the screening (sweets, cake, vegetables)
- That the children get a small thing/toy after the examination (as at the doctor’s or dentist’s)

#### VIDEO INTERVIEWS

- The police should keep doing what they are doing (e.g. being good at taking things at the child’s pace, being funny, listening, giving the child time to speak)
- It is important to be prepared (to have an overview of what will happen, knowing where the cameras and microphone are located and who will see the video).
- It is important for the police and interview situation not to be too serious or too tense.

## Cross-sectoral collaboration

### How the cross-sectoral collaboration was evaluated

The work done with children by the children's centres involves many different parties. In connection with the project, through interviews with 43 professional specialists, we have mapped the collaboration regarding the child on the day on which the child attended the video interview and the forensic medical screening at the Danish Children's Centre for the Capital Region. All those interviewed were involved in a specific case process in the months leading up to the interview. We have interviewed managers and employees from Copenhagen Municipality, Tårnby Municipality, Copenhagen Police, the Danish Children's Centre for the Capital Region, Herlev Hospital, the Danish Appeals Authority, the Department of Forensic Medicine, and teachers/caregivers from schools and kindergartens/nurseries who have accompanied children to interviews. A number of observations and document studies were carried out in addition to the interviews.

Data collection focused on mapping the process that the child participates in the day, both before and after the video interview and the forensic medical screening. We have adopted this broader perspective in order to understand the complex cross-organisational collaboration that exists between the various professionals. This has allowed us a deeper insight into the various perspectives that each separately adopts on the case by interviewing representatives from all involved authorities and institutions.

### The most important points

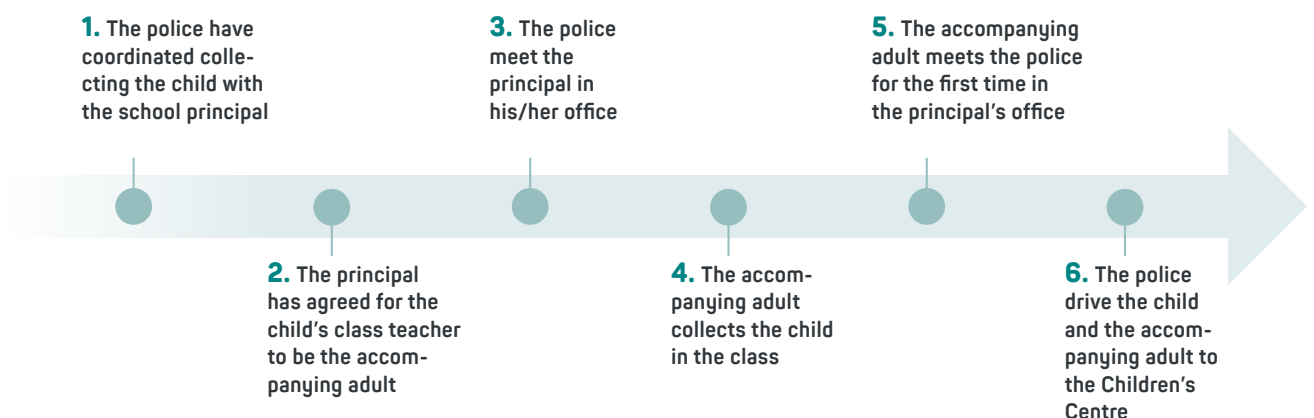
Here, we will focus on three main points that we can extract from these data.

- Coordinate the specific collaboration situations that involve several professionals
- Clarify the coordinating role
- Good collaboration begins with responsibility for the overall process

### COORDINATE THE SPECIFIC COLLABORATION SITUATIONS THAT INVOLVE SEVERAL PROFESSIONALS

When we analyse the day that the child goes through, it is characterised by a complex process in which the child enters into relationships with various collaborating professionals. The processes completed by the children are not identical, but the illustration below shows a typical example:

### Collection (using a pincer movement) – typical process



## Arrival at the Children's Centre

**7.** The child and accompanying adult are welcomed to the Children's Centre, where they are shown to the room that they can stay in

**9.** The video interviewer shows the child and accompanying adult the interview room and explains how it is laid out and what will happen

**11.** Once everyone is gathered here, the interview of the child can begin

**8.** The child and the accompanying adult are shown the kitchen and offered something to eat and drink

**10.** In tandem with this, the defence, prosecution, expert lay assessor, municipal case officer and Children's Centre employee gather in the monitoring room, where they can follow the interview of the child by video

## During the interview

**12.** The accompanying adult is not present in the interview and waits in another room

**14.** In the meantime, the accompanying adult looks after the child

**13.** There is a break in the interview, during which the video interviewer goes to the monitoring room to check with the collaborating professionals as to whether there are any further questions to ask

**15.** The interview resumes

## After the interview

**16.** The police, municipal case officer and Children's Centre employee hold a brief meeting, at which they coordinate the remaining process

**18.** The police then leave the Children's Centre

**20.** The case officer, accompanying adult and child take a taxi to the local authorities

**17.** At the same time as this meeting, the child is examined by the forensic medical team

**19.** The case officer meets the child and accompanying adult

**20.** The parents arrive at the local authorities. The case officer holds a meeting with the parents, and they are reunited with the child

It is possible to break down the process into further subcomponents but, as already apparent, the current process contains many different collaboration situations. For the collaboration partners, who are used to being part of the routines, much of this process is unarticulated and automated, but new and unexperienced partners can easily become confused. It can be useful if the professionals involved in the collaboration situations together are able to clarify the process and the roles and tasks of the various parties, as well as the common goals of the collaboration situation. There are only a few of these collaboration situations where those involved have discussed how best to organise the process for the child. The consequence of this is that the coordination of the collaboration between the parties is, in the main, unarticulated and based on what might be called implicit knowledge.

Likewise, there is a clear tendency for the parties involved to arrange the process for the child in their own organisation, despite there being a number of sub-processes involving several partners from different organisations.

## CLARIFY THE COORDINATING ROLE

It can be seen from the above illustrative case process that there are various professionals with a coordinating role during the day. The first part of the day is coordinated by the police, with the last part of the day being handled by the municipality. There are major differences in how this coordinating role is handled by the two authorities, which in turn affects the cross-sectoral collaboration concerning the child.

In general, it can be said that the police and municipality are involved in the majority of the collaboration situations and will often have a coordinating role, in which they can make decisions on the actual design of the process. However, there are major differences between the collaboration situations of which the police and the municipality contribute. The collaboration situations involving the police are more uniform. This uniformity arises because the police perform these tasks repeatedly and thus have extensive experience of them. It is also a feature of the police's tasks that the task is defined in advance, making planning easier.

Conversely, the collaboration situations involving the municipality are not uniform, which is due to the case officer often having much less experience of the processes at the Children's Centre than the police. More than half of the 12 case officers interviewed had only been in the Children's Centre on the one occasion about which they were being interviewed. At the same time, many of the case officers who attend video interviews at the Children's Centre do not have thorough knowledge of the case. This may be due in part to the internal organisation in the municipalities, for example with round-the-clock duties, emergency or reception teams, and in part because the same case officer who may have spoken to the child must not listen into the video interview as he/she may be liable to be called as a witness in court. By their own accounts, case officers have typically not had sufficient time to familiarise themselves with the case. Nor do the case officers have full decision-making powers, and for this reason they often have to consult their manager or await a referral meeting to decide, for example, whether the case should be one for a children's centre. Something may emerge during the video interview that affects how the case officer handles the case. Finally, the Danish Children's Centre for the Capital Region works alongside 29 municipalities with different practices, whereas they only work with four police districts. The consequence of this is that there are greater differences between the approaches, processes and methods used by the municipalities than those used by the police.

The professionals involved generally have a positive experience of the police's coordinating role. They indicate that the police adapt a coordinating role and function in respect of the professionals involved. Conversely, the players' experience of the coordination by the municipal case officers is that it often appears unplanned and haphazard. Several professionals indicate that it is not clear whether the municipality adapts this coordinating role and function in respect of the other parties involved.

Over the course of the project period, the Children's Centre has changed its practice, whereby the Children's Centre coordinates the transfer of responsibility for the case from the police to the municipality by having a so-called 'mini-case consultation' immediately following the conclusion of the video interview, while the child is being examined.<sup>14</sup> The immediate assessment of this is that the transfer of responsibility for coordinating the case in the middle of the course of the day provides greater clarity to case officers on their role and task, improving the perception by the other players that the case officer and municipality are handling the coordination regarding the child in the subsequent process.

## GOOD COLLABORATION BEGINS WITH RESPONSIBILITY FOR THE OVERALL PROCESS

During the collaboration between the different parties, there is much focus on planning specific activities in which the child is involved over the course of the day. The child's overall experience is largely dependent on the correlation between the various activities. It may be necessary for the professionals involved to talk more to each other about their responsibility for the overall process.

When the collaborating professionals involved talk about responsibility with regard to the activities, they typically set boundaries for their responsibility by specifying what they are not responsible for. As a result of the professionals setting boundaries, there are tasks that are not taken care of. An example could be who is responsible for ensuring that the child is given something to eat. All parties agree that it is vital for the children's well-being that they are given something to eat, and all the activities over the course of the day will be challenging if the child is hungry. Of the accompanying caregivers interviewed, only one had taken the child's bag and lunch box to the Children's Centre. This accompanying caregiver had previously been to the Children's Centre with a child and did not have any food with her for the child. Conversely, the other nine accompanying caregivers were in the situation of not knowing how long a visit to the Children's Centre would last. They had all imagined that it would take a few hours and that they would then be back at the school/kindergarten. There was chocolate milk and snacks at the Children's Centre, but they did not feel that this was ideal.

Everyone agrees that it is important for the appropriate adult to know that the child needs to bring along a lunch box. But who is then responsible for telling them? The Children's Centre? The police? The municipality? The school or nursery school principal? When the various parties were asked about taking responsibility for this task, they all refused taking on responsibility for the task.

We must stress that we have observed many children bringing a lunch box with them to the Children's Centre. The ten accompanying caregivers whom we interviewed are not necessarily representative of the many accompanying caregivers who have been to the Children's Centre. However, the fact that the child may be hungry is just one obvious example of what can happen when the parties involved primarily take responsibility for their own activities.

Another example is where the accompanying caregivers are often not familiar with the investigation process, or do not know where the Children's Centre is located or what the Children's Centre does. There is a risk that this uncertainty that can arise in the accompanying caregivers may rub off on the children. For example, none of the accompanying caregivers interviewed had subsequently spoken to the child about their common experiences, and overall the experience had adversely affected the relationship between the accompanying caregiver and the child.

In order to improve their ability to handle this kind of task, it is important for the collaborating professionals not only to take responsibility for their own activities and for coordinating them in immediate relation to associated activities: They will need to take greater responsibility for the overall process experienced by the child. If, for example, all collaborators have an interest in ensuring that the child is given food during the day, or feels as secure as possible, there should also be a shared responsibility for informing the accompanying caregiver about the case process and ensuring that the child takes a lunch box along to the Children's Centre.

<sup>14</sup> Se afsnittet 'Bekymringer og fordomme forud for projektet', side 15.

## Conclusion

Over the past two years, the Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence project has offered standardised forensic medical screenings (a full forensic medical examination combined with a health and well-being screening) for all cases of violence against children reported to the police in the Copenhagen Police District where the child participated in a video-recorded police interview. This has led to over 200 children undergoing forensic medical screenings, and we have collated experiences and knowledge that, it is hoped, will help improve practice in the area – both locally and nationally.

We have proven that, when violence against a child is reported, a systematic forensic medical screening ensures that the requisite specialised documentation is provided, thus giving children equal status with adults in cases of suspected violence.

We found that more than one in four children (29%) were assessed to have findings on the body that could provide grounds for suspicion of the child having been subjected to violence in close relationships. We found that more than one in four children (29%) were assessed to be in need of monitoring of their physical and/or mental health, whether by the child's general practitioner, social paediatrician or dentist.

Overall, possible signs of violence and/or psychological and physical health-related symptoms were found in around half the children.

We have proven that the forensic medical screening helps to clarify the police's decisions in that the legal assessment is not solely based on the child's explanation but is also substantiated by the results of the forensic medical examination – thus strengthening the due process protection of the child in cases where violence is reported. In addition, the forensic medical screening also helps to strengthen both the work of the Children's Centre and the decisions made by the municipality in the social case.

Our experience is that combining a forensic medical team with an expanded forensic medical examination of the child helps ensure that a qualified assessment can be obtained at a single examination, to the benefit of the child's case in the criminal justice, social and health care systems.

As well as the obvious results, we can conclude that it is possible to conduct the setup described, with a video interview followed by a forensic medical screening of the child, in a manner that is gentle and reasonable for the child and that optimises the cross-sectoral collaboration regarding the children.

On the project, we have managed in practice to follow the basic idea of the Danish Children's Centres, i.e. that the various professionals meet in one place to protect children from having to go round to various bodies to tell their story an unnecessary number of times.

Finally, we would like to emphasise that there are some important points of attention for future practice. It should be mentioned here that some legal frameworks may hinder both the due process protection of the child and the quality of the cross-sectoral collaboration during the initial phase at the Children's Centre (if the case is not a Children's Centre case).

In conclusion, it must be stressed that there are many different players involved in cases of suspected violence against a child, and this increases the complexity of – and imposes major requirements on – the cross-sectoral collaboration, particularly the understanding that the entire process regarding the child is a shared responsibility and that the process needs to work in (and between) all the organisations and not only in individual organisations. Here, we would like to stress the importance of the players involved having the same goals and communicating with each other about the specific collaboration situations.

*We found that more than one in four children (29%) were assessed to have findings on the body that could provide grounds for suspicion of the child having been subjected to violence in close relationships.*



## Future perspectives and recommendations

### RECOMMENDATION

*It is recommended that children should be guaranteed systematic forensic medical examinations in cases of suspected violence in close relationships – at the very least if the case is being investigated by the police and the child is interviewed at a Children's Centre*



Based on our experience and knowledge from the project, it is our recommendation that all children interviewed at a children's centre due to suspected violence should receive a forensic medical screening (full forensic medical examination, combined with a health and well-being screening) immediately following the video interview. This is also fully compatible with the recommendations recently issued by Børns Vilkår (Children's Welfare) in the report 'Vold mod børn i Danmark' ('Violence against children in Denmark' (2022)).

### RECOMMENDATION

*It is recommended to include children aged 0–4 years when violence is suspected – including when the child is not old enough to participate in a police interview*



Based on the trends and experiences of the present project, it has become clear that the youngest children are in a particularly poor position. Normally, the police do not interview children under the age of four because their lack of linguistic skills prevents them from taking part in an interview. Even if younger children are interviewed, they may have linguistic and cognitive limitations when talking about their experiences compared to older children and adults. From the perspective of due process protection, it would therefore be particularly important to perform systematic forensic medical examinations on the youngest children in order to document the violence to which they have possibly been subjected. We therefore recommend that the process is organised in a manner that allows children aged 0–4 years to be offered a forensic medical screening where there is a suspicion of violence..

### RECOMMENDATION

*A setup should be created where all children in cases of suspected violence are able to have a forensic medical examination – including before reporting the matter to the police*



It is clear to all parties involved in the project that the forensic medical screening clarifies the cases for both the police and the municipalities. The option of a forensic medical screening during the initial assessment process of the case can support a better decision base for the continued process of the case, as well as help provide a faster and earlier intervention in terms of the child's needs. Optimally, the forensic medical screenings should particularly be offered in cases where there is a high degree of uncertainty as to whether a case of violence could/should be reported as a case for the police. We recommend a setup similar to the setup known from Denmark's centres for rape victims, which allows the municipalities to book the forensic medical screenings.

The possible future setup that we have outlined, whereby the forensic medical screening is introduced earlier in the process, can be compared with that which has been in existence since the end of the 1990s for victims of rape, who are offered an examination at one of Denmark's nine Rape Victim Centres. Here, a solution is offered that secures the due process protection of the victims through a forensic medical examination and also ensures that there is psychosocial and health-related monitoring in the form of possible treatment, diagnostics and care.

The setup at the Rape Victim Centres ensures that victims who are unable to cope with reporting the matter to the police immediately after the incident are offered the same quality of examination as though they had reported it to the police. The division of tasks between forensic doctors and health care staff at the Rape Victim Centres is extremely stringent; this is in order to guarantee objectivity and neutrality, while at the same time allowing health care staff to maintain their doctor-patient role.



#### RECOMMENDATION

*Forensic medical screening should be contemplated as part of the 'complete children's centre package'*

In March 2022 (based on an article and TV feature from TV2 Lorry on the Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence project), the Minister of Social Affairs and Senior Citizens, Astrid Krag, was asked a Section 20 question about the lack of forensic medical examinations of children where violence is suspected (Danish Parliament, 2022a). The Minister's reply included the following:

*“Where violence against children is suspected, action must be taken and all relevant professional groups must be involved. This was exactly the background at the time of creating the Children's Centres, allowing social authorities, the police and health authorities to coordinate the investigation in these serious cases [...] It is very important that the children's centres function well and as intended, so that it can be determined with certainty whether the child is being subjected to violence and so that the child can also receive the right help. I am always open to discuss whether anything could be done better. I will therefore enter into discussion with the relevant authorities to find out what options they envisage for enhancing the work of the children's centres and helping ensure that violence against children is detected (Danish Parliament, 2022b).*

The Minister stresses in her reply that involving all appropriate professional groups is precisely one of the fundamental ideas behind the Danish Children's Centres. We can conclude that they were not involved prior to the project, when less than five per cent of the children referred to the children's centres were examined by a doctor and/or forensic doctor in conjunction with the children's centre case. The experiences and results of the project emphasise that a forensic medical screening (full forensic medical examination combined with a health and well-being screening) can significantly help in illustrating the nature of the case – in terms of detecting, assessing and documenting injuries and in terms of screening the child's health and well-being. It could therefore be said that the forensic medical screening may have been the 'missing link' in the collaborative work being done at the children's centres. Based on this experience and knowledge, we recommend contemplating the use of forensic medical screenings as part of the 'complete children's centre package' and that they be part of the overall process of the investigation that is presently offered at the children's centres, which will be an educated guess as to future practice that would be in line with the aims of the Law of the Child and the political agreement Børnene Først (The Children First) (Danish Ministry of Social Affairs, 2021).

Finally, it must be mentioned that conditions vary from one part of the country to another. It is recommended that good, local solutions be prepared as a collaboration between the children's centres, police and forensic medical departments.

## Communication

Since the start of the project, we have found there has been a lot of backing for, and interest in, the project from internal and external partners alike. The many internal and external meetings, presentations, etc., have contributed to the clarification and further development of our work on the projec:

- Interview with DR – August 2020 (DR, 2020)
- Presentation at the Danish National Board of Social Services' Network Meeting for the Danish Children's Centres – October 2021
- Presentation at the Medical Society of Copenhagen – October 2021
- Presentation at the Seminar for video interviewers in Denmark, Greenland and the Faroe Islands – November 2021
- Regional meetings at the Danish National Board of Social Services – November 2021
- Presentation to Red Barnet – November 2021
- Book chapter in anthology published by Forskningsnetværket om seksuelle overgreb mod børn – November 2021 (Balsløv et al., 2021)
- International conference presentation at the San Diego International Conference on Child and Family Maltreatment – January 2022
- Article and TV feature about the project on TV2 Lorry – March 2022 (TV2 Lorry, 2022)



We would like to thank all employees involved at the Danish Children's for the Capital Region, the Abuse Group at Copenhagen Police and the Section of Forensic Pathology and Clinical Forensic Medicine, Department of Forensic Medicine, University of Copenhagen, who have all contributed to this project.

We would also like to thank all involved municipalities and their staff.

Also thank you to the reference group.

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