

STANDARD	1	2	3	4	5
<b>1. KEY PRINCIPLES</b>	<p><b>Re-victimisation/re-traumatisation:</b> Measures are taken to ensure that re-victimisation and/or re-traumatisation of the child is avoided at all time (also see e.g. section on Forensic Interviews).</p>	<p><b>Undue delay:</b> Measures are taken to avoid undue delay, ensuring that forensic interviews and child protection assessments take place within a stipulated time period and that children benefit from timely medical and mental health interventions both for the child and child’s family/care-givers/support persons.</p>	<p><b>Best interest of the child:</b> The best interests of the child are a primary consideration in all actions concerning the child and the non-offending family/caregivers/support persons. Routines and measures, including simple checklist, help to ensure that the best interest of the child is central to the multi-disciplinary and interagency process.</p>	<p><b>Right to be heard and receive information:</b> Children’s right to express his or her views and to receive information is a fundamental aspect of the multi-disciplinary and interagency process. Children are recognised as agents of change and are actively involved and heard throughout the process. Routines are in place to ensure that children and their non-offending family/care-givers/support persons have access to adequate information about the process at all times. Also see the section on Victim Support.</p>	
<b>2. ORGANISATION</b>	<p><b>Formal Inter-agency Agreements:</b> Formal, written agreements, signed by authorised representatives that commit the respective agencies (social/child protection, police, prosecutor).</p>	<p><b>Permanent Coordinator of operations:</b> A permanent staff member is designated to coordinate the operation and processes of the multi-disciplinary and interagency team.</p>			



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**PROMISE**

<b>3. TARGET GROUP</b>	<p><b>Inclusive/broad definition of target group:</b> The target group includes all children who are victims and/or witnesses of crime involving all forms of violence, abuse, neglect and exploitation<sup>1</sup>. This includes, but is not limited to physical and mental abuse, domestic violence, sexual abuse and exploitation, commercial exploitation, trafficking, genital mutilation and crime with honour motives. Non-offending family/care-givers are included as a secondary target group.</p>	<p><b>Non-discrimination:</b> The services are accessible to children regardless of where they live. In some cases, mobile resources and local hearing rooms may be necessary, especially for the initial investigation, the continuous crisis intervention and treatment and for follow up. Special effort is made to reach <i>all</i> children, regardless of race, ethnicity, gender, disabilities, sexual orientation, economics, location (rural/urban), religion, culture, immigration status and/or other status.</p>			
<b>4. CHILD-FRIENDLY ENVIRONMENT</b>	<p><b>Accessibility:</b> The premises are accessible and physically safe for children at all ages and developmental stages, incl for children with disabilities and/or special needs. The premises are preferably situated in a separate building located in an environment familiar to children. The premises should be accessible by public transport.</p>	<p><b>Environment:</b> Furnishing and material are child and family-friendly and age-appropriate, especially in the waiting rooms. Safety inspections of the premises are carried out regularly.</p>	<p><b>Privacy:</b> There are separate, soundproof and private areas available to ensure privacy.</p>	<p><b>Preventing contact with the suspected perpetrator:</b> The service is set up so that contact between victim and alleged offender is avoided at all times.</p>	<p><b>Interview room:</b> The service provides for live observation of interviews in a room other than the interview room for the MD/IA team. The professionals observing the interview are able to communicate with the interviewer during the live interview with the child. There may also be a break to confer and to propose other questions.</p>

<sup>1</sup> Violence is here defined according to the UNCRC article 19 and the CRC General Comment no 13 (2011).

<p><b>5. INTERAGENCY PLANNING AND CASE REVIEW</b></p>	<p><b>Formal procedures and routines:</b> Interagency case review and planning is integral to the work of the team and respective agencies. The service has a formal document that clearly sets out procedures and criteria for the case review and planning. Multi-disciplinary reports are produced for each case (also see case tracking).</p>	<p><b>Inter-agency planning:</b> An initial meeting is held to plan the multi-disciplinary intervention and to coordinate action by the respective agencies. After the forensic interview and medical examination, a follow up meeting is held with all relevant professionals to inform them of the findings, to develop a consensus and to plan and coordinate continued interventions.</p>	<p><b>Continuous case review:</b> Case review and planning meetings, involving the relevant agencies in the interagency team, takes place on a regular basis. The forum reviews cases, exchange updated information and ensure coordinated multi-disciplinary interventions. The forum allows all agencies to intervene and is not dominated by one area.</p>	<p><b>Coordination:</b> The case review and planning is coordinated and facilitated by a designated staff member.</p>	
<p><b>6. JOINT FORENSIC INTERVIEWS</b></p>	<p><b>Evidence-based Practice and Protocols:</b> Forensic interviews are carried out according to evidence-based practice and protocols<sup>2</sup>, which ensure the quality of the evidence obtained and that the influence of the interview is minimised. The main aim of the interview is to elicit the child’s free narrative with open ended question and in a non-suggestive manner and to avoid re-traumatisation.</p>	<p><b>Specialised Staff:</b> Forensic interviews are carried out by specialised staff members who receive regular training in conducting forensic interviewing.</p>	<p><b>Location and recording:</b> Forensic interviews are conducted at the premises of the MD/IA services. Interviews are audio-visually recorded in order to avoid repeated interviewing by different professionals who require access to the child’s disclosure.</p>	<p><b>Multi-disciplinary and interagency presence:</b> The forensic interview is carried out by a single professional. All relevant members of the multi-disciplinary, interagency team are able to observe the forensic interview; either live in an adjacent room, or recorded.</p>	<p><b>Adapted to child:</b> The interview is adapted to age, development and cultural background and takes into account special needs: minimising the length interviews, allowing breaks, potentially conducting the interview in more than one session. The number of interviews is limited to the minimum necessary for the criminal investigation. The same professional conducts the interview if multiple interviews are necessary.</p>

<sup>2</sup> For example the NICHD Investigative Interview Protocol, <http://nichdprotocol.com/>

<p><b>7. VICTIM SUPPORT</b></p>	<p><b>Routines:</b> There are clear routines for bringing the child to the service, for how the child is taken care of at arrival, after the forensic interview, the medical examination or treatment sessions, and at the departure/return of the child to the home, school or other setting.</p>	<p><b>Support services:</b> Ongoing support services for children and non-offending family members/care-givers are routinely made available, for example mental health/therapeutic intervention. The child and caregivers are provided with continuous support and regular information throughout the whole investigative and judicial process. Follow up after the judicial process and treatment has been finalised is organised according to the needs of the child and family/care-givers.</p>	<p><b>Crisis Intervention:</b> The service has a clear organisational structure and permanent staff, which routinely offers crisis support intervention for the child and non-offending family members/care-givers if needed.</p>	<p><b>Support Person/Case Manager:</b> A designated, trained individual or member of the team monitors the multi-disciplinary response to ensure that there is continuous support and follow up with the child and non-offending family/care-givers. The support person monitors the case process so that all agencies are acting in accordance with procedures, consensus recommendations and the tasks assigned to them in the initial planning meeting, including child protection.</p>	
<p><b>8. MEDICAL EXAMINATION</b></p>	<p><b>Evaluation and Treatment:</b> Specialised medical evaluations and treatment are routinely carried out on the premises (unless urgent or complicated cases require special interventions at a hospital, as an outpatient or inpatient).</p>	<p><b>Staff:</b> The medical examination is carried out by a paediatrician, gynaecologist and specialised nurse with specialised training and access to equipment for child-friendly examination (e.g. video-colposcope for examination of sexual abuse).</p>	<p><b>Case Review and Planning:</b> Medical staff is present in the forum for case review and planning as appropriate.</p>		

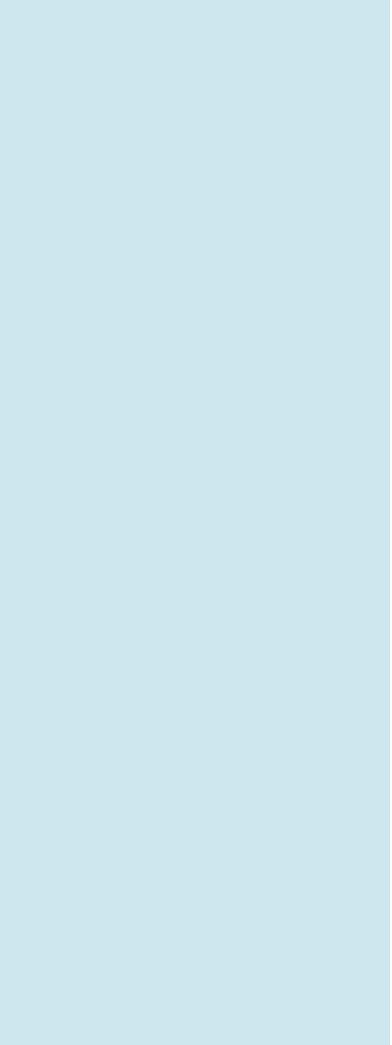
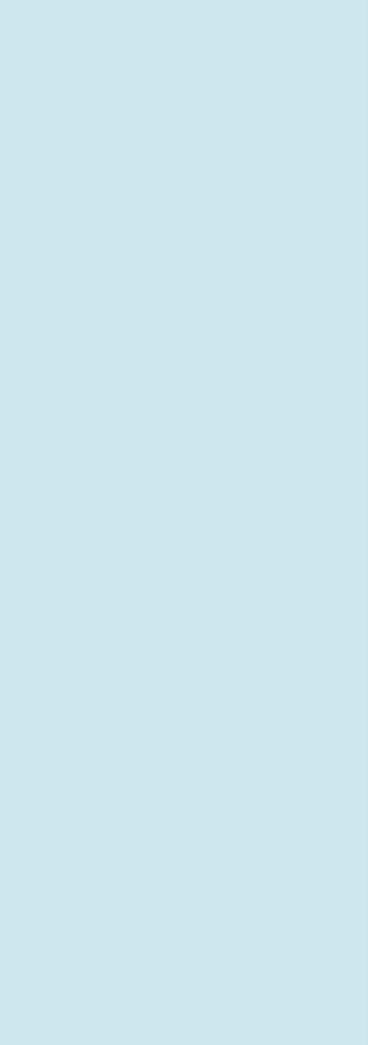
**9. THERAPEUTIC SERVICES/MENTAL HEALTH**

**Assessment and Treatment:** An assessment of the child is made, which serves as a basis for developing an evidence-based and trauma-informed treatment plan. The therapeutic intervention typically starts after the forensic interview in order to avoid contamination of the child's narrative. The key principle of undue delay is crucial in this context. Where required, the treatment is done in a forensically sensitive manner.

The child is offered short-term and long-term treatment as needed. If the MD/IA service does not offer long-term treatment, the child is referred to another therapeutic/mental health service that offer long-term treatment.

**Staff:** Mental health services and treatment are provided by professionals with specialised training and expertise.

**Information and child participation:** Children and family/care-givers receive adequate information regarding treatments available, and can influence the timing, location and set up of such interventions.



<p><b>10. CASE TRACKING</b></p>	<p><b>Case tracking:</b> There is a requirement to document information and to ensure access to case specific information including but not limited to the victim's and family's demographics, forensic interviews and attendance at forensic interviews, medical reports, police reports, child protection interventions, number of multi-disciplinary case review meetings held, agency representation at these meetings, etc.</p>	<p><b>Information sharing:</b> The interagency team and the respective agencies share information throughout the criminal investigation and judicial process as appropriate for the benefit of the child.</p>			
<p><b>11. CAPACITY AND PROFESSIONAL COMPETENCE BUILDING</b></p>	<p><b>Training of professionals:</b> There is clear plan for developing the competence and continued education of staff working with children.</p>	<p><b>Inter-agency training:</b> The members of the multi-disciplinary and interagency team are offered regular joint training and capacity building activities, e.g. in cross-cutting and multi-disciplinary issues, according to the specific needs of the staff.</p>	<p><b>Guidance, supervision, counselling for staff:</b> the members of the multi-disciplinary have access to regular guidance/counselling with regard to individual cases as well as addressing professional and personal emotional strain, challenges, ethical dilemmas in working with child victims and witnesses of violence.</p>		

**12.  
INFORMATION  
SHARING AND  
EXTERNAL  
COMPETE  
BUILDING**

**Data Collection and Information**

**Sharing:** Aggregated and disaggregated data/statistics is collected and shared with relevant stakeholders, including decision-makers, academia, child protection professionals, and the broader public, to create awareness about violence against children and the role of MD/IA responses, to facilitate research and to support evidence-based legislation, policy and procedures.

**External Competence Building:**

The MD/IA service offers targeted action to increase competence and knowledge among professionals working for and with children, by for example organising study visits, information meetings and lectures and producing written material.

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