

THE CORE MANUAL. PROVIDING
ASSISTANCE AND SUPPORT TO CHILDREN
VICTIMS OF SEXUAL VIOLENCE.

part I

How to understand

**ASSOCIAÇÃO PORTUGUESA
DE APOIO À VÍTIMA (APAV)**

THE CORE PROJECT
CHILDREN VICTIMS OF SEXUAL VIOLENCE



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The extent of the aspects, which would have to be covered, not to mention the deepening complexity of some of those aspects, haven't allowed us to build up a substantially detailed Manual, once the underlying idea was for it to be a small sized and practical working tool.

It is not intended as an intervening methodology or programme, for had that been the underlying intention and a scientific approach should have been carried out from a scientific project to ample ground experimentation. This would also mean that its starting point should have been a theoretical paradigm, which would have had to be later proved on the ground. This Manual has not followed either of these, nor was it expected to.

In spite of not being a scientific work, nor a presentation of results of a scientific programme to be used as working ground to deal with children, it is a brief, yet valid amount of agreed upon procedures, regarding the practical daily experience of those working with children victims of violence, as well as with their family members and friends. It has an essentially theoretic-practical approach and has been built up from the continuous development carried out in the last years by Associação de Apoio à Vítima, in permanent reflection with other Organizations dedicated to the assistance and support of victimized children.

The Core Project – Children Victims of Sexual Violence, mirrors that concern. It was presented at the European Commission STOP II Programme, in co-partnership with the Instituto Superior de Polícia Judiciária e Ciências Criminais (INPJCC) and the CEBI Foundation of Alverca, at national level, as well as in co-operation with the National Society for the Prevention of Cruelty to children (NSPCC) in England, the Defence for Children International with its Headquarters in

should have during the direct assistance/interviewing, assistance provided by phone and or in written terms and the degree of confidentiality, which should be maintained ,etc. This part has got to do with the intervention, which is above all a three phase intervention – that is to say that whenever a child has been or is being victimized, it may be necessary to provide him/her with immediate protection and the adequate support, mainly in what concerns the psychological, juridical and social aspects.

By reading and later carrying out some of the CORE Manual proposed procedures, each professional might come across a number of challenges associated with his/her own on "how to understand" or on " how to act" provided daily assistance and support to the victimized children and their parents, family members and/or friends. The professional is expected to then ponder on each of the involving aspects, in particular with other professionals and subsequently look for answers in other manuals, books and working studies. This Manual isn't but a solid beginning to encourage one to further develop his/her knowledge on these complex issues, along with one's ameliorated daily supporting practice.

One of the CORE Manual's challenges is the fact that each piece of information conveyed in it, needs to be adapted by the professional to the characteristics of his/her own country, particularly in what concerns the judicial system in force and the already existing support services, apart from the singularity of the life each victim is/ has been running. The professional should therefore take advantage of his/her own sensibility, in order to carry out what has been recommended in procedural terms and have the capability to intelligently adapt these procedures to the circumstances and requests inherent to the reality of his/her own country.

Sexual violence against children implies a contact and interaction between an adult and a minor, being this latest referred to as the victim and the former one as the criminal and/or aggressor.

This contact and interaction may sporadically occur or happen over a long period of time. The intention behind these acts is to stimulate and sexually satisfy the adults involved, resulting in a number of damaging consequences as far as the children are concerned, particularly in psychological, physical and psychosomatic terms.

Sexual violence exerted against children implies the perpetration of one or more crimes against those children, which may range from sexual abuse of minors to pimping, rape and trafficking of persons for sexual exploration purposes among others.

Committing these crimes leads to the emerging of specific complex phenomena, which have been devastating many countries and which have reached a significant social relevance: the trafficking of children for sexual exploration purposes; the production and dissemination of pornographic material involving children; sexual tourism of child aggressors; child prostitution and incestuous sexual abuse.

2.1 What is paedophilia?

PSYCHIATRIC CONCEPT

Paedophilia is a concept, which in psychiatric terms is defined as a disturbance pertaining to the group of paraphilias. It implies a mental disturbance of the person. The criteria² used for diagnosing it are:

¹ The existence of imaginary fantasies, which are sexually arousing, sexual impulses and/or any other behavioural attitudes, which occur in a repetitive and intense way, over a period of at least six consecutive months and which imply fantasizing about the sexual participation of children;

Although not correctly used, as far as the real essence of the problem is concerned, the way these terms are being used may not be exactly incorrect. That is to say that: most people when referring to any type of sexual violence against children, simply use the terms "paedophilia" or "paedophile" to label any sexual action and/or behavioural attitude carried out by an adult against a child, though the "essence" of what they really want to specify is slightly different from this, meaning that child molesters may not necessarily be paedophiles or psychiatric disturbed individuals. If we take into account the way in which these terms are used as common sense adopted terms, it may not be entirely inadequate, once they refer to repulsive, socially unacceptable and criminal actions.

The use of these terms should be accepted, not only because the fact that they are being referred to, makes people aware of the seriousness of this social issue, in terms of the various ways in which sexual violence against children is perpetrated, but also because society has adapted the use of these terms by turning it into a socially accepted and wider conceptualised concept than the one it should be used in.

Whenever possible or thought convenient one should make the most of the opportunity – a mediating or private discussion on the issue – to clarify its psychiatric concept, that is, to further clear up that this is quite a restricted concept, which may be applied to some of the children molesters, yet not to all of them. One should also make others aware of the diversity of the ways in which sexual violence is exerted, such as the sexual abuse within the family structure, trafficking for sexual exploitation purposes, etc.

3| IN WHICH CONTEXTS SEXUAL VIOLENCE MAY OCCUR

Sexual violence may occur in many different contexts, though primarily:

3.1 Sexual violence may be related to domestic violence

DOMESTIC VIOLENCE

Sexual violence against children may be closely related to a much more complex issue – domestic violence. That is to say that, sexual crimes against a particular child may be committed as part of a group of other related domestic violence crimes.

Apart from the sexual abuse, those children may also suffer from maltreatment and negligence, which may be inflicted by one or more than one aggressor, not to mention the fact that the children may be witnessing other victimizing situations involving other members of their family group, such as their mothers, brothers, sisters, grandparents, etc.

Some professionals involved in the assistance and support of women victims of domestic violence, eventually come across situations in which the children of those women victims are victims themselves, namely in what concerns sexual violence.

Under these circumstances, the acknowledging and understanding of the problem involving those particular children should not be dissociated from the global problem, which has to do with the problematic issues concerning their families. The supporting processes should therefore be the ones used for their mothers. This means that any decision taking aiming at solving the problem of those women should include the resolution thought convenient for the children as well, and seen under a correlated perspective³.

4| MYTHS ON SEXUAL VIOLENCE AGAINST CHILDREN

There is a distorted idea on what sexual violence against children is, namely because of various inaccurate and vague ideas, common sense has accepted as portraying reality. Most of those wrongly adopted concepts have been conveyed by the Media and/or the personal acknowledgement of some cases.

5 "Whenever a child is victimized, his/her parents or somebody else will be told". Children may keep the information secret for a long time and sometimes forever. Shame, sense of guilt, fear and other feelings, which are commonly felt by victims of crime, may become an impediment to ask someone for help. The strategies used by the molesters⁴ don't help either – they encourage the victims' silence.

6 "Some children are seductive and sexually provocative". Some children are rather expressive, communicative and attractive, as far as their behavioural attitudes are concerned. These characteristics should not be used as a justification for the adult to say he is being sexually aroused. If a child sits on an old person's lap, it doesn't mean that the child wishes to be sexually aroused or vice-versa, it may simply mean that the child trusts that person and would like to have his affection, to have him play with him/her and for them both to just have some fun;

7 "Some children enjoy it, they are the ones who ask for it". Although children may feel some pleasure in getting involved with adults, as an integrating part of their own sexuality, they are not prepared to have sexual intercourse with them. Adults are more developed in physical and psychological terms, being therefore stronger and much more experienced than children. Should there be any involvement, the adults involved should be the ones to take the blame and be held responsible for the situation, even if the child has clearly shown or asked to have sexual intercourse with them. This particular situation may occur when a child has been previously subject to a victimizing situation, having subsequently learned the seductive steps used by the adult then and following/copying them later;
If a pre-adolescent or adolescent seduces an adult with a clearly expressed sexual intent and this ends up in a physical involvement

10 "The molester is always a stranger with a rather questionable aspect, wearing a gabardine and standing at a street corner". The molester cannot be identified by his appearance nor judged by his social behaviour. He may, in fact, have a completely different aspect from the one referred above – he may have an elegant way of dressing and a subtle way of looking and/or acting⁵;

11 "If this happened to any of my children I would immediately know of it". Although most people feel that they are in absolute control of all the events involving their family members, particularly in what concerns the safety of their children, they don't always notice what happened or might have been happening in regard to sexual violence, once it is a reality both molesters and victims tend to disguise, being these molesters the greatest number of times people the parents and relatives of the abused children have always considered trustworthy;

12 "The victim is always an angel face and feminine good- looking child" The child subject to sexual abuse may have all kinds of looks. Nothing will stop a molester from getting close to a child he wants to get close to, even if the looks of the child do not correspond to the one he had in mind. Apart from that, it should be made known that some molesters prefer children with a vulgar and sometimes even dirty aspect – very far from the feminine and angelic image suggested by the child's beauty prototype - a boy with long blond hair and blue eyes;

13 "The molester is a mentally ill patient". In most situations, the molester is not a psychiatric disturbed person but rather a healthy looking one with no moral scruples, as far as children are concerned. Because of being aware and absolutely conscious of what he was up to, he should not be legally exempt of having victimized a child;

always be considered a rather serious matter, as well as a social problematic issue. It should be regarded as a real attempt against human dignity and a national health problem. Although the family of a victimized child feel ashamed of what has happened, amongst other difficult feelings they will have to handle, their child and his/her welfare should be what they have to feel more concerned about. This undoubtedly implies the help of specialized professional members, as well as denouncing the aggressor, so that he may be taken to Court and punished, not to mention deterring him from repeating the crimes;

18 "It is only vaginal and anal penetration". The molester has in fact a wide variety of criminal practices he may carry out, which do not include any form of penetration: oral sex, sexually arousing caresses, masturbation, exhibiting the sex, etc –may be some of these. He may still take photographs or have home films made, in which the nudity of the children or sexual acts involving children are shown;

19 "The child will be nullified forever". Although sexual violence against children is a very serious matter and has been devastating many children victims and consequently their families, it is not a determining problem. That is to say, that the victimized child may still lead a normal and tranquil future life. This will very much depend on the factors associated with the variety of cases, which are all different, as far as the following aspects are concerned: the seriousness and the duration of the victimization; the degree of involvement and relationship between the victim and the offender prior to the aggression; what the victim had to go through; the degree of confidentiality maintained; the family and professional support the victim was provided; the punishment the aggressor was subject to, etc. One should add to these several other common factors the child will have to go through

2 | HOW THE CHILDREN VICTIMS REACT AGAINST PERPETRATED ACTS OF SEXUAL VIOLENCE.

DEFINITION

Children may react against sexual violence in various ways, depending on the type of perpetrated violence, the nature of the aggressors, the relationship those children had or had been having with the molesters, the duration and the regularity of those violent episodes, etc. Each victim is singular in his/her own reaction because of their unique personality and the variety of reactions associated with it.

CHARACTERISTICS

Some general characteristics may be pointed out:

1 Acting passively. Some children adopt a passive type of attitude, sometimes even insensible, regarding the acts perpetrated by the molester. They don't scream, nor try to run away from the aggressor or even avoid the aggression. This does not necessarily mean that they are responsible for or consent to what is happening to them. This type of attitude may be a defensive and protective strategy put into action by the victim, so as to avoid the use of further physical aggression. It has got nothing to do with being passive or consenting to the perpetrated sexual violence, but with the fear of being subject to further aggression or even running the risk of being killed, not to mention the feelings of shame, as well as having the situation unveiled.

2 Being aggressive. Some children may, on the other hand, react aggressively towards the molester, by screaming and attempting to hit him. These reactions may be quite frequent during the first episodes of the aggression, with a tendency to diminish given time, due to the physical and psychological superiority of the aggressor.

medical/legal exams have to be carried out within forty eight hours, the sperm evidence or the search for the evidence of any other vestiges may be difficult.

2 Children feel ashamed and guilty of having had an involvement with the molester, not to mention a certain sense of under obligation commitment they may have towards him, this being the reason why they don't tell anyone what has been happening.

3 Children may fear being punished by their parents or anyone, who may find out about it, not to mention the fear of any reprisals on the part of the molester should he find that out as well. They may fear not being given credit; being rejected by other children for being "different"; separated from their parents or causing their parents' separation (in case the molester happens to be any of the parental figures), etc. They may also be afraid of losing some of the compensating gifts given to them by the molesters (for instance: sweets, money, toys, etc)

4 Children may consider it "normal" to have a relationship with the molesters, in as much as misinterpreting the affectionate acts perpetrated by them as normal types of relationships; they may also feel dependent on the type of "special" relationship they are having with an adult, particularly if it compensates for their lack of affection (children, who feel they are not loved by their parents and/or relatives);

Nevertheless, there are certain evidential signs, which may be identifiable or denote that a particular child may be or has been subject to sexual abuse. Some of those signs are clearly identified by doctors, nurses and/or professionals working with health matters. Some other signs may not be so easily related to sexual violence, as they could also be imputed to other very distinct problems.

- 10 recurring urinary infections;
- 11 sexually transmissible diseases (gonorrhoea, syphilis, AIDS, trichomoniasis, etc.),
- 12 sperm vestiges on the children's body and/or their clothes;
- 13 blood vestiges on the children's body and/or their clothes;
- 14 vestiges of strange substances, such as lubricators on the children's body and/or their clothes;
- 15 pregnancy;

As far as symptoms¹³ are concerned, one should point out at least two: pain on the vaginal and/or anal areas; vulvar pruritus.

SYMPTOMS

One should still consider the following aspects, whenever smaller children are concerned:

- 1 functional disturbances: in terms of appetite, causing bulimia and anorexia; in terms of sleeping habits: causing nightmares and sleepless nights; in terms of sphincter control: faeces and urine incontinence; as well as unexplainable and recurring abdominal pain;
- 2 an exaggerated obedient attitude towards the adults and an extreme preoccupation to please them;
- 3 an unsatisfactory relationship with other children;
- 4 increasingly sexual oriented behavioural attitudes of children regarding other children and adults. Attitudes showing an increasing interest and knowledge, which are apparently inappropriate for the children's age, such as the use of

subject to emotional violence. Any child who is subject to sexual violence, is also subject to an emotional one – not only because he or she may have already been subject to it, therefore having become an easier target for the molester (as a potential victim), but also because emotional violence may turn out to be one of the strategic weapons the molester may use to effectively carry out his intentions.

EVIDENTIAL SIGNS

One should point out the following signs¹⁴:

- 1 unsatisfactory non-organic development;
- 2 infections, asthma, skin diseases, allergies; self-mutilation.

SYMPTOMS

As far as symptoms are concerned, there may be several, depending on the age of the children:

- 1 functional disturbances: in terms of appetite – causing bulimia and anorexia; in terms of sleeping habits – causing nightmares, talking out loud during the sleep, sleeping in the foetal position; in terms of sphincter control – enuresis and encompresis (incontinence of the urine and of the faeces); in terms of talking – stuttering problems; dizziness; headaches; muscular and abdominal pain without any apparent organic cause; interrupted menstruation (in adolescents);
- 2 cognitive disturbances: a laid- back language development; difficulty to remember the emotionally violent situations they have been subject to; decrease of their self-esteem and increase of their feelings of inferiority; concentration, attention and memory disturbances, as well as learning difficulties;
- 3 affection disturbances: uncontrollable crying, feelings of shame and guilt; factual and undetermined fears; shyness; inadequacy as far as maturity is concerned (either too

having personality alterations and/or psychosis; regressing as far as accepted behavioural attitudes are concerned (such as sucking their thumbs again or reverting back to a childish type of language, etc).

4| CONSEQUENCES FOR THE FUTURE LIFE OF THESE CHILDREN

CONSEQUENCES

The sexual victimization of children will undoubtedly bring about negative consequences for their day-to-day life, not to mention their future life, and sometimes their entire life. They may not be determinant in the process of their happiness and personal fulfilment, which is to say that they may not mercilessly interfere with them.

These may depend on the seriousness of some of the victimization related aspects, those children have endured, such as:

1 Not having told anyone what happened. Because of being afraid or feeling ashamed and guilty of what has happened, children may never tell anyone what they have endured or have been enduring. They may end up carrying these secrets with them, which may be difficult for them to handle on their own and psychologically speaking;

2 The time it has taken them to tell someone what happened. Children may end up telling someone what happened, asking for help and even denouncing the molester, but they may take too long to do it.

3 The reaction of the person, whose help was requested. The reaction of the one, whose help has been requested is very important, once the children may feel rather confused and insecure, apart from fearing being further punished or subject to reprisals. If that person doesn't believe them or accuses them of being liars or wanting to retaliate against the

Children may deter themselves in face of the ambiguity of their relationship with the molester – the natural affection they have for them, on the one hand, and the betrayal and confusion deriving from the exerted violence, on the other. Apart from these aspects, an unacquainted molester is not, nor will easily take part in the day-to-day life of the children, whilst a well known/acquainted person or a family member, who may have been the molester, will easily interfere in their daily life, because of being related to the children or their family. An unknown/unacquainted molester, who may not have been located or even been identified, may represent a recurring fear, particularly if the children are not capable of identifying his facial features.

6 The duration and intensity of the endured violence. These may be particularly important. The longer and more intense the exerted violence against these children was, the greater the psychological/ physical consequences will be, as well as the recovering prospects;

7 The fear, threat, blackmail and/or chasing after, which may follow the acknowledging of the supporting request. The fear plus the added threats, blackmailing and/or chasing after situations, are relevant, not only because they normally occur after the molester has acknowledged the fact that the child has unveiled the situation and requested support, but particularly when the molester and victim are family related, as the child may become an inevitable prey, without a way out.

8 The quality of the specialized provided support. This can be quite an important aspect, because it may facilitate the recovery. With the support specialized professionals involved in the recovery process, children may overcome their problems in a much more assuring way;

emotional fragility will then be inevitable and the negative consequences of the victimization they have undergone may consequently become unsurpassed;

3 Their professional fulfilment. Having professional satisfaction and fulfilment in their adult life, may be important because of them being contributory factors towards their self- esteem and emotional balance. If victims succeed in their professional life, they may add a positive perspective to their life in general, and consequently be able to reduce and/or eliminate the negative consequences of the undergone victimization;

4 The quality of life they have in the future. Their whole future life will be important for the victims. Having a quality-oriented life will allow them to lead a tranquil life without too many emotional unbalances. Being able to overcome the negative consequences of victimization will be difficult though, if they end up leading an existence filled up with all sorts of adversities (within the family, economically, socially, professionally, etc.)

3 The ordinary appearance. Being male or female, they may either be young, middle aged or even old; they may be fat, thin, short or tall; they may have a dark and/or light complexion and have dark or light coloured hair; they may have a good appearance or a neglected one; they may be frightful in their approach or express themselves in a tender and trustful way;

4 The ordinary human beliefs. They may have no specific political oriented beliefs, belonging to no particular political party, being simple followers, supporters and/or eventually, notorious politicians. They may have different religious beliefs or be agnostic or atheist; attend the services of any Church or belong to no particular religious groups;

5 The range of socio-professional and academic backgrounds. They may belong to any social group, from being very poor to particularly wealthy; they may have a wide variety of professions, such as masons, farmers, doctors, fishermen, postmen, bank clerks, soldiers, etc and/or eventually be unemployed. As far as academic backgrounds are concerned, they may either lack rudimentary instruction, being unable to read and write or hold a university degree, between bachelors and doctors or even be quite reputed people intellectually speaking;

6 Common personality traits. Most child sexual molesters have some common personality traits, such as being emotionally immature; having a low self-esteem; being unable to face frustration; being impulsive and easily lacking self-control; having difficulty in relating to others; having been subject to physical and psychological aggressions or even to sexual abuse in their infancy. These traits should not be determinant, once not all individuals with these personality traits have become sexual molesters;

4 Recompensing and/or rewarding them. It may be easy for molesters to manipulate children, by giving them presents in exchange for their passivity and ulterior silence. These may range from sweets, ice creams and toys to expensive electronic games and even money. The molester may reward or recompense the children before the sexual acts or after having perpetrated them. If the children were not previously promised anything, they will consider that every time they meet the molester they will be offered something as a reward;

5 Threatening to punish them. By threatening to severely punish them, in case they do not do what they want them to do, the molesters may be able to easily manipulate these children. The alleged punishments may address the children themselves or contain an indirect reference to their relatives. The molesters may threaten to hit them, not allow them to eat, have them locked home, not let them play with their friends, etc.; they may still threaten to do worse to their sister and/or mother; kill their father, have their mother sacked or their grandmother taken away, in case they do not collaborate.

6 Having the children feel mixed up. The molesters can easily take advantage of the children's uncertainty about situations they themselves have created. They may interweave natural affectionate gestures and touching caresses with sexually arousing caresses, so that children may end up getting mixed up as to the meaning of it all. They may, for instance start rubbing their backs and or back of their heads going downwards to the legs and genitals and soon reverting back to the initially touched areas.

7 Having unexpected attitudes. The molesters may strategically improvise unexpected attitudes, which may lead the children to being /getting into their hands, such as getting into their beds during the night and telling them not to make any noise

from the daily life they lead close to their family and friends, etc., and take them or have them taken to other countries, hiding them in secluded places, where they will not be subject to police investigation and can be victimized at their own discretion;

12 Secluding them and having them submit to slavery. The molesters may keep the children under seclusion, not to let them get out of their control and have them denounced for their action. By having them locked up and under surveillance they may keep them imprisoned until they reach the majority, having them sometimes forced to be addict to drugs and consequently dependent on them exclusively to satisfy their addiction, not to mention have them become their slaves.

2 an artificial recurrence. The material may still work as an artificial extension of the recently perpetrated sexual abuse, which they may have photographed or filmed to use as pornographic material at a later stage. This may then turn into a recurrence of the effectively carried out abuse, which they may keep with them, exchange or even sell to other pornographic consumers.

3 a stimulant for their fantasy. The child pornographic material may stimulate the fantasy that children love sex and need an experienced adult to arouse them to do it; this leads to a distorted concept of "child sexuality", once it starts being understood as the need to "have sexual intercourse with";

4 validation. Consuming this material may be an attempt to justify to themselves that it is natural to have sexual intercourse with children, and by doing so, to validate their likings and inclinations, which they know not to be socially accepted and disapproved of and penalized by Law.

5 a business. Child pornographic material may be produced in order to be later commercialised, focussing on the filming of some scenarios, which ultimately satisfy the likings of a certain group of child molesters. These may be exclusively used by the owner of the material, or further commercialised, by having it sold to other pornographic consumers. The produced material generally reflects the specific tendencies and experiences the child molesters have had throughout their lives. There is a natural tendency to keep on buying or exchanging pornographic material, so as to increase the total number of secret filming assets. This tendency promotes the existence of complicities and organized networking systems carried out by those molesters, who continually copy the launched pornographic material.

In their eyes, these children will never become adults, or be deceased, being the simple image, as well as the underlying fantasy it suggests, what carries them away and really matters to them.

There are also pseudo-photographs, which are constructed by distorting the original picture and changing the picture of an adult into a picture of a child, by cutting and/or pasting faces of children onto bodies of adults. The picture superposing, the under sizing of parts of the visualised body, the removal of pubic hair on a particular picture or the altering in clothing or accessories so as to create a different picture depend on the technology used, which may be quite sophisticated aiming at the ultimate sexual satisfaction and desires of the child molesters. In many cases no child has been victim of any committed crimes. His/her picture has been taken in a completely different context and later used for a specified purpose.

Not every sexual molester has the habit of taking pictures of the victims and /or keeping the obtained pornographic material, but the many, who do so, tend to do it as a remembrance of something, which proved to be very important in their lives – the result of their effort, the time and money involved in it all, even though they don't take advantage of the situation to obtain any financial profit;

3 specific pornographic films. The film-making is quite similar to the taking of pictures, which normally occur during the filming itself. Because of the movement, they convey a livelier type of action. The sequence of the scenes may support a shortened "argument", which normally conform to an historical logic. These only aim at ornamenting the sexual scenarios, which are the real essence of the film; sometimes at displaying some very specific fantasies the pornographic consumers may have – for instance, have the filming take place in a Clinic, where the "doctors" abuse their

¹ the act of collecting. The molesters have a tendency to collect child pornographic material. Their collections increase year after year, as their yearning to accumulate new pictures for their own sexual satisfaction, as well as the search for new fantasies and characters to be included in them, increases. There is also a tendency for them not to destroy the old material.

The molesters also tend to thoroughly organize their files under specific themes, which is greatly helped by using the computer in order to have the whole documentation stored and filed. Each collection, particularly the one, which comprises photographs, can in some cases reach a high number of items – an average of one hundred to one thousand items;

² the act of sharing the collected material. The molesters also seem to have a tendency to share with other molesters all they might have gathered in their files, even if their intention is not to commercialise it. This being the reason why many child molesters are in contact with other molesters and producers of child pornography, through their network of contacts.

Using the computer makes life easier for the child molesters, not only in terms of being able to store their collections of photographs and films, but also because it allows them to be in touch with other molesters anywhere in the world so as to exchange pornographic material and get to know of other pornographic information they may be interested in, such as sites they may visit, geographical maps containing information on child prostitution and sexual trafficking of children.

These contacts may also be made available in specialized magazines, which circulate within the very strict world of the sexual molesters, though the electronic "Bulletin Boards" facilitate contacts with other molesters throughout the world. These may convey information regarding the age of children, the ethnic groups they belong to, their physical and sexual

particular appetizing pieces of child pornography are sometimes commercialised. Even if the production of these didn't aim at sexually satisfying the child molesters, it would end up being used for that purpose, once it has an erotic element in it, which, in turn, projects their fantasies.

2 | CHILD TRAFFICKING. THE CHILD MOLESTERS AS MEMBERS, ORGANIZERS AND CLIENTS OF THE CHILD TRAFFICKING NETWORKS.

2.1 What is the child trafficking used for sexual exploitation purposes.

DEFINITION

The child trafficking used for sexual exploitation purposes is an organized criminal activity, which aims at taking/having children taken away from their living milieus to be moved by force to other geographical areas, having been kidnapped, secluded, sold and bought, so as to be victimized by child molesters and used, namely in child prostitution and/or for the production of child pornographic material.

2.2 General characteristics concerning the trafficking networks

GENERAL CHARACTERISTICS

The child trafficking used for sexual exploitation purposes may be associated to the following characteristics, among others:

¹ International interchange ability. Some child molesters frequently travel from country to country, especially to geographical areas, where they easily have access to children, who are poor, don't attend school, go around begging and belong to a rather fragile social fringe, which exposes them to prostitution with tourists, in order to survive economically. The existence of such networks sometimes encourages them to stay for longer periods than the ones they would stay for, if they were merely on vacation;

3 | CHILD ORIENTED SEXUAL TOURISM. THE TOURIST MOLESTERS.

3.1 - What is the child oriented sexual tourism?

DEFINITION

Child oriented sexual tourism is a criminal activity, which aims at promoting sexual encounters/ intercourse with children, by having the adults go on vacation within or outside their own native countries, with previously panned child oriented sexual tourist destinations and in accordance with their sexual preferences.

3.2 Main characteristics of the child oriented sexual tourism.

MAIN CHARACTERISTICS

Child oriented sexual tourism may have the following characteristics, among others:

1 International interchange ability. Some child molesters frequently travel from country to country, especially to geographical regions, whose economic, social and political situation may encourage the access to children, such as poor areas in which children don't often attend school or are frequently out begging and whose social situation may easily lead them into getting sexually involved with tourists in order to increase their economic situation as well. The existence of such child oriented sexual tourist networks encourages some of the molesters to actually stay longer than the initially anticipated period of time;

2 The economic situation. The child oriented sexual tourism is characterized by being greatly promoted by child molesters coming from developed countries, holding a stronger financial economy than the countries and/or regions of their sexual "tourist" destinations. The victims may be socially unprotected children, sometimes orphans and/or living in very precarious family households, to whom the child molesters may easily have access to, by baiting them with presents and money. Some of these children, particularly the

who stimulate the curiosity of their members, by sharing with them the pornographic material obtained during their trips, as well as any relevant information on places, like beaches, bars, discos, hotels, groups and people they should get in touch with, etc. This information includes small travelling Agencies, which specialize in organizing child oriented sexual tourist trips. Child molesters may or may not take advantage of these existing agencies or any other well-known ones to carry out their objectives;

6 The anonymity and impunity. Some molesters go on vacation to countries and regions, in which they will be anonymous and where they know there is no control on the part of the Authorities, regarding child prostitution. Once they have satisfied their sexual desires, they go back to their native countries knowing well ahead that they will not be easily identified and therefore liable of being considered responsible for their action.

4| CHILD PROSTITUTION. THE CHILD MOLESTER WHILST PROSTITUTION ENCOURAGER AND CLIENT

4.1 What is child prostitution?

DEFINITION

Child prostitution is a criminal activity, which aims at selling and buying sexual services carried out by children, either working on their own or under the control and surveillance of a pimp. It could be an isolated act or a recurring one, which may take place in a brothel, at a private home and/or out in the street.

4.2 General characteristics of child prostitution

GENERAL CHARACTERISTICS

Child prostitution may depend on the following aspects, among others:

1 The poverty of the victims. In many countries where the social and political situation is rather fragile, the situation of these particular children tends to become fragile as well,

3 The existence of pimps and their motivational intents. As far as child prostitution is concerned, the pimps' motivation is similar to any other type of prostitution activities, getting financial profit. In the hands of these child molesters, children turn into a financially profitable means;

4 The child trafficking. Some child molesters get into the trafficking of children from country to country or to different regions, so as to easily force them to prostitute themselves;

5 The seclusion and slavery. Other child molesters take these children to other countries and either submit them to sexual violence perpetrated by other molesters or have them prostitute themselves and subject to slavery, not to mention the fact that they sometimes even get money out of selling them.

5 | THE INCESTUOUS SEXUAL ABUSE. THE FAMILY MEMBER WHILST CHILD ABUSER.

5.1 What is the incestuous sexual abuse?

DEFINITION

The incestuous sexual abuse involving children is a criminal activity, which aims at having a sexual oriented type of relationship with children belonging to one's family, whether they may be one's direct family members or not (ascending, descending or collateral). This type of relationship may include sporadic or recurrent contacts and/or interactions over a long period of time.

5.2 General aspects associated with the incestuous sexual abuse

GENERAL CHARACTERISTICS

The incestuous sexual abuse may comprise to the following characteristics:

1 The degree of kinship and the type of family relationship. The abusers sexually abuse children, whom they are related to biologically or not and whom they have a relationship with, which within the family circle seems liable enough to disguise the approach;

of the family. Taking advantage of the fear of the impending threat, maltreatment and injuries, they may then easily abuse the children (for example, a father, who maltreats his wife and children may quite easily abuse them sexually, etc.);

7 A repetition in the lineage. The abusers may exert sexual violence on their own offspring of either gender (for instance, abusing their older female children and the ones after, who may be boys), or they may start on the older ones and carry on abusing them until they have reached a certain age, to then start abusing the ones, who come after and so forth. They may still abuse them separately or over the same period of time, by inter-spacing the sequence of the perpetrated abuses (for instance, the older ones on Mondays and the younger ones on Tuesdays and going back to the older ones again on Fridays, etc.). They may even start abusing the grandchildren, nephews and nieces or just any children within the family circle, who may be available to them, therefore repeating the abuses in the various generations within the family;

8 The connivance and the negligence. The abusers may hide behind the connivance and/or negligence carried out by other family members, who may happen to know what is going on between them and the children (for example, having been told by the children themselves that their father had been touching them around the anus and genitals, without doing anything to either confirm what they had been told or confront the victimizers, whilst allowing them to keep on approaching the children without being submitted to any vigilance), or having known all along that there has always been a sexual attraction for children (for example, knowing that a grandfather has sexually abused three children in the past, and allowing him to look after the grandson for periods of time in which he will not be subject to any vigilance whatsoever, etc.).

to revenge or take the Law in one's hands, by being strongly violent towards the abusers. Many parents express these feelings by saying how strongly they would like to assassinate the sexual abusers as a way to solve the situation, not to mention the ones, who would like to castrate them;

3 A feeling of discomfort. Many parents show a feeling of permanent discomfort, as well as a great embarrassment when it comes to talking the matter over;

4 A feeling of helplessness and defencelessness. These may also be felt, as well as a feeling of loneliness, aggravated by a prevailing sense of not being able to trust anyone including those people they used to relate to (such as family members, friends, neighbours and acquaintances, etc.), especially if their children have been victimized by someone, whom they were affectionately or even socially close to. Being able to trust is a personal reality they may have difficulties to deal with, because of it having been affected. They will have a daily conditioned life, due to having developed a tendency to question everything and everyone, by permanently revisiting painful long gone events, re-experiencing sufferings and emotional problems they were not able to adequately resolve;

5 A feeling of despair. In a situation of losing track of a child or in which it is known that children have been kidnapped so as to be subject to trafficking or sexual exploitation, parents may get into absolute despair. Their whole life may then in a first instance be guided by one sole objective and necessity – to locate the child;

6 A lack of trust regarding the intervening action. Many parents may show an absolute lack of trust, regarding the intervening Institutions, namely the Police Authorities. The fact that in most cases they are not given any information on the investigations, determines their growing feeling of disbelief;

9 A matter of survival. Apart from the difficulties, these parents will end up mobilizing all their resources, as far as personality and inner capabilities are concerned, which they may have never taken advantage of, in order to survive. This survival may be easier, if supported by professionals, namely doctors, psychologists and psychiatrists, once health will almost certainly be affected. There will be changes in what concerns the sleeping habits - difficulty to get to sleep; nightmares; loss of appetite and changes in the eating habits; psychological pathologies and additional problems like getting addicted to drugs and alcohol, etc.;

10 Behavioural changes in terms of the relationship. The relationship with the children may also be affected by the inherent constraints and feelings of guilt and shame on either part; they may learn to develop new ways of dialoguing and regaining trust, by facing the problem together. The role played by the professionals might be of extreme importance, once they will see them through the whole supporting process.

11 A feeling of guilt. There may be a feeling of guilt for not having been able to find out/suspect that the children were being subject to sexual victimization. This feeling may be induced by the abusers (whenever they happen to be someone close to them, like for instance one's husband/wife or companion) in an attempt to manipulate the other as far as their self-defence is concerned;

12 A severe rupture. The relationship with the abusers will probably lead to a painful rupture, depending on the degree of affection - it may end up in a family separation or divorce. There may be some difficult decision making to be carried out, once the person they trusted and had planned a life ahead with, has betrayed them. In some cases there was domestic violence going on for some time already and the

15 The mourning perspective. In case any of these children disappears or dies as a consequence of the exerted sexual violence, it is expected that his/her sleeping room and most of his/her personal objects, such as toys and clothing might become sacred to the eyes of their parents. They may keep all of the children's objects untouched, as if ready to be used or worn, even if these children might have been deceased and/or gone for a long time, not to mention whenever and/or if ever they come back home at a later stage.

These objects become a sort of sanctuary of their children's memories and the eternal hope for their return. In some cases, the spaces, which have been previously occupied/used by the children are virtually turned into sanctuaries and locals in which they pray, once this religious perspective synthesizes their longing for the lost and long gone children. This solemn religious change value of the objects can be understood in the light of the parent's interpretation and may be supervised by the professionals, should they consider it a positive approach to the problem, the same way it might be discouraged should it be seen by them as being negative.

16 A persisting remembrance. Some parents get horrified and upset whenever children, who have been victimized show some sexual-oriented behavioural attitudes when dealing with adults and/or other children. This attitude on the part of the parents has to do with not being able to properly understand the children's reactions following a victimizing situation. Their loss of control regarding the reactions on the part of the children may be disadvantageous, once it stresses the children's fear, shame and guilt,

17 A difficult matter. Talking to children about the victimizing situation they have undergone is a rather difficult matter. It is important though, for them to strengthen their

cope with it all; they may also need to have the support of friends and family members, whom they can count on, in terms of confidentiality, serenity and confidence all the way through – aspects, which might have certainly been affected by such a dramatic incident.

The parents of these victimized children need to be helped by professionals, not only in what concerns the supporting process after having found out or been told of what has happened, but above all in what might have to do with controlling their own emotions and/or reactions when dealing with their children.

9. | The symptoms are subjective organic changes, which may have been originated by the state of health the victims find themselves in (complaints and spontaneous manifested feelings of physical and psychic illnesses). Some of these may be rather objective, though observed indirectly. Magalhães, T (2002). Maus tratos em crianças e jovens. Quarteto: Lisboa, page 51.
- 10 | Chapter 3, on the strategies used by the molester.
- 11 | Magalhães, T. (2002). Maus tratos em crianças e jovens. Quarteto: Lisboa, page 55.
- 12 | Magalhães, T. (2002). Maus tratos em crianças e jovens. Quarteto: Lisboa, page 56.
- 13 | Magalhães, T. (2002). Maus tratos em crianças e jovens. Quarteto: Lisboa, page 56.
- 14 | Magalhães, T. (2002). Maus tratos em crianças e jovens. Quarteto: Lisboa, page 58.
- 15 | Pornographic material involving children has been designated internationally, particularly in the circuits, in which it is exchanged and commercialised as "kiddie porn".

How to act

**ASSOCIAÇÃO PORTUGUESA
DE APOIO À VÍTIMA (APAV)**

THE CORE PROJECT
CHILDREN VICTIMS OF SEXUAL VIOLENCE



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Sexual violence against children: How to act

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PART II

**PROBLEMATIC ISSUES CONCERNING
CHILDREN VICTIMS
OF SEXUAL VIOLENCE**

**HOW TO
ACT**

Chapter 1

PROVIDING ASSISTANCE AND SUPPORT TO THE CHILDREN VICTIMS, THEIR FAMILY MEMBERS AND FRIENDS

1 | ACTING AFTER HAVING UNDERSTOOD

Providing assistance and support to the children victims of sexual violence, as well as to their parents and family members requires adequate procedures to be carried out by the professionals involved in the case, in regard to the supporting process. After having basically understood what sexual violence is about (Part 1 - "How to understand"), they should know "how to act".

PROCEDURES

2 | WHAT IS A SUPPORTING PROCESS? ITS MAIN OBJECTIVES AND THE PRINCIPLES IT SHOULD COMPLY WITH.

A supporting process concerning children victims of sexual violence is a number of providing assistance methods, addressed to the victims and their family members and friends, as well as a number of actions to be carried out, aiming at efficiently solving the reported problems, which have derived from the perpetration of such criminal actions.

DEFINITION

A supporting process concerning children victims of sexual violence aims at promoting and protecting children's rights, which is to say that every action and synergy it may comprise, at any given time or within any associated environment solely aims at defending the children's rights – The supporting process should therefore concentrate on one main character, which is the child victim, in this particular case.

MAIN OBJECTIVES

The supporting process should comply with professionally oriented guiding principles, which are not to be put aside:

PRINCIPLES

1 The utmost interest of the children involved. The first principle to be followed is one, which has to do with the utmost interest of the children involved. Intervening in the supporting process should primarily mean to care for the interests and rights of the children, without any prejudice with regard to other legitimate interests, which might be involved therein;

2 Privacy. The second principle to be followed has to do with privacy. The promotion of the rights of the children, as well as their protection should be carried out taking into account the respect for their intimacy, their image and the safe keeping of their private lives.

3 The early intervention. The third principle has to do with intervening at an early stage. Intervention should be carried out, as soon as there is any suspicion or effective knowledge of a potential risky situation involving sexual violence against the children.

4 The qualified intervention. Only the Institutions and Entities, whose action is undeniably effective to promote the rights of the children victims, as well as their protection, should intervene. Those, which are not qualified to do so, should avoid directly intervening. The situations they get to know of, should be taken care of, by those qualified to accurately intervene.

5 The degree of adequacy and up-dated intervention. The supporting process should be adequate to the necessary intervention, taking into account the risky situation the children are undergoing at that particular moment.

6 The parental responsibility. The intervention is to be carried out in such a way, that parents should feel obliged to assume their duties and obligations towards the children.

7 The family prevalence. In promoting the rights of the children and their protection, prevailing measures should be taken so as to have those children integrated in their own families, or have them subject to adoption.

8 The compulsiveness of the information people involved are entitled to. The children, their parents, legal representatives and/or anyone who may be their legal guardians, are entitled to being told of their rights, the reasons, which led to the intervening actions and the way in which they are being carried out.

9 The compulsory hearing and consequent participation. Children on their own and/or accompanied by their parents, legal representatives and those holding their legal guardianship should be heard and asked to participate in the assistance and any further actions, which are to subsequently follow, within the development of the supporting process initiated this way.

10 The compulsory denouncing. The intervention is to be carried out by the Entities responsible for any issues concerning infants and their support, following the prompt denouncing of the victimizing situation children are undergoing, to the appropriate Courts and/or Police Quarters.

Professionals should follow these principles at all times, in order to be able to adequately carry out the supporting duties.

Chapter 2

THE PROFESSIONALS INVOLVED IN THE SUPPORTING PROCESS

1| WHO MAY THESE PROFESSIONALS BE?

The professionals involved in these processes are any qualified professionals capable of performing their duties, as far as these supporting processes are concerned. They may be working for any Public and/or Private Entity, which may or not be Governmental Institutions, providing social volunteering work or not.

DEFINITION

They may be, among many other professions, jurist assistants, psychologists, doctors, etc; as well as work for various Institutions and Services, such as any Social Services within Hospitals and Courts of Justice; The Police, Legal Medicine Services and any Organizations providing support to victims and infants.

2| THE COMPETENCE PROFILE THE PROFESSIONALS SHOULD HAVE

The supporting processes involving children victims of violence are rather serious, which implies that only those professionals having specific competence profiles should get involved in them.

THE COMPETENCE
PROFILE

This being the reason why the professionals wanting to work or having to work in these supporting processes should have suitable competence profiles, so as to be able to carry out the task; they should satisfy all the pre-defined requisites and to be able to develop, ameliorate and/or adapt the competence profiles they already have, having in mind the desirable ones they should aim at.

2.1 General competence skills

GENERAL COMPETENCE SKILLS

These comprise two major competence skills, without which one should be considered incomplete or incapable of providing adequate support during the supporting processes involving children victims of sexual violence.

The two major competence skills have to do with the personal competence skills and the professional ones.

Both should be harmoniously inter-connected in the building up of the adequate professional competence and neither of them should be disregarded.

PERSONAL COMPETENCE SKILLS

This personal competence skills are associated with the people and their capacity to adequately adapt their personality to what is expected of them as far as the supporting processes of children victim are concerned. These competence skills are clearly the major skills any professional providing assistance to people in distress, should have.

It is absolutely necessary to confirm if these professionals to be are humane enough to work with people, who are in a state of distress. Without this particular personal competence skill, no professional shall provide adequate support in any supporting process involving children victims of crime.

This is a personal competence skill of a subjective nature.

It can be looked at in a variety of different approaches, but professionals ought to be minimally agile in the following ones:

¹ The relationship type of approach. It is quite clear that only those, who can adequately develop their relationships, show

a seemingly pacific and non-conflicting behavioural attitude to those, who are close to them and therefore seem to have the necessary skills to deal with those people involved in such supporting processes. Whenever these involve children all the professionals' efforts and attention should be concentrated on them. Should the professionals not be able to get along, develop relationship-like bonds and communicate with these children, from the small to the adolescent ones, then, they should not be providing any assistance in the supporting processes.

² Emotional self-control. Similarly only those, who clearly show an adequate emotional self-control may be expected to work in such processes, once they are considered quite demanding jobs, as far as emotional stability is concerned, taking into account the fact that the people requesting support are very often involved in problematic situations, characterized by dramatic issues and many of them subject to a high degree of vulnerability. Professionals, who may not be able to show serenity throughout the supporting instances of the cases, which because of the nature of the crimes, might be shocking, should not be involved in them.

³ Inclination and/or aptitude to get along with children. Professionals should have a "special aptitude" to be able to get along with children, leaving their adult- like behavioural attitudes behind and getting together with them as if they themselves were children. This naturally implies being able to play and use a simple and understandable type of language. It also means being kind and humorous, in order to be able to put children at ease throughout the whole number of steps such processes involve; by counterbalancing the situation with the so called serious moments - so that children might feel they are facing a responsible adult and not anyone who might have wanted to stay a child forever.

⁴ Compassion and empathy for the suffering of the children. Professionals should feel compassionate in what concerns the situation of the children and their families. This means they should be able to anticipate and understand the inner distressful feelings and even fore glimpse the silent expressions of wanting to be helped.

This should not mean, "feeling sorry for" them or even looking at them as "unfortunate little things" or "poor little things" sort of; It means being at their side every time they show, both by actually saying it or by gestures, that they are psychologically affected by the painful memories of the sexual violence they were subject to. Professionals should also try to have empathy, which is to say they should put themselves "in the shoes" of the children, by imagining what it would be like if they had been in the same situations children saw themselves in. This way they may be able to feel closer to the dramatic issues these children have gone through. Being compassionate and having empathy should not mean getting out of control and crying together with the children, because if they do so, these children won't be able to continue looking at them as adults they can count on to help them out. They may start looking at them as people, who feel affected with what they have endured, and this may lead them to avoid exteriorising their inner feelings, not to cause any further problems to the professionals handling these cases.

TECHNICAL SKILLS

Technical skills have to do with the professional work to be carried out by the professionals involved in these cases. Such serious supporting processes in which so many children need to be assisted cannot simply rely on the personal competence skills of the professionals involved. To be competent as "a person" is not enough, one has to be a competent "professional". The specialized requirements to handle such processes cannot be reduced to

the willingness of "good people". Competent skilled professionals should be the ones to be able to fulfil these requirements, though this may not be achieved if the professionals involved are simply "good professionals" and not "good people" as well.

These technical competence skills are of an objective nature.

They can be looked at in a wide variety of approaches, out of which the professionals involved in the processes should be minimally good in the following ones:

¹ The academic Training. The professionals involved should have either completed university or have an academic degree within an area associated with the supporting process requirements, such as lawyers, psychologists and/or social workers. This naturally implies having carried out scientific work and within their fields of study, have acquired a level of knowledge and techniques, they would not have, had they not attended university. The supporting processes are quite demanding as far as Law and knowing of legal matters are concerned, which only lawyers will be able to handle. Children will need to be psychologically and medically assisted, which only psychologists, doctors and any other Health oriented professionals may be able to provide, etc.

² Specific Training on victims of crime. Professionals should be given specifically theoretic and practical oriented training on the support of victims of crime. They should then be able to properly support the children victims of sexual violence, once they have obtained a good knowledge on the necessary pre-supposed theoretic matters associated with the day to day practice of such victim support Services; as well as the fundamental ethic matters to be considered by those working with victims.

By having these two major competence skills, the professionals may be able to further develop the specific oriented skills. These will naturally depend on the task they have been performing within the Institution they work for, as well as the community they have been working in and the particularities of the cases they have been handling, in terms of the requirements and needs of the supporting processes.

2.2 Specific competence skills

Once professionals have these main competence skills, they should try to further develop specific competence skills, which the Institutions and/or Services they work for, might need them to develop, in order to carry out their daily performance.

Social workers providing victim support and assistance should, for instance:

- 1 Promote further social support and personal assistance to the children victims, their parents, family members and/or friends;
- 2 Get in touch with any other Institutions, which may further help them in the supporting processes, in terms of provided goods and services;
- 3 Permanently assist the parents, family members and/or friends of the children victims, in order to let them know of the different phases of the supporting process and mobilize their efforts;
- 4 Mediate between the families and the Institutions involved, in order to have them further helped, by being in permanent contact with other professionals;
- 5 Have the children ready for the various phases of the supporting process, namely going to Court or leaving home, etc;

Those professionals, who are working at schools or any services providing support to adolescents, should among other aspects:

- 1 Evaluate the situation of psychological risk and emotional distress children victims are going through;
- 2 Evaluate the meaning of their behavioural attitudes;
- 3 Analyse the degree of affection children have for their parents and/or any other family members;
- 4 Define a psychological profile and request the intervention of a pedagogic-psychiatrist should it be necessary.
- 5 Carry out a self-esteem empowerment as well as one of trusting others.

3| THE CHARACTERISTICS PROFESSIONALS SHOULD HAVE, IN ORDER TO BE ABLE TO PERFORM THEIR TASKS

Assisting children victims of sexual violence implies a high degree of sensitivity, preparation and dedication on the part of the professionals directly involved in these matters.

Professionals should be aware that assisting children victims of sexual violence is more demanding than assisting adult victims, they should consequently develop their own capabilities and have the following characteristics.

- 1 Serenity. Professionals should above all have the necessary serenity to face the dramatic reality involving children, which they may (as fathers and mothers) be shocked with;
- 2 Emotional stability. Avoid getting on with their involvement in specific cases they feel may be disturbing them

emotionally and ask one of their colleagues to substitute them in the following-up of the processes. This may also be applied due to personal or professional reasons apart from the ones concerning the supporting processes and which may have to do with lack of time, overwork and any physical and/or psychological reasons, family problems, mourning situations and vulgar stressful situations.

It is by no means advisable for professionals, who are physically or psychologically disturbed, to carry on with the supporting processes they have initiated, which may be disturbing enough for them, as they are.

It is also fundamental for professionals not to take advantage of the trustworthy and confidential relationship they may have with the children, as well as with their parents and/or friends, to either get emotionally involved with them or satisfy their personal needs and uncertainties.

3 Impartiality. Professionals should not get any material compensation for the work they are doing beyond what has been previously agreed upon (should there have been any contract)

4 Safeguarding. Professionals should develop safeguarding procedures in what concerns the life of the children, whose supporting processes they have been following, as well as the one of their family and friends, not forgetting their own and the Institutions they work for. This should include the equipment, which may be necessary to use in the whole processing;

5 Exemption. Professionals should not diminish their responsibilities in the course of the supporting process due to any prejudices associated with religion, sex, race, age, nationality, political views, social class and/or any other factors, which may have to do with them directly or the others;

6 Vigilance. Whenever professionals suspect of any inadequate or condemnable attitude any other professional may have had and which may not have been corrected, they should let the Supervisor or Head of Service know of it, without any reluctance or constraint, knowing that they are not breaking the expected professional confidentiality parameters and are simply following their moral consciousness.

Chapter 3

THE SUPPORTING PROCESS

1 | ANY PROCESS SHOULD BE CARRIED OUT IN PHASES

A supporting process should be carried out in a continuous sort of way, not only because of the given time but also taking into account the degree of urgency and the emerging needs of the children and their parents as well as the Institutions involved. This being one of the reasons why this intervening action is called "process" – a number of actions to be carried out in time.

A supporting process may eventually not be carried out adequately, unless it is regulated and/or planned ahead. Which is to say that it may end up being an uncontrollable sequence of loose procedures, without being systematized and adapted to the time and space, therefore leading to a postponing of the expected outcome.

Professionals should be concerned about making a safe intervening oriented action out of a supporting process regarding children victims. Any actions, which may simply be a number of common-sense oriented actions, should be disregarded, for the sake of professionalism.

A supporting process should be carried out, in accordance with the following phases. Each phase should be thoroughly conducted, taking into account time and perspective.

THE VARIOUS PHASES

2 | THE PHASES OF THE SUPPORTING PROCESS

These are the phases of a whole supporting process, which the professionals involved should consider:

1 The gathering information phase. The first phase should be initiated as soon as the professionals get in direct contact with the children or their parents. It aims at gathering all the available information, so as to thoroughly understand the victimized children, the sexual abuse they were subject to, the parents of these children and/or the family circle, as well as the school and community environment they live in. This is a gathering information phase.

By using the form provided by the services the professionals work for¹, they will be able to identify the crime(s), and the definition of the problematic issue(s) concerning the children victims, irrespective of whether they are directly assisting the children, addressing the issues by phone or in written terms and/or dealing with the children victims' parents, any family member and/or friends.

They should, above all pay attention to:

- The nature of the perpetrated crime and any other relating areas (such as any deficiency or mental health problem involving the children victims; alcoholic situations, drug consumption, etc);
- The degree of seriousness and urgency²;
- The conditions, which have determined the perpetration of the crimes³;
- The psychological and physical conditions of the children victims, as well as the ones of their parents;
- The difficulties and obstacles they may be facing and/or may have to face, in order to solve the problem;
- The available resources to solve the problem, in what concerns the judicial assistance or the direct support provided to the children and their parents, in order to prevent the re-incidence of the problem

2 The problem evaluation phase. The second phase should be initiated when the professionals have the whole amount of consistent information in their hands, in order to carry out an evaluation of the collected data. This is called the problem evaluation phase.

By collecting the available information and preferably by talking to other professionals in different scientific areas, the professionals involved should try to evaluate the problem, thus:

- Defining the whole problematic issues, taking into account the environment the children live in;
- Sorting out the needs of these children, as far as juridical, psychological, medical and social assistance is concerned

3 Intervention strategy definition phase. After having evaluated the situation, professionals should define concrete strategies, in order to be able to act efficiently. This is the strategy definition phase.

By taking into account the real needs of the children victims, professionals should develop, together with other colleagues, an inter-disciplinary approach at Institutional level, so as to:

- Define intervention objectives and strategies. It should be a planned intervention, once the previous evaluation has already been carried out, bearing in mind the desirable and potential future situation, which is sought for the children victims. Professionals should hold discussions with their colleagues, in order to clearly define strategies, which will lead to the reaching of the objectives. The underlying target should reflect the desired future situation, which is sought for the children victims involved;

Work out a safety plan, which maintains the children away from their aggressors, by having previously agreed upon a number of measures, which the victims, as well as their parents and family members are to comply with, to avoid recurrent victimizing situations.

INSTITUTIONAL COOPERATION PHASE

4 The Institutional cooperation phase. It is quite important for professionals to carry on with the supporting processes, always bearing in mind the intervention of other cooperating Agencies, not reducing the intervening action to the Institution they work for. Any process should congregate a wide variety of potential approaches and active measures, which may only be carried out by certain Institutions, depending on the specific intervening areas they are aimed at, as well as their competence levels. This being the reason, why professionals should get into the subsequent phase, which is one of Institutional cooperation.

FORWARD ACTING PHASE

5 The forward acting phase. After having explored every available possibility in what concerns the direct support to the children and their parents, family members and/or friends, professionals should have these cases forwarded to other Services and Institutions, according to the needs and the existing resources within the community. This means, they should call other professionals working for those Services and Institutions, in order to be sure of the pertinence of those cases being forwarded (if it may be useful in any way for these children as well as their parents, etc), the timetable of those Institutions, the required documentation and the name of the professionals they should address themselves to.

Professionals should also take care of the means of transportation to be used by the children and their parents; should they not be able to provide their own means of transportation, either because of not having them, the financial possibility to provide them or because of feeling too nervous to even think about it.

It would be convenient for the professionals to personally take them, either by using their own means of transportation or the ones provided by the Institution they work for. It may not be advisable to use Public transportation (as an example, the bus, the underground or the train), once they do not provide the necessary discretion and degree of confidentiality, not to mention the required comfort for the children victims.

Should the professionals not be able to accompany them, they should provide them with a map and/or scheme, have a taxi called in to take them, as well as make sure that they have reached their destination, by phoning the professionals they are supposed to get in touch with. They should also have a small greeting card, message or even a detailed report on the problematic issues involving the children, sent to them. Any of these should be handed to the parents of the children victims in a sealed envelope and having been previously signed by them.

3 | THE TYPES OF PROVIDED SUPPORT A PROCESS MAY IMPLY

By having previously conducted the evaluation phase of the problematic issues, as far as the needs are concerned, professionals may indicate the type of support these children, their parents and/or family members are to be provided with.

A supporting process, may lead to four different types of support, taking into account the two general competence skills of the professionals involved (the personal and professional competence skills). The first being a non-specialized approach and the ones which follow of a rather skilled nature.

1 Emotional support. The first type of provided support is the emotional one. Because of not implying any skills apart from the personal approach to the problem, is rather subjective and can be performed by just anyone. It implies being

THE EMOTIONAL SUPPORT

nice, kind, serene and understanding towards those, who have accompanied the children victims to the Institutions the professionals work for. It necessarily means being aware of the necessity of them being assisted by someone, who clearly understands what those children are going through, and above all being amiable and understanding towards the children.

Professionals should be among other things kind-hearted and have a feeling of empathy, for these aspects shall prevail throughout the whole supporting process.

JURIDICAL SUPPORT

2 Juridical support. This consists of providing any information and/or clarifications regarding the legal rights and procedures to, both the children, their parents, legal representatives of these children and/or anyone who may have their legal guardianship.

Although this legal information may be provided by any professional aware of the juridical reality concerning sexual violence perpetrated against children, it should preferably be provided by jurists, because they are better prepared than any other professionals to do so.

Professionals should therefore be available to provide not only the necessary information and interpretation of the lawful aspects and official procedures, but also to get in touch with the judicial magistrates and Public Ministry, either verbally or in written terms, so as to facilitate the resolution of the problem involving these children victims.

It is also up to the jurists to promptly denounce the victimization of these children to the Police and/or the Public Ministry, as well as have the supporting process together with the criminal investigating one put forward simultaneously, which in turn will lead to the subsequent judicial outcome

PSYCHOLOGICAL SUPPORT

3 Psychological support. Psychological support has to do with the needs felt by these children, their parents and/or family members following the perpetrated violence. They may all need to be psychologically helped.

The professionals intervening in this type of support should either be psychologists or psychotherapists. Because of it being a specialized type of support, no other professional should be able to help them in this phase.

The psychological support aims at helping the children and/or their parents therapeutically speaking, so as to minimize the negative effects the traumatic experience may have had on them. It may be carried out individually, that is between the therapist and only one of the people involved in the experience (such as the children themselves, their parents and/or grandparents, etc) or it may turn out to be a group therapy type, that is the therapist and a small group of people involved (for instance, the father, mother and/or any other parents of other traumatized children, etc), excluding the victimized children.

The psychological support normally comprises a number of sessions, previously agreed upon with those, who will be taking part in them;

MEDICAL SUPPORT

4 Medical support. The medical support has to do with any medical type of necessity these children, their parents and/or family members, may have, in regard to the endured violence. Once the professionals have evaluated their needs, they should have them sent to either the doctor working for the Institution (should there be any medical services within the Institution), or the family doctor, any Health Service Centre and/or Hospital, or even to a paediatrician, etc. it may be necessary to have them

do some legal medical exams, in which case they should consult a legal medicine doctor.⁴

The professionals liable to intervene in this type of support are doctors, namely paediatricians, family doctors and eventually legal medicine doctors. Nurses and some other professionals working for the National health services may be called to intervene, yet under the direction of the previously referred doctors.

This type of support aims at following the children and their families medical wise, ensuring that they are provided the necessary help in terms of medical support related to the problems directly connected with the victimization they have been subject to, as well as any other physical and psychological aspects deriving from it.

It may be important for the doctors to initiate their supporting intervention, so as to guarantee the minimization of the accumulated effects of the perpetrated sexual violence in medical terms – without which the whole supporting process might fail, once the main problems will be left unresolved.

Legal medicine doctors are to provide the necessary evidential signs, which confirm that such crimes have effectively been committed, once they may be able to collect the relevant vestiges from the abused children or their clothes. This intervention may prove to be fundamental following the first hours after the abuse has been perpetrated;⁵

The social assistance should be carried out by the professionals working in this field – social assistants, social educators, etc, though it may eventually be determined that any other professionals may effectively be prepared to carry out that assistance.

It aims at clarifying the position of these children as far as relationships are concerned, namely the one with their own parents, family members and/or friends; within the social context (for instance, the social environment they live in, whether they live in a village or city, the socio-economic conditions of their families, the school they attend, whether they have extra school activities or not, etc); and as far as the institutional support is concerned (have they ever asked for help before, have they already denounced the situation or made a formal complaint to the Police, etc).

By attempting to answer to their specific needs, in order to have them supported by adequate Services and Institutions, as well as to obtain auxiliary means (for example, financial support, clothing and food, etc) and the support of other Services (so as to carry out the medical exams and or necessary documentation, etc), it aims at promptly resolving the problematic situation.

This type of social assistance requires that the professionals get in touch with various other professionals, as well as Services and Institutions, in an attempt to have several cooperating mechanisms working together for the supporting process, in view of finding out prompt and efficient proposals to resolve the problem;

⁶ Sheltering. It may be necessary to have the children taken to a shelter-home, rather than

⁵ Social assistance. This type of assistance refers to the social needs these children, as well as their parents and/or their friends may have following the perpetrated violence.

having them continue living at home or with their parents, particularly if they are not able to guarantee their rights by either victimizing them or even allowing them to keep on being victimized.

Immediate sheltering should be considered, particularly if children have requested it. This sheltering situation should somehow be communicated to the competent Court of Justice (by fax or by letter) stating the reasons, which have been presented as a justification for the request. The Court of justice should then decide whether those children are to continue at the Shelter-home or Centre, or should be taken else where, which may mean back to their homes or any other Institution.

There may be situations in which these children are taken to shelter-homes together with one of their parents (the mother and/or eventually the father). Courts of justice are to be told of such situations as well.

Having any of these children moved away from their homes implies the existence of a judicial court of order⁶.

Having these children taken to Shelter-homes ensures their safety in regard to being further victimized and aims at re-organizing their future life in terms of a new project of life, which entirely respects their own rights.

Chapter 4

PROVIDING DIRECT ASSISTANCE

1| WHAT IS THE DIRECT ASSISTANCE?

Direct assistance implies the occurrence of a/(several) meeting/(s) between the professionals involved in the process and the victimized children and/or their parents and family members. This/these is/are personal-like type of meeting/s and normally take place in private rooms belonging to the Institutions the professionals work for/(at). These are the places victimized people address themselves to, so as to look for assistance and support.

DEFINITION

1.1 Providing assistance to the parents and family members of the victimized children

Throughout the supporting process it may be necessary to carry out a number of meetings with the parents and/or family members of the victimized children (in order to get juridical, psychological, social support, etc). These so called family members are to be considered as entirely trustworthy by the children and their parents, and are therefore entitled to follow the whole supporting process (they may, for instance be the grand parents, uncles and/or god-parents, etc.).

PARENTS AND FAMILY MEMBERS

1.2 Providing assistance the children victims

It may be necessary to have several meetings with the children victims throughout the whole supporting process, namely to provide them with the required psychological assistance. These may largely depend on the assistance provided to their parents and/or family members.

THE CHILDREN

2| THE ROOM IN WHICH THE ASSISTANCE IS TO BE PROVIDED

The space in which the assistance is to be carried out as well as the various interviews regarding

THE ROOM

the supporting process, should be suitable for that purpose, that is to say it should be a room, in which the children, their parents, family members and/or friends feel at ease and well.

The involving atmosphere of the room in which the interviews are to be carried out should also be suitable, taking into account the nature of the supporting process.

Professionals should make sure the following aspects are met:

1 Privacy. The room should not allow the ones, who are being questioned, to either be looked at or listened to by third parties;

2 Comfort. The room should be so comfortable as possible, with adequate heating and/or cooling conditions; to have quite an agreeable looking furniture (for instance some sofas, small tables and covered up chairs, etc.); to be sufficiently ventilated, allowing an oxygenated type of atmosphere, which avoids the existence of unpleasant smells (such as the smell of tobacco and mould, etc.);

3 Adequate lighting. The room should be well lit, especially because of the existence of natural light provided, either by letting it in through curtains or blinds. Artificial lighting should only be used whenever found necessary;

4 Appropriate style. The room should be well decorated and have some decorative elements (such as small sculptures, paintings, posters and/or hanging lamps, etc.); light-coloured curtains and cushion covers inspiring a certain calmness (such as light blue and light beige or hazel-green colours.), as well as some plants and flowers (for instance, some vases with flowers and/or flower blossoms in them, etc.);

5 Appropriate for children. The room should be attractive to children. It would therefore be convenient to have a separate

room in which to assist the children, independent from the one in which anyone involved in the supporting process may be heard (for instance, the children's parents, their family members and/or friends or even other professionals from other Institutions involved). The room reserved for children should be decorated in such a way, that it should allow victimized children to move about without getting hurt (low type of furniture, etc.). The colours selected for such a room should be bright, in order to convey a certain degree of joyful atmosphere (a combination of warm colours, such as the red, yellow and orange colour, etc.) and the decorative objects should be enthusiastic for children (for instance, paintings with clowns and cartoon or film heroes in them, etc.). There should also be a small cupboard, trunk, basket or box with toys and games for children to play with (such as a dolls-house with complete furniture-organized rooms, etc.);

6 Safety. The room should be safe in what concerns the presence of small children. The wall sockets should have a special device not to allow children to put their fingers and any other objects in them. The pieces of furniture should not have sharp corners and/or ships of wood ripped off them, which may be in the origin of some accidents. Things like glass vases and/or heavy and breakable objects should be excluded as decorative elements, and the door lock should be easily manoeuvred, as well as to allow the door to be opened from the outside. The windows should be protected by a net and/or bars, depending on how high they are positioned and the pavement of the room should either be carpeted or covered with a soft type of material.

7 The adequacy of the room to the investigating interviews. The room to be used for the criminal investigating interviews, if located inside the Police premises, should be adequate or at least have some of the conditions, which have been

Should the investigating interviews be filmed, so as to be revised at a later stage, in terms of gathered information to be presented in Court⁷, then the room should be adequately prepared and equipped with a filming camera and a microfilm in one of the upper corners; it should have a wall with a reflecting mirrored panel adapted to it, as well as the furniture positioned in the correct angle.

There should also be a technologically adapted room like a sort of studio, where the professionals may organize the filmed information in, whilst others follow the sequencing of questions, answers and comments made by both the children and the interviewers. The interviews will be heard by using disguised microphones adapted to the ceiling or to any of the walls, the same way these will be seen by means of an adapted filming system, incorporated in the room. There should be a reflecting glass between the two walls, similar to a mirror placed in the dividing wall between the rooms. The mirror should be double-faced, which is to say that there should be a second mirrored surface placed on top of the first one, just in case the children look through the mirror, not allowing them to see the professionals working in the filming room, but simply the reflex of their own faces. The room allocated for the technical type of work should have an independent access and be sound proof;

⁸ The waiting room. There should be a waiting room for those involved in the process and who are waiting for their turn to be heard, to sit in. It should be away from the room in which people are being heard, so as to allow the necessary degree of confidentiality. This room should have comfortable sofas, a small table, some decorative objects, some flowers and/or plants, some magazines and newspapers spread on the table, etc, so as to create an agreeable type of atmosphere, once this is to be the first image conveyed by such a supporting Service and /or Institution.

3 | THE INTERVIEW - THE ESSENTIAL CORE OF THE PROVIDED DIRECT ASSISTANCE

DEFINITION

Each talk occurring within the supporting process is considered as an interview – whether it may be between the professionals and the children involved and/or between the professionals and the parents of the children victims.

The seriousness of the problem and the age of the victims do frighten many professionals, who have to handle these situations. Some may conduct the interview in a rather insensitive way, forgetting that it happens not to be an adult sitting right in front of them, but a child. Yet others may inadequately interview those involved in the case, by inducing and leading the interview to a suggestive type of approach.

Having to interview these children proves to be quite important in terms of the sequencing of the criminal investigation, as well as the provided direct support, once these children are being heard by someone, who is effectively trying to understand and protecting them from the endured violence, which may turn out to be a rather positive factor in what concerns getting rid of the feelings of fear, shame, guilt, doubt, etc, which contribute to the suffering of these children.

The professionals involved may carry out adequate interviews, if they just consider what they are about to be doing. This may be the first step to carry out the interviews properly, together with the necessary training to be able to perform this almost daily task⁸.

It is important for the professionals to know as much about the sexual violence the children were subject to, prior to the interviews. They may do this, by consulting the available written information on the children they are about to interview. This information

may be obtained by reading the reports done by other Institutions involved in the case, by consulting the legal medical exams, even by talking to the children's parents and/or any other professionals, etc. Every piece of information is important, though some of it may sound insignificant at the beginning.

It is also important to clearly define the objectives and final aim⁹ of having the children interviewed.¹⁰

THE FINAL AIM

The aim has to do with "what" is the gathered information for and "who" is it going to be handed over to; that is to say, which Institution (for instance, Court of Justice, Victim support Associations, Legal medicine Services) or professional (for instance, judge, psychologist, doctor, etc.) is going to use that information.

OBJECTIVES

These have to do with the specific information, regarding the perpetrated sexual violence and which needs to be collected (for example, "which type of sexual violence", "when", "in which way", "how often", "how long ago", "who has done it", etc. These should be well defined and clarified, if possible by a team of professionals and not exclusively the one, who is going to carry out the interview. This way, they will certainly be better defined.

3.1 Interviewing the parents and family members of the children victims

PARENTS AND FAMILY MEMBERS

Throughout the entire supporting process, the parents and family members of the victimized children are to be interviewed several times, once they hold a great responsibility of being their legal representatives, and the children's family and emotional support very much depend on them as well.

Depending on the characteristics and singularity of the case, both parents may be present in the supporting process (above

all if the suspects are not the parents of these children), or just one of them (in case the children have been victimized by, for instance the father).

Other family members may also be present (as an example, the grandparents and/or brothers), as well as close friends of the children or their family (for instance, some neighbours or the mother's best friend; school colleagues, particularly if the victim happens to be an adolescent, etc). These family members and/or friends may have come following their own decisions (for instance, a grandmother whose suspicion falls onto her son-in-law and who therefore decides to look for help without her daughter knowing of it, etc.); or simply have been brought in by their parents because of the emotional support they have been providing in such a dramatic situation (for example, the best friend of the children's father, who may also be the child's godfather; the next door neighbour, who has been with them throughout this situation, etc).

These people may have come forward, alone, the first time. Should the children have come with them, whilst they are being interviewed, children should be taken into another room and be entertained by another professional. In case the children are already grown up (for instance adolescents), and those who are there with them already know of what has happened, then there is no need for the interview to be carried out separately.

The interview together with the family members and/or friends of these children implies getting them involved in the same supporting process and have them promote their rights.

It may be necessary for them to get emotional, juridical, social and psychological support as well. This way, having been adequately informed and strengthened by the provided support, they may be able to better defend the rights of the

children and help them solve their problems, namely in terms of emotional balance.

They may end up being excellent auxiliaries of the professional work carried along the whole supporting process.

PROCEDURES

The following aspects should be observed during the interviewing of the parents and family members of the victimized children:

1 To walk them into the room. The professionals should leave their offices behind and ask the parents, family members and/or friends of the victimized children to follow them into the waiting room or the room, where the interviews will be taking place

2 To have the children be accompanied by another colleague. Should the adults have come with children, these are invited to go with some other colleague into another room, where they shall be entertained, whilst the adults are being interviewed;

3 To introduce themselves. The professionals handling the cases are to introduce themselves, stating their names and the tasks they are to perform;

4 To commit themselves. Professionals ought to commit themselves in regards to the supporting processes. First of all they should let people know what a supporting process is, what type of available assistance will be provided to both the children, their parents and/or friends, as well as the difficulties they are liable to face. They should commit themselves to following the supporting process and cooperate the best way they can;

5 To be authentic. Professionals should try to be authentic and faithful to their own principles, within the boundaries of the

professional role they have to play. They should be open minded and spontaneous;

6 To be respectful and serious. Professionals should maintain a permanent attitude of respect for the suffering of the victimized children, their parents, family members and/or friends;

7 To have a positive type of attitude. Professionals should always focus on the positive aspects. It is quite important to point them out, so as to promote the confidence and tranquillity needed throughout the entire supporting process;

8 To be attentive to what they are being told. Professionals have to be rather attentive, in an attempt to decode messages, which have not been expressed or verbalized, being able to apprehend their meaning, which may be rational and/or emotional;

9 To be able to talk in a non-verbalized way. Professionals should show them that they are attentive to what is being said by, for instance keeping a fixed look into the interlocutors, nodding, using "gap fillers" such as "Er...", "Hum..."; etc;

10 Not to interrupt and get to premature conclusions about the case. Professionals should not interrupt their interlocutors, without having heard all they have to say, so as not to get into wrong and untimely conclusions;

11 To question. Professionals should question the interlocutors at a proper given time, selecting a simple and perceptible type of language. They should not fear asking about some of the most delicate details concerning the case, though they should do it respectfully and pertinently;

12 To ask open-type of questions. Professionals should ask open-type of questions, which generally imply more or less

widespread and complex matters, some of which are of an abstract nature, and whose answers may not be simple and/or short (for example, "how are you feeling now?" or "What has been worrying you mostly?");

13 To ask close-type of questions. Professionals should also ask close-type of questions, which normally imply objective and straightforward questions, whose answers may be simple and short (for example, "What is your name?" or "How old is your child?");

14 To ponder on the sequencing of the questions. Professionals should ponder on the balance between the number of open-type of questions and close-type ones, which will make communication easier;

15 To encourage the exteriorisation of emotions and feelings. Professionals should encourage the spontaneous exteriorisation of the interlocutors' emotions and feelings, helping them out with expressions (such as, "Feel free to...", "I understand that you may feel sad and resented ...", "It is not shameful to cry", etc.);

16 To be careful with their own body language. Professionals should not show any signs of impatience or anxiety during the assisting process (for instance, have their arms crossed, sigh all the time, constantly look at their watches, at least if the interlocutors are liable to notice such attitudes; etc). They should also have a serene behavioural attitude, which may be coherent with what they are saying, by no means showing a lax or excessively inconvenient or passive type of attitudes, regarding the dramatic situations which are just being described;

17 To convey information. Professionals should tranquillise the children, their parents, family members and/or friends

as to the degree of confidentiality of the information they have gathered during the interviews. Though they should have them alerted as well, that there may be situations in which that degree of confidentiality may not be maintained, because of the fundamental interests of the children;

18 To be attentive. Professionals should be thoroughly attentive to the body language of the interlocutors, including the non-verbalized behaviour, such as the tone of voice, physical gestures, discourse hesitations, visual contact or its avoidance, facial expressions, reddening of the face, abdominal pain, etc;

19 To gather information. Professionals should be attentive to the present situation, yet should allow the rebuilding of the situations occurred in the past, especially in the course of the first sessions with the interlocutors;

20 To repeat what has been said. Professionals should continuously repeat what has been said in previous sessions, so as to certify both children, their parents, the family members and/or friends that what has been heard previously, has been properly understood. This attitude may further encourage them to continue talking;

21 To debrief the main aspects. Professionals should debrief the main aspects of the assistance and the supporting process, so as to make sure that they may have properly understood what is to understand regarding these aspects;

22 To finish the interview by letting them ask any questions or clarify any remaining doubts. At the end of an interview, the children, their parents, family members and/or friends should be given the opportunity to ask questions, clarify any doubts and make some comments. It may also be important to go through

certain practical aspects connected with the whole supporting process, as well as to confirm the carrying out of further sessions and/or the continuity or sequencing of the ones to follow, etc.;

23 To walk them on their way out. Professionals should walk the parents, family members and/or friends of the victimized children on their way out to meet the children where they will be playing with the other professional involved; they should then walk them all out to the lift or the exit door;

24 To say good-bye. Professionals should kindly say good-bye to them all;

3.2 The diagnose- type of interview. With the children involved

Prior to initiating a supporting process, it may be necessary to carry out a diagnose-type of interview with the children, so as to evaluate their psychological state and detect victimization signs.

The underlying question is to be able to find out as much as possible during this interview between the professionals and the children on question.

The main task of the interviewers is to make the most out of the information they already have on the children, namely obtained by those adults who have come forward looking for help (for example, the children's mother or grandmother).

Professionals working within the field of Psychopathology, should be the ones to conduct these interviews (for example, psychologists, psychiatrics psychotherapists, etc).

Before the diagnose-type of interview is carried out, professionals should gather some information, which may be provided by those who have previously accompanied the children.

3.2.1 Information gathered previously. ¹¹Interviewing the parents, family members and/or friends of the victimized children and other professionals involved

Professionals should gather information prior to carrying out the diagnose type of interview with the children. This information may be useful not only throughout the supporting process, but also for the criminal investigating one, once it reveals various aspects concerning the life of the children and may be used by all the professionals involved in the phases of the process. This information may be obtained by talking to the parents and family members of the victims.

INFORMATION
GATHERED PRIOR
TO INTERVIEWING
THE CHILDREN

Professionals should take into account the following aspects:

1 Anamnesis type of data. They should gather elements on, for instance, the children' s birth place (was it at a Hospital, in a Clinic or at home), was the pregnancy period assisted by a doctor and what was it like (was it normal or were there any problems, etc.); were the parents expecting a baby boy or a baby girl; was the child a premature baby; was the birth uneventful; how heavy was the child at birth; were there any problems during the first two weeks after the actual birth; was the child breast fed; in what concerns the child' s feeding habits (does the child lack appetite, eventually or permanently, etc.).

2 Psycho-motor data. Information on the child' s psychomotor capability should also be gathered (how old was the child when it started walking without people' s help, can the child distinguish the right from the left hand, etc.)

3 Psycho-linguistic data. Data on the child' s psycho-linguistic development should be collected (what was the child' s crying like, ho old was it when it pronounced the first meaningful

word, when did it start building up structured phrases, does it have any communication difficulty – stuttering, articulation difficulties, mixing up words, etc)

4 Psycho-affectionate development data. Data on the child's psycho-affectionate development should be gathered (when did it start smiling, how old as it when it no longer needed to use nappies during the day or the night, what have its sleeping habits been like, has it been fearful, who was it looked after until the age of three months, who looked after him/her after that period, did it attend any kindergarten during the first three years, did it show any difficulty in adapting itself to the kindergarten, what are its weekends like, which is its favorite entertainment, what does the child normally do when it is alone, in what concerns getting involved does the child prefer to get involved with adults or other children, are there any specific children it does not get along with, are there any particular adults the child does not get along with, is it easy for the child to get separated from his/her parents, can the child easily share things with others and can it wait for his/her turn, how does the child react whenever it is contradicted, which seems to be the child' s favorite object, how does it entertain him/herself, what amount of time do you normally dedicate to the child, which characteristics would you say define the child, etc.)

5 Data on general health aspects. Data on the child' s general state of health should also be collected (is the child regularly observed by the pediatrician, what is the child' s sight like, what about its hearing, what is its weight, how tall is the child, has it had many diseases, if so which, etc.)

6 Data on the child' s education. Professional should get some information on the educational background of the child, from the moment it was born up to now, regarding both formal and informal aspects. In what concerns the schools it

has attended (how many schools has the child been to; which school is the child attending at the moment and which grade is he/she in, what are his/her marks like, has he/she ever had any learning difficulties, has he/she ever failed to pass a grade, etc)

3.2.2 Diagnose type of interview with the children

After having gathered the previously referred information, professionals should then carry out the diagnose type of interview with the children.

The diagnose type of interview aims at getting further information on the alleged or suspected sexual violence children have been subject to. This type of interview should be conducted by a clinical-psychologist.

AIM

Professionals should:

PROCEDURES

1 Kindly welcome the children and the ones, who may have come with them. Professionals should promptly show at the waiting room, the moment they have been told that the children and those, who have come with them, have arrived. They should greet them in a kind way and then walk the children into the room where the interview is going to take place;

2 Show them into the room. Professionals should show them into the room, where the interview is to take place, telling the children that they shall soon be playing together with the toys and games available for them in that same room, etc.;

3 Introduce themselves to the children. Professionals should then introduce themselves, stating their name and what they do, although they may have already been introduced to them in the waiting room;

4 Ask children to introduce themselves. Professionals should ask the children to let them know what their names are, how old they are and which grade they are in, etc.;

5 Let children feel at ease, by playing with them and laughing together with them. Professionals should try to make children feel at ease in their presence, by either making a kind comment (about their name or even the color of their shirt, etc.), or saying something that might make them laugh, telling some simple anecdotes or playing together with them.

Professionals should take the children's ages into account, taking advantage of the necessary common sense in their inter-acting with the children, adapting the anecdotes, comments and/or games to their ages.

Professionals should be able to equate the time dedicated to the playing activities, by not doing it for very short or very long periods of time. After having played with the children for more than fifteen minutes, children may no longer feel like answering questions.

Notwithstanding this fact, professionals should not force the children to sit somewhere else, away from the toys and/or games, in order to answer the questions. They should keep on talking and should they find out that children want to continue playing, they should then consider having another interview arranged, in which they might later use different strategies (such as, reducing the number of toys lying about in the room or having some of the ones they have dedicated more attention to, removed from the room, etc.).

Whenever possible, professionals should talk to the children even while they are entertained playing about with the toys;

6 To observe the children' s physical and neurological development. Professionals should try to observe the physical and neurological development the children they are working with, seem to have. This may be initiated from the moment children are introduced to them in the waiting room.

Professionals should concentrate on such aspects as, the physical attitude, the walking attitude, the balance, the motor coordination, as well as the talking and voice associated characteristics of the children they are dealing with.

It may also be important to note down any difficulties the children may have had or shown to have, in what concerns the sensorial system: whether they hear or see properly, etc.

It is also important to not down whether the children overreact or simply do not react to certain sensations (such as specific sounds and particular physical touches, etc.)

PROCEDURES

Professionals should pay particular attention to the reaction of these children to the physical proximity. The whole physical and neurological activities of the children should be observed, not forgetting their performance in the games, as well as the way they approach the toys made available for them to play with.

7 Observe their humor. Professionals should observe the children' s humor, as well as its variations. Humor is quite an important aspect, particularly the way it varies or evolves throughout the interview (for instance the sad and happy looking expressions, the crying and the laughter, etc.)

8 Observe the capacity these children have to get along with others. Professionals should be attentive to the way these

children get along with them, as well as with others. This observation may soon be initiated the moment children are introduced to the professionals in the waiting room: aspects like the way they behave towards those, who have come with them, whether they are looking shy or distant; the distant attitude they have with the ones around them; if they are playing with other children, etc.

The way these children walk into the room with the professionals handling the case, may also be relevant, although these initial moments may not have to be accounted for unless associated to the relationship further developed between them and the professionals, in the course of the interview.

Once these aspects have been observed, it may then be important to note how the relation is to be developed: the way children address themselves to the professional; whether they seem to show fear, suspicion, immediate empathy, if there is a seductive attitude on their part or even a stand back, etc. The relationship between them will determine the amount of information one may obtain on these children;

9 Observe the emotional reactions. Professionals should be attentive to the emotional and affectionate reactions on the part of the children, but above all the degree of anxiety they may seem to have, right from the entrance in the waiting room, through the initial phase of the interview up to its latest phase. The affections are felt in different and singular ways. Professionals should look for rage, competitiveness, aggressiveness, assertiveness, envy, angriness, tenderness, rejection, shyness, emotional need, empathy and compassion, which translate the reality of the affectionate world of these children.

Showing the affections as well as the anxiety may be done in a rather singular way, this being the reason why professionals

should be prepared to understand the way these children may express their personal realities.

Some of them may openly talk about these issues and do it whilst mentioning tenderness and positive relationships, as well as indirectly referring opposite feelings, such as hatred, envy and/or any other form of conflict. Other children may simply stay still and apparently not show any emotions. There may be isolated circumstances in which some children may effectively express themselves whilst destroying toys or caressing something, like for instance a ball, etc;

10 Observe the degree of stability. Professionals should observe the degree of stability of the children taking into consideration their age and stadium of development; they should find out whether their emotional balance is constant or not, and should it be unstable, try to find out which are the causes of that instability of emotions (for instance, in what concerns anxiety: a child may start playing with two toy figures, one of which may represent a man and the other a woman, in the course of a representation of an affectionate situation involving both, the child may unexpectedly move to the corner of the room, destroying the toy figures, or spreading the coloring pencils around the room. It is up to the professionals to observe the disturbances certain impersonations or scenarios may lead to, which in a way may give them hints as to the emotional course of actions, where the answers/consequences of endured emotions are to be observed. Some children may recreate the same scenarios, leading to even more frightful outcomes);

11 Show them that they believe in them. Professionals should show the children that they believe in what they are telling them, even if what is being told sounds more of a fantasy or a disguised situation. In a lot of the cases, children omit part

of the information, in order to protect the aggressors. This may particularly occur whenever some affectionate relationship or complicity has been established between them; because of being afraid of breaking an agreed upon secret or commitment or even due to certain feelings of guilt and shame following the perpetrated aggressions they have been subject to;

12 Observe the sexual oriented behavioral attitudes. Professionals should observe and/or check on any sexual oriented behavioral attitudes these children may have (for example, attempting to get the trousers of the professionals off, in order to touch their genitals or trying to kiss them in the mouth or even rubbing themselves against them, etc);

13 Ask them to tell them the latest funny episodes of their lives. Professionals should ask the children to tell them the funniest episodes of their lives, or the latest two episodes they may have enjoyed (by for instance telling them "tell me about two of the latest things you may have done...like a promenade or a gift you may have received...", etc). Interacting and dialoguing with them in a relaxed and funny like type of way about the latest events;

14 Compare the exteriorization and the detailed information contained in it. Professionals should be attentive to the way they may have exteriorized the situation, taking into account the number of details and how deep or light weight it was, etc. The conversation they may have about the latest events in their lives may help understand what will be discussed at a later stage;

15 Highlight the importance of saying the truth. Professionals should talk to the children about the importance of always saying the truth. They may prepare them by approaching the problem (for example saying: "Can you tell me what it is to be true?... Do you know what a lie is?... Can you give me

some examples of situations in which people said the truth and others in which they lied?"; " What do you think is best - to say the truth or to lie?" or " Do you know that we should always say the truth, because it always works out for us...", " To lie makes us suffer, whilst to say the truth doesn't", etc.), by setting up a sort of agreement with the children, in which they will always tell them the truth whenever talking to them (for example, "I would like you to always tell me the truth, is that alright with you?" or "Let us always say the truth to each other, is that OK with you?", etc);

16 Bring the main issue to the interview. Professionals should bring the main problematic issue to the interview. They should do it with sensibility, being careful yet without fearfulness. They should show how firm they are to the children. The issue should be brought to conversation in a general and subtle way, without being done abruptly (for example, "Do you know why we have come together and are now, the two of us in this room?").

PROCEDURES

If children react negatively at this first approach, professionals should try to bring the issue forth in a different way, by asking them if they want to tell them something that may have happened to them recently, or that they may consider important for them to know of, or even asking them if someone did something harmful to them that they may want to tell them about...).

If the children's response is positive, they may then ask them the questions as directly as possible (for instance, "Did anyone touch you in an inappropriate way?" or "Did anyone do something to you that they shouldn't have done?").

Professionals should not mention the name and/or activity of the aggressor or suspect at any time during the interview

(for example, "your teacher..." "The gardener, who works for you..."), or even mention the closeness of the relationship with the children or their family (for example, "your father's friend" or "your neighbor", etc.) or kinship (for example, "your father...", "your grandfather...", "your aunt...", etc.). The children should be the ones to exclusively provide this information.

Professionals should pay particular attention to very specific type of questions, which may end up compromising the validity of the interview. The more specific they are, the more influenced the children may be, when answering them.

If children don't feel like talking, professionals should leave it for another interview. They should be particularly patient and allow children the time they may need to start talking.

If children avoid answering certain questions, by either remaining silent or changing the subject, may indicate that they are protecting themselves - they are afraid, of either being punished by the aggressors or are trying to defend them, because of their feelings of guilt and shame, which they have not been able to resolve so far;

17 Encourage the free willing exteriorisation. Once professionals have brought the main issue to the conversation, they should encourage children to free willingly tell them all they know about it.

Children are to tell their version of what has happened, encouraged by the professionals, who may throw in certain questions about certain aspects into the course of conversation, by making the exteriorization easier. It may sound as if they are trying to help them remember specific details, without it looking as if they are being interrogated (for example "Could you describe the place where the aggression

took place" rather than "Where did it happen?" or "Could you tell me who did that to you?" instead of "Who did it?" etc.).

Professionals should not break the children's narrative by interrupting it with too many questions. It is rather advisable for them to encourage the exteriorization by using expressions, such as (for instance, "And, then?" "Yes, go ahead..." "I understand what you are saying..." "So..." or even using gap fillers like "Hum..." etc.).

It may be important for professionals to take advantage of certain moments of silence and certain pauses. They should make an effort, so as not to interrupt, challenge or correct the children, allowing them to freely express themselves this way.

Professionals should listen in attentively and above all be good observers. Should they have any specific doubts they may need to clarify, particularly if there have been contradictions or inconsistencies in the discourse of the children, they are to leave them for last, asking the children whatever they may want to ask them, once they have finished.

When children have free willingly finished or simply come to the end of what they were describing, professionals may then ask them to repeat one or two of the episodes/aspects, they may have had doubts on and help them out by asking some questions.

Professionals have to do this very carefully, so as not to give them the idea that they do not believe what they have just been told. They may tell them that they have not completely understood one or two parts of the description, asking them to say those again. These aspects may strengthen the position in the Court hearing, once the description of a particular episode or aspect may be heard twice, reinforcing the narrative.

In case children are to become affected by describing/having

described what has happened to them, professionals should not insist on the issues, which are visibly unbalancing them emotionally. There is always a way of "coming out of "or going back" to such aspects, allowing children the opportunity to recover.

When smaller children are involved, dialogues may have to be shorter and concise. Professionals should not ask too many specific questions, allowing children the opportunity to express themselves in their simple, short-structured phrases, and whenever necessary address them in a simple and concise type of way, which may be understandable to them;

18 Ask open type of questions. If children haven't provided sufficient information, professionals are to then ask them open type of questions (such as, " Could you tell me a little bit more about when you were in the car?" or " Could you tell me a little bit more about that afternoon inside the tent?", etc.).

Some of these questions may only be asked after some sort of description already provided by the children.

Each of the questions may solely refer to one episode or aspect (for example, the episode of the car, that afternoon inside the tent or that Saturday afternoon while watching TV, etc), in order to guarantee the separation of the facts and to particularize them, having them separated from the whole description and not have them mixed up;

19 Accept lack of consciousness and forgetfulness. Professionals should be prepared to hear children say that they don't know of the importance of some sort of detail or that they don't remember something. It seems normal for it to be this way;

20 Agree upon a holding up sign. Professionals should consider the existence of a sign (for instance, throwing up one's hand),

which may mean that children no longer want to talk about a particular aspect, which may be raised at another interview in the future;

21 Ask close type of questions. Professionals should consider having to ask close type of questions, which generally imply a direct and specific type of approach to certain matters left unexplained after children have free willingly described what happened or even when they have been asked open type of questions.

These should be used as a last resort, though.

Professionals should avoid one specific type of close question, which leads people to simply respond in an affirmative or negative way, depending on the question they have been asked (for example, " Did the man on the park put his hands in between your legs?". The answer provided by the children may have been suggested by the question itself: "Yes, he did...", when in fact, he has not, etc.).

PROCEDURES

Close type of questions normally lead to rather simple and limited type of answers, of the kind " Yes" or " No", it would consequently be advisable to formulate them in such a way to allow various alternative type of answers (for example, "When it happened in the park, was it during the Summer, Winter or Spring time?", allowing the possible answers to be "It was during the Summer holidays" or "It was during Christmas", etc);

22 Not show them that they have previously obtained some information on the case. Professionals should not let the children know that they already know of what happened from other sources, prior to having the interview with them. This implies not mentioning details and/or episodes, which they have already heard, from other professionals they may have spoken to. They should concentrate on what these children are telling them, exclusively;

23 Use auxiliary doll figures made of paper, cloth, plastic or wood. Professionals should consider using these auxiliary figures during the interview, but only if they feel at ease to do so. Should they not, it is better not to improvise, so as not to run the risk of invalidating the interview.

The inadequate use of these doll figures may lead to oriented type of answers, which sometimes do not correspond to the truth.

If professionals decide to use the male and female doll figures, these should be suitable to be properly visualized when filmed by the professionals in the contiguous room. Children are asked to point out the parts of the body where they were touched and show them on the doll figures as if it were on themselves, (for example, if a child says that she has been touched in between her legs, professionals must be sure of what she is saying, asking her to show it on the doll, etc).

The doll figures should not have their genitals too emphasized or well defined, for it may induce the professionals to get to the wrong conclusions (for example, a child may feel curious to touch the penis and testicles of one of the doll figures, and effectively do it, misleading the professionals to consider that she is putting on an act of masturbation or something similar, etc)

A simple drawing representing a boy with short hair facing forward on a page and backwards on another, may be enough. The same goes for the female doll figure representing a girl with plaits and ribbons around them.

The sheets of paper on which they have been drawn should be either yellow or blue and the drawing lines done in black. Professionals should hold the sheets of paper up, within the angle of the filming camera, yet low enough for the children to be able to reach them. They should then ask the children

to point out what they have just verbalized. Should children point out too quickly, professionals should ask them to do it again, so that the filming which is being carried out, might clearly show the indicated place on the sketch¹²

24 Use psychometric techniques. Professionals may use some psychometric techniques, amongst which they may select the "Family drawing" and the Child Apprehension Tests -CAT.

As far as the Family drawing is concerned, children are asked to draw a family performing some sort of activity. Should children hesitate or feel confused, they should be told that they are expected to draw a family performing a day-to-day type of activity. They should not be told whether they are expected to draw human beings or animals. Children should feel free to draw without being influenced as to what they are expected to draw.

PROCEDURES

By allowing children to draw an imaginary type of family, professionals may have the opportunity to ask them some questions on the sketched characters. Questions like, who would they consider the best or the worst one, the happiest or saddest of them all, not forgetting the one they mostly feel for. To finish with, they should ask them to let them know which of them would they consider to represent them and to state the reasons as to why.

CAT is a test, which consists of showing the children ten illustrated animal figures in a variety of situations. It may be used for boys and girls, whose ages may be from three to ten years of age.

CAT is a technique, which enables one to get to know the personality of those being tested by analyzing the different individual perceptions of standardized stimuli. This test is a

direct descendant from the Thematic Apprehension Test¹³. It is not necessarily a rival nor does it substitute TAT. TAT is quite inadequate to test the personality of children, the same way CAT is inappropriate to test the adults' one.

The CAT may make the understanding of the relationship by children easier, in what concerns the characters and their most important wishes. The illustrations may, amongst other aspects lead to clues associated with the parental figures and the way these are understood;

25 Be supervised. Professionals should be subject to the supervision of other equally competent professionals during the application and interpretation of these techniques, so as to avoid misinterpretation, particularly in what concerns the analysis of the results;

26 Not write down during the interview. Professionals should not take down any notes on notebooks or even loose sheets of paper during the interview, as this may disturb the children, as well as lead them to feeling insecure and distrustful.

Even without taking down notes, professionals should be attentive enough to absorb everything, which has been said during the interview. Once the information has been memorized, it should be organized and transcribed, so as to be included in the confidential documentation already gathered in the supporting process;

27 Review and resume. Professionals should tell the children that they are to repeat to them what has been said in a debriefed way. Children should then be allowed to correct anything, which might have been misunderstood or forgotten during the gathering of information provided by them. In some cases professionals may be able to gather further information.

28 Consider the interview finished. Once the professionals have considered the interview finished, they should thank the children for having cooperated, whilst telling them that they have enjoyed talking to them. In order to cheer them up, professionals should value the information they have provided (by for example, telling them "The interview was OK, was it not?" or "You are such a brave and intelligent little girl!", etc.). In case they might need to have another interview, professionals should let the children know (by for example telling them "Next time will have the opportunity to play and talk a little bit more. Is that alright?");

29 Walk the children into the waiting room. Professionals should walk the children into the waiting room, where those who have come with them, are waiting, and then kindly and politely say goodbye to them all;

30 Gather with other professionals involved. Professionals should then gather with the other professionals involved in the supporting process and let them know of the information they were able to gather in the diagnose type of interview that they have just finished.

PROCEDURES

4| THE INVESTIGATING TYPE OF INTERVIEW

The investigating type of interview is different from the diagnose one. Whilst the diagnose type of interview aims at drawing a victimization diagnose, the investigating solely aims at gathering information to be judicially used, which is to say that the main purpose of the interview is to gather valid information within the criminal area, to be included in the judicial process.

AIM

The ones, who are to conduct this type of interview, should all be police officers or work for the Police, either as psychologists or within the social area, etc.

The investigating type of interview should be filmed, and the obtained information used or not as evidential testimony in the judicial process.

The professionals involved in the conducting of this type of interviews have quite an important responsibility.

4.1 How to plan and prepare the interview.

PLANNING AND PREPARATION

The investigating type of interview should be prepared well in advance, because the better it is prepared, the better the outcome in terms of valid information as far as the victimized children are concerned.

Even if the interview is to be carried out in a short period of time, professionals involved in it should never do it, without having planned or prepared it.

Its planning and preparation should take into account the following aspects:

1 Requesting the information, which has been previously gathered and analyzing it. Professionals should request the reports gathered by other Institutions and/or Services, which may have been developing the supporting process of the children involved, and eventually gather with any other professionals, who may have been assisting those children, namely psychologists and social workers;

2 Having multidisciplinary discussions. The professionals should then discuss the gathered information with other professionals, particularly in what concerns specific episodes of victimizing situations and the contexts in which they may have occurred. The interviews they are to have at a later stage, will be focusing on these and other relevant aspects, which may not have been discussed yet;

3 Having discussions with other interviewers. Professionals should then ask other professionals for their opinions, particularly if they do not have too much practice in carrying out or conducting interviews and feel rather insecure. Other professionals with practice in these issues may provide them with valuable clues to use in the course of these;

4 Setting up the date for the interview in advance. Professionals should set up the date for the interview with the representatives of the children, preferably to take place during the first part of the day and not too close to the lunch hour, as children may get hungry and restless; should it not be possible, the second best choice should then be for late afternoon, once again not too close to the lunch hour, for it may affect both interviewers and children being questioned, but definitely not in the evening, taking into account that children may be quite tired by then. The setting up of the date should be defined in advance, so as to allow the interviewers time enough to plan it and have it properly prepared;

5 Setting up the estimated time the interview should take. Professionals should define the maximum and minimum time the interview should take, taking into account two aspects: the children's state of feeling saturated after some time and the amount of information they may need to get. Should it be a considerable amount, they are to be prudent enough to anticipate having another or various other interviews, apart from the first one, once it may be difficult to gather all the required information in one go.

The minimum amount of time for the interview should be of thirty minutes and the maximum of one hour.

A minimum amount of twenty minutes is quite common amongst adolescents, who are well aware of what is expected

of them, as far as the purpose of the interview is concerned and who therefore concisely and objectively tell the interviewer what has happened. If the victim is to describe it all in one go, it may only take a few minutes. Professionals may not need to spend any time telling the ones who are being questioned what is expected of them, let alone additional explanations to put them at ease, or further questions to clarify any doubts, etc.

A maximum amount of one hour, on the other hand, will allow the interviewers to play with the victims whilst the interview is being conducted, without any hurry, unless children get tired and start not corresponding the same way they were at the beginning.

These minimum and maximum limits should be sufficiently flexible, depending on the children being interviewed. Notwithstanding this fact, professionals should keep these limits in mind and use them in a sensible way;

6 Setting up objectives. Professionals should set up clear objectives for the interview. These should focus on several aspects: what do they know about the children and what do they intend to further find out about them; what do they know about the alleged crime/s and do they need to still find out. Objectives must be quite well defined and clear (for example, "What has the aggressor exactly done to you?"; "How long ago was that?"; "How often has he done that?", etc.);

7 Having them written down before the interview. Professionals should write down the objectives so as not to forget them and have them in their mind, particularly just before the interview;

8 Setting up the details with the team carrying out the filming of the interview. Professionals should discuss the

latest aspects to be considered prior to the audio and video-taping of the interview with the ones responsible for the filming, making sure that everything is in order.

4.2 How to carry out an interview

PROCEDURES

After having planned and prepared the interview, professionals should observe the following aspects:

1 To kindly welcome the children and the ones, who have come with them. Professionals should walk into the waiting room without any delays, the moment they are told that the children and the ones, who have come with them, arrived. They should kindly welcome them, greet them and have the children follow the into the room, especially prepared for the interview;

2 To show them into the rooms where the filming and the interviews are to be carried out. Professionals should show them the room where the filming is to be carried out and which is contiguous to the one where the interview will take place. They should introduce all the technicians, who are to be involved in the filming and let them know that the room is sound proof, further informing them that they will be registering the whole interview, to be used as evidential testimony in the Court of Justice. This explanation may be more adequate for grown up children and adolescents, yet perfectly dispensable whenever small children are involved.

The technological material in the room allocated for the filming may fascinate some of the children. Should the professionals notice any interest on the part of the children, they should ask their colleagues to tell those children what each of those components is for, and how they work.

Professionals should also tell them that the glass in one of the walls separates that room from the one where the interview is to take place, though it may not be possible to see through.

Professionals should also show them the deposit where previously taped and filmed cassettes have been placed (for example, a drawer, a safety box or even a shelf, etc.). They should be reassured that none of these cassettes is to be taken out of here, unless there is a Court order. To further reassure them they should also show them the type of locks they use, as well as tell them who has got direct access to those.

They should then walk into the room where the interview is going to take place and show them the glass panel, which corresponds to the one they have seen in the room they were previously in.

3 To choose the correct angle. As they walk into the room, they should be careful enough to select the right place, corresponding to the adequate angle for the filming. Professionals should then take their seats, knowing that there will be no problems as far as their positioning inside the room.

Children are to be seated either facing the hidden cameras or eventually sideways, though neither of them should sit with their backs to the cameras;

4 To introduce themselves. Professionals should introduce themselves, stating what they do, even if they have already done this in the waiting room;

5 To ask the children to introduce themselves. Professionals should ask the children to say their names, age and grade they are in, etc;

6 To have the children feel relaxed, by smiling, laughing, etc. Professionals should attempt to have the children feel relaxed by making some sort of comment on their names or what they are wearing; by saying something funny that may make

them laugh; by telling simple funny anecdotes they may be able to understand and/or simply by playing with them.

This may depend on the age of the children, though it will entirely depend on the good sense used by the professionals involved in the interview.

Professionals should consider doing this with moderation, therefore not playing too much or too little. Some children may not feel like talking or being questioned after having played for fifteen consecutive minutes.

Professionals should not force the children to leave the toys behind and sit somewhere else in the room, simply to carry out a conversation. If children are not willing to stop doing what they are doing, they should have another interview arranged, in which they might have to use different strategies from the ones they have used at this particular occasion (for instance, reducing the number of available toys in the room, particularly the ones they noticed the children felt distracted with or got more enthusiastic with, etc.). Notwithstanding this, professionals should continue talking to the children whilst they are playing with the toys.

7 To observe the children's development and behaviour. Professionals should keep an eye on the physical and neurological development of the children, taking their age as a reference point; their sense of humour; the capacity they have to get along with other people; the emotions they are capable of expressing; their emotional balance, etc. They should also be attentive to their behavioural attitudes, particularly the sexual oriented ones;

8 To ask them to tell them the latest funny episodes of their lives. Professionals should ask them to tell them the latest two events

they may have enjoyed (as for example, asking them, "Tell me two of the things that may have recently happened to you and which you have enjoyed, like maybe a promenade or a gift you may have received ...", etc.). Professionals should interact with the children in a humorous and relaxed type of way;

9 To compare the exteriorisation and the detailed information contained in it. Professionals should be attentive to the way they may have exteriorised the situation, taking into account the number of details and how deep or light weight it was, etc. The conversation they may have about the latest events in their lives may help understand what will be discussed at a later stage;

10 To highlight the importance of saying the truth. Professionals should talk to the children about the importance of always saying the truth. They may prepare them by approaching the problem (for example, saying: "Can you tell me what it is to be true?... Do you know what a lie is?... Can you give some examples of situations in which people said the truth and others in which they lied?"; "What do you think is best – to say the truth or to lie?" or "Do you know that we should always say the truth, because it always works out for us...", "To lie makes us suffer, whilst to say the truth does not", etc.), by setting up a sort of agreement with the children, in which they will always say the truth whenever talking to them (for example, "I would like you to always tell me the truth, is that alright with you?" or "Let us always say the truth to each other, is that OK with you?", etc);

11 To bring the main issue to the interview. Professionals should bring the main problematic issue to the interview. They should do it with sensibility, being careful yet without fearfulness. They should show how firm they are to the children. The issue should be brought to conversation in a general and

subtle way, without being done abruptly (for example, "Do you know why we have come together and are now, the two of us in this room?").

If children react negatively at this first approach, professionals should try to bring the issue forth in a different way, by asking them if they want to tell them something that may have happened to them recently, or that they may consider important for them to know of, or even asking them if someone that something harmful to them that they may want to tell them about...)

PROCEDURES

If the children's response is positive, they may then ask them the questions as directly as possible (for instance, "Did anyone touch you in an inappropriate way?" or "Did anyone do something to you that they should not have done?").

Professionals should not mention the name and/or activity of the aggressor or suspect at any time during the interview (for example, "your teacher...", "the gardener, who works for you...", or even mention the closeness of the relationship they may have with the children or their family (for example, "your father's best friend" or "your neighbour", etc.), or kinship (for example, "your father...", "your grandfather...", "your aunt...", etc.). The children should be the ones to exclusively provide this information.

Professionals should pay particular attention to very specific type of questions, which may end up compromising the validity of the interview. The more specific they are, the more influenced the children may be, when answering them.

If children do not feel like talking, professionals should leave it for another interview. They should be particularly patient and allow children the time they may need to start talking.

If children avoid answering certain questions, by either remaining silent or changing the subject, this may indicate that they are protecting themselves – they are afraid of either being punished by the aggressors or are trying to defend them, because of their feelings of guilt and shame, which they have not been able to resolve so far;

12 Encourage the free willing exteriorisation. Once professionals have brought the main issue to the conversation, they should encourage children to free willingly tell them all they know about it.

Children are to tell their version of what has happened, encouraged by the professionals, who may throw in certain questions about certain aspects into the course of conversation, by making the exteriorisation easier. It may sound as if they are trying to help them remember

Children are to tell their version of what has happened, encouraged by the professionals, who may throw in certain questions about certain aspects into the course of conversation, by making exteriorisation easier. It may sound as if they are trying to help them remember specific details, without it looking as if they are being interrogated (for example "Could you describe the place where the aggression took place?", rather than "Where did it happen?" or "Could you tell me who did that to you?" instead of "Who did it?", etc.).

Professionals should not break the children's narrative by interrupting it with too many questions. It is rather advisable for them to encourage the exteriorisation by using expressions, such as (for instance, "And then?" "Yes, go ahead..." "I understand what you are saying...", "So..." or even using gap fillers like "Hum...", etc.).

It may be important for professionals to take advantage of certain moments of silence and certain pauses. They should make an effort, so as not to interrupt, challenge or correct the children, allowing them to freely express themselves this way.

Professionals should listen attentively and above all be good observers. Should they have any specific doubts they may need to clarify, particularly if there have been contradictions or inconsistencies in the discourse of the children, they are to leave them for last, asking the children whatever they may want to ask them, once they have finished.

PROCEDURES

When children have free willingly finished or simply come to the end of what they were describing, professionals may then ask them to repeat one or two of the episodes/aspects, they may have had doubts on, and help them by asking some questions.

Professionals have to do this very carefully, so as not to give them the idea that they do not believe what they have just been told. They may tell them that they have not completely understood one or two parts of the description, asking them to say those again. These aspects may strengthen the position in the Court hearing, once the description of a particular episode or aspect may be heard twice, reinforcing the narrative.

In case children are to become affected by describing/having described what has happened to them, professionals should not insist on the issues, which are visibly unbalancing them emotionally. There is always a way of "coming out of" or "going back" to such aspects, allowing the children the opportunity to recover.

When smaller children are involved, dialogues may have to be shorter and concise. Professionals should not ask too many

specific questions, allowing children the opportunity to express themselves in their simple, short-structured phrases, and whenever necessary address them in a simple and concise type of way, which may be understandable to them;

13 Ask open type of questions. If children have not provided sufficient information, professionals are to then ask them open type of questions (such as, "Could you tell me a little bit more about when you were in the car?" or "Could you tell me a little bit more about that afternoon inside the tent?", etc.).

Some of these questions may only be asked after some sort of description already provide by the children.

Each of these questions may solely refer to one episode or aspect (for example, the episode of the car, that afternoon inside the tent or that Saturday afternoon while watching TV, etc), in order to guarantee the separation of the facts and to particularize them, having them separated from the whole description and not have them mixed up;

14 Accept lack of consciousness and forgetfulness. Professionals should be prepared to hear children say that they do not know of the importance of some sort of detail or that they do not remember something. It seems normal for it to be this way.

15 Agree upon a holding up sign. Professionals should consider the existence of a sign (for instance, throwing up one' s hand), which may mean that children no longer want to talk about a particular aspect, which may be raised at another interview in the future;

16 Ask close type of questions. Professionals should consider having to ask close type of questions, which generally imply a direct and specific type of approach to certain matters left

unexplained after children have free willingly described what happened or even when they have been asked open type of questions.

These should be used as a last resort, though.

Professionals should avoid one specific type of close question, which leads people to simply respond in an affirmative or negative way, depending on the question they have been asked (for example, " Did that man touch your breast?". The given answer may have been suggested by the question itself: " Yes, he did...", when , in fact, he has not, etc.).

Close type of questions normally lead to rather simple and limited type of answers, of the kind "Yes" or "No", it would consequently be advisable to formulate them in such a way to allow various alternative type of answers (for example, the question being: "Did it happen in the car or at home?" and a possible answer of : " It happened in the car" or "It happened at home", etc.).

17 Not show them that they have previously obtained information on the case. Professionals should not let the children know that they already know of what happened from other sources, prior to having the interview with them. This implies not mentioning details and/or episodes, which they have already heard from other professionals they may have spoken to. They should concentrate on what these children are telling them exclusively;

18 Use auxiliary doll figures made of paper, cloth, plastic or wood. Professionals should consider using these auxiliary figures during the interview, but only if they feel at ease to do so. Should they not, it is better not to improvise, so as not to run the risk of invalidating the interview.

The inadequate use of these doll figures may lead to oriented type of answers, which sometimes do not correspond to the truth.

If professionals decide to use the male and female doll figures, these should be suitable to be properly visualized, when filmed by the professionals in the contiguous room. Children are asked to point out the parts of the body where they were touched and show them on the doll figures, as if it were on themselves, (for example, if a child says that she has been touched in between her legs, professionals must be sure of what she is saying, asking her to show it on the doll, etc.).

The doll figures should not have their genitals too emphasized or well defined, for it may induce the professionals to get to the wrong conclusions (for example, a child may feel curious to touch the penis and testicles of one of the doll figures, and effectively do it, misleading the professionals to consider that she is putting on an act of masturbation or some similar act, etc.).

A simple drawing representing a boy with short hair facing forward on a page and backwards on another may be enough. The same goes for the female doll figure representing a girl with plaits and ribbons around them.

The sheets of paper on which they have been drawn should be either yellow or blue, and the drawing lines done in black. Professionals should hold the sheets of paper up, within the angle of the filming, yet low enough for the children to be able to reach them. They should then ask the children to point out what they have just verbalized. Should children point out too quickly, professionals should ask them to do it again, so that the filming which is being carried out, might clearly show the indicated place on the sketch¹⁹.

19 Review and resume. Professionals should then tell the children that they are to repeat to them what has been said in a debriefed way. Children should then be allowed to correct anything, which might have been misunderstood or forgotten during the gathering of information provided by them. In some cases professionals may be able to gather further information.

PROCEDURES

20 Consider the interview finished. Once the professionals have considered the interview finished, they should thank the children for having cooperated, whilst telling them that they have enjoyed talking to them. In order to cheer them up, professionals should value the information they have provided (by for example saying to them, "The interview was OK, was it not?" or "You are such a brave and intelligent little girl", etc.). In case they might need to have another interview, professionals should let the children know (by for example telling them "Next time we will have the opportunity to play and talk a little bit more. Is that alright?");

21 Walk the children into the waiting room. Professionals should walk the children into the waiting room, where those who have come with them, are waiting, and then kindly and politely say goodbye to them all, and eventually letting the legal representatives know if there might be necessary to have another interview, for which they might be called upon.

Chapter 5

PROVIDING ASSISTANCE BY PHONE OR IN WRITTEN TERMS

1 | WHEN CHILDREN ARE THE ONES TO PHONE

Some children, particularly if they are grown up, tend to take the initiative to call specialized Services (such as any Associations for victim' support, Emergency Lines, etc.) asking for help.

Professionals should be prepared for these calls.

Before anything, they should take the following aspects into consideration:

BEFORE ANYTHING

1 It may be a unique moment and an important one, as well. That is to say that it may be the first time these children tell anyone anything about their problems and consequently the first time they have had the courage to ask anyone for help. In considering this, professionals should make an effort to provide them with the best possible assistance by phone;

2 It may be the beginning of a supporting process. Which is to say, that this initial phone call may initiate a real supporting process, to solve the child's problem, protect him/her, as well as to promote his/her rights. Professionals should therefore encourage these children to come forward and talk to them personally.

They ought to:

PROCEDURES

1 Accept the call promptly. They should answer the call with the possible promptness and have it put through to their offices or private phones, etc., especially if the calls go beyond the third calling sign. Children may give up, if the call is not accepted within a certain period of time;

2 Be particularly careful. Because of not having the interlocutors in front of them and once they only have the voice, as well as the speech, professionals should be particularly careful so as not to be negatively influenced;

3 Have the call promptly put through. If the internal phone system requires calls to be put through from extension numbers to extension numbers, these should be in a reduced number and promptly carried out without too many delays, so that children are not put in the position of holding the line for more than thirty seconds every time the call is put through. If the professionals, who are to accept the calls, do not respond or happen to have their lines busy, these should be transferred to other professionals at once – even if only to entertain the children by telling them to wait as the line is engaged. In the meantime those professionals should be warned that they have a child on the phone and asked not to take too long to accept the call;

4 Answer the call in a kind way. Professionals should answer the call in a kind sort of way, knowing that the tone of voice and the voice itself should not sound cold and formal, but rather welcoming. Professionals should also sound cheerful, serious and trustworthy. (Promptly saying "Good morning!" or "Good afternoon!" followed by a short exclamation, etc.).

5 Introducing themselves and stating their names. Professionals should state their first names, rather than the family names, because of it being easier for children to memorize (for example: Hello! My name is Inês or my name is José.);

6 Ask the children's names. Professionals should ask the children's names, because of being a useful piece of information, which may be easily obtained after professionals have let them know theirs (for example, the professional has

just told the child, Hello! My name is Inês, and what is yours? The child may feel at ease after having been prompted this way and answer – Mine? My name is Rui.);

7 Respect the anonymity. Professionals should respect the wish of the children to remain anonymous throughout the call, not forcing them to identify themselves or even tell them where they live, in case they do not wish to do so;

8 Ensure the degree of confidentiality. Professionals should let the children know, right from the beginning that whatever they are told, shall be kept as a secret and that they may tell them whatever they may feel they should be told;

9 Use a simple type of language. Professionals should use an adequate type of language, in regards to the age the children may have mentioned or the speech and tone of voice they have, which may indicate how old they are. This naturally implies not using too many technical or uncommon words, probably never heard or used by the children. The sentence structure should be simple and short;

10 Explain various times. Professionals should repeat the information, as many times as they may find it necessary, in order to be sure that children have completely understood it;

11 Request children to repeat the provided information. Professionals should consider asking the children to repeat the provided information, so as to make sure that they have not misunderstood what they have been told;

12 Note down the details. Professionals should be particularly attentive to specifications and small details, which may come up during the dialogue about the children's identity, as well as their lives. They should note them down, so as to gather

the maximum information about the case. Even if they may sound irrelevant, they can all together lead to the children (for example, if the children tell them that the father has been doing some naughty things to them; telling them afterwards that they live in a yellow coloured house close to the Church, though not mentioning the name of the location or even their names, it is up to the professionals to note these details down, which may become quite important, particularly if some further clues are provided just before the end of the conversation. By putting some of these together, professionals may be able to gather precious information, which might be used as denouncing material at a later stage;

13 Analyse the voice and the background noise. Professionals should try to analyse the voice of the children, in an attempt to guess how old they are (in case they do not wish to let them know), as well to be able to perceive the most difficult parts of their speech, focusing on the rhythm of the exteriorisation, hesitations, agitation, crying, etc. These aspects may help them through the phone conversation. They should also be attentive to the background noise such as the Church bells of an eventual church standing close by, traffic noise, the sound of the sea waves, etc., once these might help them identify the type of location these children are phoning from;

14 Always trust the children. Professionals should listen in, at all times, even if the call sounds like a funny type of call. They should not tell them that they are joking, because they may be telling the truth. They should not feel influenced, particularly if they have received funny calls before, and end up treating these children, as if they were the ones, who previously played around. Children may never again ask for help, should they not be trusted, particularly if they are telling the truth;

15 Look for clues. Professionals should try to conduct the conversation, so as to be able to gather information, that is, to lead children to providing them with detailed information on the problematic situation, including their identities as victims, the identities of the aggressors, as well as where they live. Should children not wish to reveal this sort of information, they should try to find out what they usually do during the day, which are their favourite activities, the school they are attending and/or which grade they are in. These latest pieces of information may be quite helpful to find out who the children are;

16 Ask. Professionals should not be afraid of directly asking the children to tell them about a particular detail, though they should be quite careful as to when they should ask them to provide this information. Should children react in a silent sort of mood, professionals should let them know that they are free to only answer those questions they may feel they want to answer, or eventually go back to them later. If children insist on remaining silent or continually refuse to answer, professionals should then be very careful, so as not to ask them too many questions in a row or at least too soon and look for better opportunities to insist on those matters;

17 Convey safety and trustworthiness. Professionals should make all sorts of efforts to be able to convey safety and trustworthiness to these children, namely by having a calm and continuous like type of voice, as well as a constant serene and welcoming attitude in regards to the children's discourse, by not interrupting them or showing some impatience and anxiety or even by sounding shocked and embarrassed;

PROCEDURES

18 Tell them they did well in calling. Professionals should tell the children that they did well in calling and consequently in having broken their silence. This will certainly help them not

to have regretted having done it and will encourage them to call back again;

19 Advise them to let someone of their family know of it. Professionals should advise the children to tell someone belonging to their family about their problem. It could actually be a family member close to them or not, but certainly someone they can trust or they may feel fond of. It may be important that someone knows of this, besides the professional, particularly if the children have not identified themselves;

20 Avoid silent and absent minded moments. Professionals should be aware that children might misunderstand their silent moments. They may feel they are not being listened to or that the professionals are either distracted or absent minded. It is therefore quite important to show them that they are available and above all "present", by using expressions or even small phrases, which may reinforce this idea, such as "Hum, Hum...", "Yes, I can understand it", "Surely...", "And then...")

21 Show that they are concentrated on what is being said. Professionals should always be concentrated on what children are telling them and effectively show it to them. This implies not getting distracted, not making any sounds with the computer keyboard, not to talk to anyone else during the course of the conversation and not allow any background noises to interfere with the conversation (such as for example, to be listening to music simultaneously or have the television on, or some people laughing or talking close to them, etc.);

22 Have them get in touch with other Institutions. Whenever it may be possible or suitable, professionals should have them get in touch with other Institutions, namely those located closer to where they live. This being the reason why they should always have a list of contacts and a number

of potential contacts and/or information on some of the Institutions they may be told to get in touch with;

23 Ask them to meet them and/or call back again. Professionals should ask the children to meet them personally, so as to initiate a supporting process, and/or eventually ask them to call them back, whenever they may want, for they will always get the utmost attention and understanding. They should try to make this first phone call the beginning of a potential supporting process;

24 Denounce. Professionals should denounce the victimization of these children to the Police and/or Court, particularly after having gathered the necessary information on them (for example, their names, schools they are attending, where they live, etc.). Professionals should not have any doubts regarding this, even if they have promised children a certain degree of confidentiality. To promote the children's rights, as well as to protect them, is far more important than the degree of confidentiality agreed upon. The first principle to be complied with in what concerns the supporting process is to defend what might be in the interest of these children.

If the ones to call were adults, the father, mother or any other member of the children's family, professionals should try to keep in mind the aspects, which have been referred, yet use a formal type of language and make it even clearer. Adults should be alerted for the importance of having the situation denounced, either to the Police or the Court of Justice, especially if the adult does not identify the child in question being in the possession of such information.

2 | WHEN CHILDREN DO IT IN WRITTEN TERMS

Some children ask the Institutions to help them and do it in written terms, either by sending letters, faxes or even e-mails.

They sometimes send these letters by post, but may also drop them in the mailbox or put them under the door or even on the desk of the professionals or inside their handbags. They may be quite clear in what concerns the definition of the problem as well as the support they may be looking for, yet some of those may not be so specific. Some children may use alternative ways such as symbolic approaches to the problem, not to mention words incorrectly written or written in capital letters, as well as drawings.

The subject matters contained in these letters may be similar, if they decide to send them by fax.

Using the electronic mail, or sending messages through the chat channels or e-mailing may be also similar in terms of approach, though drawings are normally not included.

Professionals should thoroughly analyse these written messages and whenever possible get the opinion of other professionals.

BEFORE ANYTHING

The following aspects should be taken into account:

¹ The subject matters contained in the message. Professionals should focus on the reading and consequent interpretation of the subject matters contained in the letters. They should analyse both the explicit matters and implicit ones, which means that they should pay particular attention to words, as well as the way they have been used as far as logic is concerned and not put aside the imagery and symbolism they may contain, so as to get as close as possible to what these children are effectively trying to say. The use of a particular type of language approach may reveal the socio-cultural background of the children (for example the use of slang expressions or words, which have been misused in the context; well selected expressions and quite elaborate

sentence structured phrases, etc.), as well as their approximate age (for instance, an elaborate written discourse and better expressed ideas; very simple expressions and badly structured paragraphs, etc.);

² Identification and address of the sender. Professionals should verify if the children have identified themselves, by including their first names, family names, age, address, the names of their parents, the identity of the aggressors, the schools they are attending, etc in the letters they have sent;

³ The material, which has been used. Professionals should also analyse the type of paper the letters were written in, as well as the envelopes, which have been used (for example, have they written in school paper, is it appropriate for the purpose, what type of pen have they used, etc.), once these may give them quite a lot of clues as far as the socio-economic background of the children in question, as well as their age;

⁴ The graphic and aesthetic approach. Professionals should pay particular attention to the style of writing (for example, is it handwritten, have capital letters been used all the way through, have the letters been cut and stuck onto the letter, etc.), as well as the existence of erasures in the text, different types of lettering, different colours; the harmony of the phrases within the space of the whole sheet of paper, etc.

Should they be dealing with e-mails or even chat messages, it might be convenient for them to know the abbreviated type of language, as well as some expressions, which are commonly used in the electronic messages. Should professionals not be able to handle these properly, at least they should try to get the meaning of the symbols and abbreviated expressions from the context, or eventually ask other professionals to help them to decode them.

Once they come across certain drawings and styles of writing, they may request the cooperation of the psychologists.

5 The details. Professionals should pay attention to the smallest details, even if they may look irrelevant, because some of these may be important clues as to the identification of the problematic matters and the full understanding of the messages;

6 The safety involved. Professionals should consider whether it is safe or not to send a written answer to the address, which has been eventually indicated and/or consider doing it some other way (for instance if children have indicated a friend's address or any particular place or pre-defined day they should have the answers and/or cheques sent to, etc.).

PROCEDURES

After these aspects have been observed, professionals should finally answer, taking into account the following:

1 The promptness. Professionals should promptly respond to these, if they feel children will not be put at risk, which is to say if they are sure that they can answer to these safely. If the children have pre-defined certain aspects, professionals should scrupulously comply with those. Any response should follow the principle of "precocious intervention" and therefore be considered urgent;

2 The denouncing. Professionals should promptly denounce the situation to either the Police or the Court of Justice, stating the identity of the children, the crimes they have been subject to and any details they may have been able to gather and analyse in the letters, including a photocopy of it (a colour photocopy, if different colours have been used in the original) and/or eventually the original letter;

3 Choosing the right way to answer. Professionals should select the right way to answer. It might be convenient to adopt the same approach the children have used, unless children have expressed a specific way in which they would like to be contacted (for instance, if children have let them know that they would like to be contacted between 2.00 and 5.00 PM or have them meet them the forthcoming Friday or after they have finished their French lesson, etc.).

If the children have not clearly specified in which way they would like to be contacted, professionals should favour the phone call or meeting type of approach, as these may lead to immediate and more efficient outcomes, not to mention the communicative variant;

4 Using simple language. Professionals should use simple language as they write back to these children. The sentence structure should also be simple, even if the sender of the letter has been an adolescent and/or has used a rather elaborate style of writing.

Professionals should avoid using technical words, particularly specific words, which would commonly be used in the professional areas they work in, because these could be an impediment as far as the understanding of the response is concerned. These may also create unimaginable barriers as far as a potential meeting or a further request is concerned, (rather than using for instance a formal type of written approach like "Dear Mr. Bruno N., we have received your letter requesting the assistance of our Services, etc." they should use an informal type of approach "Dear Bruno, we have received your letter, asking us...etc.");

5 Do it at the earliest convenience. Professionals should answer at the earliest convenience, not taking too much time

on recommendations and analysis, once they do not have too much information on the case;

6 Tell them they did well in writing. Professionals should let the children know that they did well in having written and consequently having broken the silence. This will certainly help them not to have regretted having done it and will encourage them to further continue the contact;

7 Advise them to let someone of their family know of it. Professionals should advise the children to tell someone belonging to their family about the problem. It could actually be a family member, who may be close to them or not, but it must certainly be someone they can trust or they may feel fond of. It may be important that someone knows of this, besides the professional;

8 Inform them. Professionals should let them know or provide them with the necessary information, so that they may be able to understand that they are being victimized and that these happen to be unacceptable crimes. They should also be told that there are available means to protect them and help them solve their problems;

9 Have them address other Institutions. Should it be necessary or adequate, professionals should tell them to address other Institutions, namely those, which may be located close to where they live. They should also provide them with the appropriate information on those Institutions.

10 Ask them to come forward or write back again. Professionals should ask these children to have a meeting with them or eventually continue either writing or calling them, in order to be able to initiate a supporting process, reinforcing the idea that they will get all their attention and understanding;

11 Sign down. Professionals should have their names typed above their signatures, so that children identify who has answered them; they should further add what they do within the Institution (example, Beatriz N., Psychologist).

12 Denounce. Professionals should denounce the victimization children are being subject to, particularly if they have obtained information on them (example, their names, schools they are attending, where they live, etc.). Professionals should not hesitate in doing it, even if there might have been a previous agreement between them and the children in what concerns the degree of confidentiality to be observed. To promote the children's rights, as well as to protect them is far more important than the degree of confidentiality they have agreed upon. The first principle to be observed is to defend what might be in the best interest of the children. The supporting processes may respect these entirely without putting at risk any other interest associated with the case.

PROCEDURES

If the letters have been written by adults such as the mother, father or any other member of the children's family, professionals should try to keep the previously referred aspects in mind, yet use a formal type of language and make it quite clear for them. Adults should be warned of the importance of having such situation denounced, either to the Police or the Court of Justice, especially if the adults do not communicate the identification of the children in question, once having that sort of information.

Chapter 6

TO BE KIND

Professionals should never forget that the development of the supporting processes might very much depend on their kind attitude towards those involved.

It is essential for them to be kind towards the victimized children, the same way it might be important for the children's parents and/or any other family members to feel they are welcome, respected and understood by the professionals handling these matters

Kindness may help reduce some of the initial anxiety and facilitate the provided assistance.

In order to be kind, professionals should observe the following aspects:

BEFORE ANYTHING

¹ To feel at ease. Professionals should feel at ease. Being under pressure or even allowing the surrounding atmosphere to feel tense and under pressure may not allow them to show their kindness and consequently make it difficult for children and parents alike to feel at ease;

² To be spontaneous. Professionals should be natural and spontaneous in their approach. This means they should not try to be kind using artificial ways. Should their artificiality be noticed, it might end up having the opposite effect to the one, which is sought. Both the children and their parents might feel angry and uncomfortable with the situation;

³ To be kind. Professionals should always be kind with whoever addresses them. They should be courteous and gentle and never have an abrupt or impolite attitude;

4 To be humorous. Professionals should be humorous, particularly when addressing the children, which might mean talking to them in a funny sort of way and approaching them as if they were children themselves. Any anecdote or commentary of the morbid type should be avoided, once both children and their parents are already enduring a painful situation;

5 To have good sense and to ponder before acting. Professionals should take advantage of having good sense and pondering before doing something, which might be misunderstood or even taken as an offence.

PROCEDURES

Professionals should, therefore:

1 Be helpful, by always showing availability to help those who have come searching for their help, as well as to talk to anyone, whom they might have to talk to in connection with the case, even if not working for the same Institution;

2 Kindly address everyone, who calls in at their offices and/or gets in touch with them either by phone or in written terms, especially those who are waiting to be assisted in the waiting areas;

3 Gently receive the visitors, by walking them into the waiting rooms before those in charge of the cases assist them. Should there be some delays, professionals ought to constantly let them know why they have not been assisted yet. When accompanying the parents to the waiting room they may try to hold hands with the children. Once they get there they should open the doors, turn on the lights, offer them some coffee or some tea and tell them to feel at home. Children should be offered some juice and cookies;

4 Inside the room they should let the children select their favourite place. Professionals should let children choose

where they want to sit down, even if the preference turns out to be the floor or a corner. If they select any of these, professionals should take their seats beside them on the floor or next to the corner, so as to be in close proximity.

5 Play. Professionals should play with the children, either by playing games with them or using some colouring pencils and sketching or colouring. This could, in fact be an excellent way of talking to them.

6 Offer them paper-handkerchiefs and/or a glass of water with sugar in it. Should the children or even the adults feel like crying at any given moment, professionals should promptly provide them with handkerchiefs and/or a glass of water with sugar in it, so as to help them recover;

7 Talk about trivial matters. Professionals should talk about trivial matters and introduce a certain sense of humour. This may help children and their parents to relax a little bit.

8 Say good bye, after having walked them out or to the lift.

Chapter 7

THE NECESSARY DEGREE OF CONFIDENTIALITY

Sexual violence against children and the supporting process resulting from it are of a delicate nature, for they imply psychological pain, which affects both children and their families.

In order to maintain the ruling principle, which is to always act in the best interest of the children, as well as the second one, which implies that they are entitled to privacy (in what concerns their intimacy, projected image and private life), professionals might have to keep the whole supporting process under absolute confidentiality.

Breaking this absolute confidentiality may imply further suffering for the children and their relatives, besides the possibility of obstructing the criminal investigation, which is being carried out.

This absolute confidentiality will require the professionals to:

PROCEDURES

- 1** Maintain the absolute confidentiality. Professionals must maintain absolute confidentiality in what concerns the facts, decisions and any documentation, not made public or known and which they may have had access to, due to their involvement in the case whilst performing their duties. Even in what concerns these discretion might have to be ample;
- 2** Obtain consent. Professionals should only carry out their intervention with the explicit consent of the parents or legal representatives of the children. This should occur after they have been made fully aware of the essence of the intervention

and the expected consequences. Once the professionals have acknowledged children are entitled to having their utmost rights defended and taken care of and because of not being able to give them their consent as far as the intervention is concerned, should try to obtain their parents and/or legal representatives' consent.

Circumstances, which involve the parents of the victimized children, are to be considered exceptions. Parents may have been the offenders, accomplices and/or responsible for having omitted or neglected the sexual violence perpetrated by others. Under these circumstances, the "principle of denouncing" is applicable and should be activated as from the supporting process onwards. Professionals should then take all precautions, so as to be protected and request the intervention of the Court of Justice or the Police in this process;

3 Be careful as far as providing information to the outside is concerned. Professionals should be careful with people and/or Institutions involved in the supporting process. Though they should get others involved in the process, they should be careful so as not to provide but the pertinent information, particularly if parents have requested them not to or not authorized them to do so;

4 Be careful with third parties. Their duty to maintain the degree of confidentiality should not be extended to third parties, especially those, who for no apparent reason might want to know about the processes;

5 Be careful when doing public interventions. Professionals should not talk about the supporting processes in public, to either Social Communication Media, in Seminars, Conferences, etc, without the previous consent of the parents or legal representatives of the children or of the children themselves.

Should they have been allowed, they have to ponder on the consequences such an act may bring about. In order to be safe, they should omit people's names, places and specific details, which may lead to the identification of those involved;

6 Be vigilant. Professionals should be constantly vigilant in what concerns the confidentiality of the supporting process, namely regarding other professionals and Institutions involved. They should warn them about it or even denounce their behavioural attitudes, should the degree of confidentiality not have been maintained;

7 Get a safe deposit area. Professionals should keep the whole documentation connected with the supporting process locked in wall cabinets, safe deposit boxes or drawers, and whenever possible have access codes to get to them. They should not allow any documentation or photocopies of it, to be taken out of their cabinets and/or offices;

8 Set down restrictions. Professionals should have the documentation connected with the supporting processes be consulted by those involved in the process inside their cabinets and/or offices. No documentation should be photocopied, nor taken out and/or exposed to others in places, which are commonly attended by people who have nothing to do with them (example: not be left in the room, where a meeting is to take place, or clipped onto the wall panels of the cabinet, etc.);

9 Guarantee the privacy of the children victims. Professionals should make sure that during the assistance provided to the children, their parents and/or relatives, they are safe guarded in terms of their presence, by being received in a separate room with its door locked, where they can not be seen or heard but by those involved in the process. There should be

no photographs taken (example: journalist doing a reportage on the Institution, who may want to get pictures of those in the waiting room, etc.), nor should they be asked any questions about their private lives (example: questions asked by the porter, secretary or any other worker of the Institution not directly involved in the case, etc.).

10 Recommend secrecy and discretion. Professionals should warn the children's parents to maintain a certain degree of secrecy and discretion, advising them to only let people strictly connected with the case, know of the problematic situation (for instance friends they trust and relatives, who may feel the need to support them emotionally and financially, etc), particularly if it is noticeable that they come from small localities, where people are not discreet and are always eager to know everything that happens around them (example: villages, small cities and small residential communities, etc.), in order to avoid children to become the subject matter or even be disdained by the community or any specific groups belonging to that community.

They should also be recommended prudence as far as personal and confessional documentation is concerned (for instance, letters, diaries, texts, poems, drawings, etc.), once these are long living witnesses of what has happened and can be easily accessible to strangers;

11 Be discreet outside the Institution they work for. Professionals should be discreet in what concerns their professional activity, so as not to arouse the curiosity of others in the performing of their tasks, exception done to those compulsory ones, which naturally attract people's attention and curiosity (example: going to the Hospital or to the Court of Justice. They should be careful as to the vehicle they use, particularly if it has a stick on, identifying the Organization

they work for or when they are carrying material of any campaign associated with sexual violence perpetrated against children. They should avoid parking their vehicles close to the victims' homes.

They should also be careful so as not to discuss the supporting processes with relatives, friends and acquaintances of theirs, as well as with other professionals in public places;

12 Be careful, when calling. Professionals should be careful not to make any phone calls connected with the supporting processes, but when being on their own or at least where they might not be overheard by strangers to the processes. They should ask the interlocutors if they are in the position of answering back to them openly then. They should also avoid leaving any electronic messages, and if they do, they should be careful enough not to identify themselves as professionals working for such a victim support Association, They should simply leave their names and a brief message asking them to call back when they have heard the messages.

PROCEDURES

Chapter 8

HAVING MEDICAL/FORENSIC EXAMINATIONS DONE

1 | WHAT ARE MEDICAL/FORENSIC EXAMINATIONS?

The medical/forensic examinations are medical expertise exams, which integrate the exams carried out by the Judicial system and which aim at verifying the marks left on the bodies of the victims, as a consequence of the perpetrated sexual violence (such as scratches, reddening marks, wounds, bruises, etc.); the search of biological material or not in their bodies or their clothes and any objects which might have been left by the offenders (such as, blood stains, sperm, skin, hair, fibers, etc.).

DEFINITION
AND PURPOSE

2 | WHY IT IS IMPORTANT TO HAVE MEDICAL/FORENSIC EXAMINATIONS DONE.

It is very important that children, who have been abused, have medical/forensic examinations done. These can become evidential testimony liable to be used in Court.

Some professionals consider that these might not add anything liable to be included in the court case and may traumatize the children, but they might be quite useful in fact and may be seen as tranquilizing and repairing for some of the children. Should exams not be carried out because of presumably not being of any use, then one shall never know whether there were or not evidential signs on the children's bodies or their clothes and some of the vestiges of the perpetrated violence will not have been thoroughly examined. It may be important to advise the children's parents or those directly in charge of the children to have them promptly taken to the Legal Medicine Hospital or any other Hospital (where they might be observed by a legal medicine doctor) or even to a crisis Center for victims of sexual violence (should there be one)¹⁵.

Professionals should:

1 Have it planned ahead. Professionals should have previously organized the taking of the children to places and/or services in which they might have the medical/forensic examinations done, such as the Legal Medicine Institute or Centers providing assistance to those in crisis, which are habilitated to have these examinations done in their premises.¹⁶

2 Evaluate the degree of urgency. Professionals should evaluate the degree of urgency, in regard to having the children be subject to the medical/forensic examinations promptly or not. If the children have been victimized for quite a long time (example: the father and/or grandfather being the abusers for the last few years), or have been victimized a long time ago and have only revealed it now (example: have been victimized by an unknown person and only have mentioned the situation now), the medical/forensic examinations may be postponed. The examinations should be done as soon as the children, their parents, the professionals and Services involved are available to do so. Aspects such as the necessary degree of discretion and confidentiality should be preserved. A convenient timetable should be agreed upon, so as not to raise suspicion, particularly at the school these children are attending. A pack of "excuses" should be used for those not directly involved in the supporting processes and who might have asked too many questions about it all (professionals should help the children formulate an excuse for their school colleagues about being absent that particular day).

There might be an urgent need to have these examinations done in specific circumstances, such as soon after having been abused. Some evidential signs might be gathered then, if examinations are promptly done, like the register of bruises

and or recollection of blood, sperm and vaginal fluid vestiges as well as skin and hair. Being able to collect genetic material belonging to the offender is of extreme importance, for it may lead to an ADN profile revealing his identity;

3 Have the children and their parents ready. It is important to have both children and their parents ready for the medical/forensic examinations, as well as have them taken to where they are going to be done, and whenever possible be at their side during the whole examination processing.

The expectation regarding the results of these examinations may lead to moments of great anxiety, so this one aspect neither the professionals involved nor the parents of the children being subject to these examinations, should disregard. It may be important to advise parents to control the degree of anxiety in these circumstances, because these children, more than in any other situation may need reassuring and protection.

In a lot of cases the expectation is too great, particularly if parents are still under the effect of having recently found out that there was a victimizing situation. And yet they should be reminded that some of the results might not reveal that the children have actually been victimized, which might consequently interfere in the court case;

4 Deal with the expectations. Professionals should try to deal with the far exceeding expectations some parents and relatives might have developed in what concerns the results of the medical/forensic examination. They should bear in mind to which extent the children are affected by this lack of serenity and insecurity on the part of their parents.

The results might not be conclusive enough. This may happen because of various reasons, one of which might be

the time that mediated between the latest episode of sexual violence and the examination itself. Another one might have to do with the strategic approach of the abuser, not leaving any evidential signs. Another one may still be associated to the nature of the perpetrated sexual violence or even the genital anatomy of the children, not registering any evidence or mark. Regarding the period, which mediates between the actual violent act and the examination, it should be reminded that the genital wounding is easily healed, sometimes leaving no marks, this being one of the reasons why sometimes none of these potential evidential signs are included as evidential testimonies in the Court cases.

In terms of the behavioral attitudes of the offenders during the victimizing situations, one should consider that they might have been strategic enough to limit themselves to sexual acts, which might not have left any evidential signs of the perpetrated sexual abuse. They may have kissed, licked, sucked, touched, masturbated, rubbed, etc – actions, which leave no evidential signs. They may have even used lubricators or muscular tense reducers. The children might easily identify some of the most commonly used lubricators for sexual purposes, such as butter, hydrant cream, cooking oil, etc. The sexual molesters might have used some substances to muscularly relax them, that children may have been forced to inhale or ingest, such as the nitrate of starch. These might have made anal penetration easier and not left any marks. The same way they might have used a condom during the sexual intercourse having therefore avoided the concentration of semen inside or on the child.

Regarding the nature of the violent act, one should take into account that the anatomy of the children may be quite determinant. For example, whilst vaginal penetration is liable of being identifiable, particularly in youngsters and if the vaginal

hymen has been recently broken, anal penetration may not, because of not leaving any traces, once the sphincter is prepared to let considerable hard faeces get through it. The possibility of it being traced is even harder if the sexual molesters have taken some precautions, such as using the above referred lubricators and muscular tense relaxants or being cautious during the act, progressively penetrating the children.

5 Have clean clothes prepared for the children. Professionals should have clean clothes prepared for the children to wear after they have been submitted to the medical/forensic examinations, if what they are wearing then is what they had been wearing during the victimization. Professionals should have arranged for some of the children's own clothes to be brought to them, for they will certainly feel much better using something of their own than somebody else's. Should there be some sort of difficulty in either having someone bring in or arrange for some of their clothes to be brought in, professionals should get some at the Institution they work for and as far as possible try to consider the clothing style of the children as well as the sizes they may seem to wear.

6 Have the children's documentation taken in. Professionals should take the children's documentation with them, so that they can be identified by the competent Services.

3 | HAVE THE CHILDREN READY

Professionals should let the children know what legal/forensic examinations are, if they are old enough to understand their explanation.

To do so, they should observe the following aspects:

1 To talk calmly. Though the situation may require a certain degree of urgency, because it implies having them taken to

legal/forensic services, professionals should calmly talk to the children. More important than having them do the legal/forensic examinations, is to have them ready to do them. Professionals should try not to put the importance of the issue ahead of the children and have their emotional balance affected by doing so. They should talk to the children without any particular hurry and should let them know all that may be necessary to later see the doctor or go to Hospital;

2 To introduce the idea of therapy. Professionals could introduce the idea of therapy during the conversation with the children, that is to say, that they could be told that the legal/forensic examinations are health wise a prudent attitude; to find out if everything "is alright". They should also be told that it is "not going to hurt them"; that it is not going to cause them any further suffering – some children might be afraid of Hospitals and doctors, so anything which might be connected to those, can lead them to feel fearful, which is something professionals should be able to handle;

3 To tell them the real reasons. Professionals should consider the age of the children involved and whether they might accept the idea of the therapy justification or not; should they be psychologically mature (for instance pre-adolescents or adolescents) it might be convenient and important to let them know that the purpose is above all to identify evidential signs which might have been left in their bodies as a consequence of the violence they have been subject to. They should also be told that those signs might be used as testimonies regarding the practice of crime/s or in the identification of the offender.

4| PRESERVING THE VESTIGES

It may be important for the professionals to advise the parents of the victimized children or even the children (should they be

grown up) to preserve any of the remaining vestiges up to the legal/forensic examinations. They should therefore:

1 Avoid washing themselves. Professionals should recommend them not to take a bath, a shower or even attempt to wash themselves using a wet towel on their skin, because any of these might destroy the remaining vestiges on their bodies (example; blood, sperm, hair, fibers, etc.),

2 Avoid being touched. Professionals should recommend the children's parents to avoid touching the dirty parts of the children's body after the sexual violence has been perpetrated nor wipe them (example, to wipe their vulva and anus with toilet paper);

3 Keep the clothes, and any other objects. Professionals should recommend the children and their parents to keep the clothes and any other objects associated with the perpetrated sexual violence untouched (example; panties, trousers, sweaters, earrings, "piercings", wristwatches, bracelets, used condoms, vibrators, knives, rope, etc.). These should be put into paper bag and kept in a dry place. It is not advisable to have them kept in plastic bags because the existing genetic material might get altered);

4 Be prompt. Professionals should recommend them to promptly have the legal/forensic examinations done. Not only because some of the vestiges might no longer be identified a few hours after the incident has occurred, but also because it might be uncomfortable and cause a lot of suffering to the children.

5| THE SUPPORT OF THE LEGAL MEDICINE DOCTOR DURING THE LEGAL/FORENSIC EXAMINATIONS.

The carrying out of the legal/forensic examinations is to be under the responsibility of the legal medicine doctor. He is to

also be considered in the supporting process of the victimized children and has quite an important and specific task to perform.

During the examinations the doctor should have the maximum consideration and respect for the children undergoing these examinations.

PROCEDURES

This implies that the legal medicine doctor carrying out the examinations observes the following aspects:

1 To respect the children's wishes. The doctor's primary concern should be to respect the children's wishes, taking into account their age and the urgency of the examinations. He/she should be quite understanding in their attitudes and let them know of the necessity to have these examinations done – considering the importance of looking after any injury they might have. Children should feel calmer if they can understand the doctor's concern, as well as trust them, once according to the circumstance, the doctor will be doing something for them.

If the children do not want to have the examinations done, they should not be forced. They should have another appointment arranged and try to have them done then. In some cases it may take only a few hours to convince children to have them done.

Regarding the decision of the children, doctors may have to consider intervening, particularly if they suspect or have been told of severe internal injuries or the existence of hemorrhages. Under these circumstances, doctors may have to carry out the examinations as well as the effective treatment of the injuries, once waiting for their consent is absolutely out of question;

2 To convey the idea of a therapeutic approach. More than to talk about the importance of obtaining evidential testimony

for the court case, the legal medicine doctor should mention the therapeutic idea of the examinations.

For most children doctors are kind people who can cure the diseases and injuries and do not do but good things. It might be important to continue transmitting this idea, for it may significantly help them not to fear having the examinations done;

3 To ask them if they would like someone to be with them. Professionals should clearly ask the children if they would feel better if someone were to be with them during the legal/forensic examinations, someone special like their parents, etc. The company of someone who happens to be close to them might be tranquilizing and might eventually be a precious help during the carrying out of the examinations, once children will feel much more secure and calm;

4 To ask them if they would like the door to be locked. They should also ask the children if they would like the room in which the examinations are to be carried out, locked from the inside. This might help them reduce the fear of being seen by people, who may unexpectedly enter the room;

5 To ask them where they should start examining them. Children should also be asked which part of their body they would like to have examined first. Even if children respond that they prefer the feet or the head to be examined first, their wish should be respected though none of these are to be examined;

6 To respect the children's feeling of chastity. It is important for doctors to respect the intimacy of the children and not ask them to expose themselves completely naked. The imposed nakedness might make them feel ashamed and insecure. Doctors should have the already examined parts of their

bodies covered up soon after having been examined, whether they may be wearing hospital clothes or not.

If children are to undress their own clothes, they should be helped by the ones they have previously selected to be with them during the carrying out of the examinations (example: their mother, father, grandmother), somewhere else or behind a partition wall in the examining room;

7 To agree upon a holding gesture. Doctors should agree upon a specific gesture, which would indicate when they no longer want to continue with the examinations. This gesture might be very meaningful for the children, because it does not only mean that nothing is to be done against their will, but also reinforcing their trust in the doctors;

8 To tell them what all the instruments are for. It may be important for the older children to have the legal medicine/ examinations are for, in a simple and concise type of language. Doctors should consider giving or not any explanation, taking into account the curiosity of the children regarding the instruments. Should there be any curiosity, the corresponding explanation might have a positive effect on the children.

9 To tell them to take a bath and put clean clothes on. At the end of the whole amount of examinations, the legal medicine doctors should provide them with the possibility of having a bath or shower and have clean clothes put on, so as to feel more comfortable. They should also be asked who they would like to help them do that;

10 To say good-bye to them. After the bath has been taken, doctors should kindly say good-bye to the children and those who have come with them. They should walk them all out and/or take them to the lift.

Chapter 9

GOING TO COURT

IN SOME CIRCUMSTANCES, CHILDREN OF A CERTAIN AGE MIGHT HAVE TO GO TO COURT, SO AS TO SWEAR UNDER OATH AGAINST THE ACCUSER.

Going to Court may mean moments of great anxiety and pressure for both children, their parents and relatives, because it implies a moment they have been expecting for some time, having meant a lot of work looking for witnesses, evidential testimonies, psychologists' diagnoses, a lawyer, etc. They may all feel this is the crucial moment to have Justice enforced and hope for the condemnation of the accuser and that the punishment might fit the crime and be equivalent to the suffering children have endured because of it.

Professionals involved in the supporting process should get closer to the children and their parents at this particular moment and help them get through this.

1 | BEFORE THE TRIAL

Professionals should observe the following aspects:

PROCEDURES

1 To help them to know of. Professionals should help the children, their parents and relatives involved in the supporting process, know of the reasons for going to Court, details associated with the process and alert them to the need of not having exceedingly high expectations in what concerns the condemnation of the accuser (namely as far as the number of years he will be put behind bars), because they might get disappointed in the end;

2 To support them emotionally. Professionals should provide them the necessary support, so that they may feel

emotionally balanced to face the court procedures and not feel nervous or fearful, etc;

3 To give the children some explanations. Professionals should let the children know what it is to go to Court, what they should expect, what their role is going to be, who will be intervening, etc. Regarding this particular aspect, professionals should have the children prepared as from the moment they have received the court notification to go to Court;

4 To be present and to accompany them. Professionals should accompany the children, their parents and any other relatives involved in the supporting process all the way through, and this way provide them with their direct and personal assistance, in order to balance their emotional stability.

Professionals should start getting the children ready to go to Court as from the moment they have had their first talks and appointments, bearing in mind some of these aspects:

1 The age of the children. Professionals should take into account the age of the children before talking to them. If the child is rather young, the conversation should be brief and not have too many explanations and details. If the child is grown up or happens to be an adolescent, professionals should further develop the explanations;

2 To use a simple type of language, drawings and schemes. Professionals should avoid the use of technical words and expressions, having them substituted by commonly used and simplified words. They should also help children understand the Court organizational/procedural scheme during the court case, by using drawings and simple schemes if necessary, etc.

3 To tell them what a Court of Justice is. Children should be told that a Court of Justice is a building where justice related issues are judged;

4 To tell them what a court case is. Professionals should let the children know right from the beginning of the supporting process that a court case implies a number of necessary actions to find out the truth about alleged practice of crimes, so that there might be justice;

5 To let them know what a trial is. Professionals should let the children know that a trial is a meeting in which they, their parents, the accusers (defendants), the Magistrate of the Public Ministry, the defense attorneys, the prosecutors, some witnesses, some experts, etc, shall be together in the same room, and should the judge allow it, they might be in there, as well as some of their friends. They are there before the judge to find out the whole truth about the exerted violence. Many questions will be asked by the magistrate of the Public Ministry, the lawyers involved in the case and the judge him/herself. After having found out the truth, the judge will then decide what is fair in justice terms to solve the problem;

PROCEDURES

6 To let them know who the Magistrate of the Public Ministry is. Professionals should let the children know that the magistrate of the Public Ministry might be either a man or a woman. He/she will be wearing a black gown (in some countries they might be wearing a white wig). During the trial he/she will be the one to formally accuse the defendant of having committed a crime against them. They should also be told that the magistrate will be asking them some questions as well, but they should not fear being questioned. This kind of magistrates is used to participating in such court cases and has certainly experienced similar situations involving other children

with equivalent problems. They should be taught to address them by either Your Excellency Mr. or Mrs. Attorney-General;

7 Let them know who the judge is. Professionals should tell the children who the judge is. Children should be told that it might be a man or a woman, sitting high up on a Tribune and occupying the central place. He/she will be dressed in black (in some countries they might be wearing a white wig). He/she is the one, who listens to the witnesses, the defendant (in this case the person accused of having committed the sexual crimes against the child) and anyone else called in to talk under oath; he/she should be the one to decide what might be fair in terms of punishment for the committed crime/s. They should be told not to fear him/her or the questions he/she might ask them. They should also be told that he/she has already presided several similar court cases involving children. They should be taught how to address him/her;

8 Let them know who the lawyers are. Children should be told what the lawyers do and who the lawyers intervening in this case are. They should be told that they might be men or women, dressed in black as well and the position they are going to occupy in court. Professionals should tell them that they as victims and the offenders as defendants are both entitled to having lawyers defend their positions. Lawyers are people who know about the law and its application. Both defense attorneys and prosecutors will be representing and defending the rights of their clients. It might be convenient for the child to get to know the lawyer, who will be representing him/her before the actual trial, so as to be able to identify him/her during the court procedures, and not get confused in the whole process;

9 Let them know who the witnesses are. Professionals should let the children know that witnesses are people who have

relevant information, which might help prove the truth of the facts regarding the violence they were subject to. They should be told that there are witnesses on both sides, some in their favor and others in favor of the defendant. Because of having seen, heard and felt the violence exerted on them by the offender, they had to be taken to the court hearing as well. This being the reason why they are to be questioned by the Attorney General, the lawyers and eventually the judge.

10 Let them know who the other intervening people are. Some of the other intervening people in the court hearing might be experts in the various related issues, such as forensic doctors, victim support professionals, clerk of the Court of Justice, members of the Jury (only in some countries), etc. They should be told of the role each of these characters is to have in the court case;

11 Let them know what evidential testimonies are. Professionals should tell them that testimonies are evidences presented in court so as to testify the truth of the facts. These might be formal statements presented by the witnesses or the results of the criminal investigation shown in court, such as the forensic examination results, clothes, objects, etc.;

PROCEDURES

12 The importance of telling the truth. Children should be told of the importance of always telling the truth. They should also be told that the one, who says the truth, should not fear the consequences of having said it. The judge will therefore be given the opportunity to realize what really happened between them and the offenders and consequently put in the position of judging fairly. This will mean children should respond to every question they might be asked about the issue and they should answer without any fear and if possible including all the details they might remember.

13 To carefully listen to the questions, so as to fully understand what they are being asked. Children should be told that in order to say the truth and nothing but the truth, they should answer to the questions adequately. This means to properly listen to those who are asking them the questions and to fully understand what they are being asked;

14 The right to asking people to say again. Children should be told that they are entitled to asking people to repeat the questions again, if not completely heard or fully understood;

15 To answer as clearly as possible. Children should be told to answer the questions as clearly as they might can. To do so, they should use short sentences, not mix up episodes and only respond to what they are being asked. To be clear also implies not using a low tone and inhibited type of voice, so as to be heard by everyone in court;

16 The right not to remember everything. Professionals should let the children know that they are entitled not to remember every little detail they might be asked; they should take that as being normal not to remember everything with exactitude;

17 The right to burst into tears. Children should be told that, should they feel rather nervous or be put in the position of having to describe something which is painful for them to talk about, they are to cry if they feel like crying, even if they are in the middle of an explanation, which they may no longer be able to further explain. They should be told not to feel embarrassed or ashamed of bursting into tears, because crying under these circumstances is normal;

18 The right to ask for a glass of water, a paper handkerchief and/or eventually ask to go to the toilet. Professionals should

let them know that they are entitled to ask for a glass of water, a paper handkerchief to wipe their tears and eventually ask to go to the toilet during the court hearing;

19 Not to be afraid of the offender. Children should be told that if they see their offender in the court room they should not be afraid because he can no longer harm them; they should also be told that the offender is the one who should feel ashamed of what he did/might have done and not the opposite; They can still be further told that the judge might eventually have him taken out of the court room, should he feel that they are disturbed enough with his presence, particularly when being questioned;

20 Not to feel sorry for the offender. Professionals should let the children know that they should not feel sorry for the offenders during the court hearing, because he has committed one or more crimes against him/her. This being the reason as to why he was taken to the Court of Justice to assume not only the responsibility for his criminal actions, but also not to do to other children what he has done to them;

21 Not to be afraid of saying everything they know. Children should be told not to feel afraid of saying everything they know about a particular issue, should they be asked, once all the details might count to find out the whole truth. They should not fear using "bad words" or "impolite expressions" to describe what happened and how it happened;

22 They are not the defendants in court. Professionals should let the children know that they are not accused of any crime or of having done something wrong, so they should not fear the court hearing. The offender is the defendant not them;

23 To visit the courtroom before the trial. Whenever possible professionals should take the children to see a courtroom where the court hearing is to take place. Although this might not be the selected room, it certainly is not too different from the one where the court hearing is going to take place, and children will have had some sort of visual contact with a courtroom and knows where those intervening in the case will be sitting. They should get a formal authorization from the court, to be able to visit it and/or eventually ask the social services to help them do it;

24 To eventually visit the video-conference room. If during the court case children will be answering from a video-conference room, in direct visual contact with the courtroom, professionals should then officially ask the Court for the children to visit it (or a similar room) a few days before the trial, so that they may get used to the system and feel at ease during the court hearing.

2 | THE DAY BEFORE THE TRIAL

The day before the trial might be tense for both the children, their parents, relatives and friends.

Professionals should therefore observe the following aspects:

1 To provide assistance to the parents, relatives and friends of the children victims. There should be a meeting between the professionals involved in the supporting process and the parents, relatives and friends of the children to review the issues, which were explained throughout the process in what concerns the actual court case;

2 To provide assistance to the children. Professionals should get together with the children to debrief the issues, which

were previously discussed during the supporting process, yet do it with moderation.

3 To recommend them to be serene. Professionals should recommend parents, relatives and friends of the victimized children to look and feel serene the day before the trial, particularly in front of the children. This attitude will help them overcome the difficult moment they are experiencing as well as make children feel emotionally balanced;

4 To recommend them to ignore the presence of the offender. Professionals should warn them that the best strategy to cope with the presence of the offender is to actually ignore him. It could be more important for them to ignore him, in case they come face to face with him in the courtroom than to show nervousness or rage;

5 To try to have a normal evening at home. Professionals should also recommend them to have quite a normal evening. It should be no different from the one they had the day before, with a similar type of meal and the usual TV programmes, as long as they are not dramatic or violent. Children should eat well (not too much) and go to bed early;

PROCEDURES

6 To maintain the children's sleep under surveillance. Professionals should ask the parents to keep vigilant as far as the sleep of their children is concerned and to check if they have any insomnias caused by fear or anxiety;

7 To talk to the children. Should children not be able to sleep properly, parents are recommended to talk to them. They should try to calm them down by giving them a hot cup o tea or warm milk, and eventually consider letting them sleep in their bedroom, particularly if they have asked

them to. This could be the best way to quiet them down and should not be denied:

8 To agree upon the schedule for the following day. Professionals should agree on a meeting place and a reasonable time before the beginning of the court hearing (maybe fifteen minutes or half an hour before, assuming that none of the parties involved will be late). The meeting place should not be outside the Court of Justice or outside the court hearing room, otherwise they might be exposed to curious eyes and/or eventually the offender;

9 To be prepared to have some disappointment. Professionals should once again warn the parents, relatives and friends of the victimized children not to exceed their expectations regarding the result of the court hearing, because there might be some disappointment (for instance as far as the number of years the offender will be put in jail). They should also be reminded that the personal feeling of revenge they might have should not exceed what is thought to be fair as far as the Law is concerned;

10 Not to show any feeling of disappointment regarding the children's attitude. Professionals should warn the parents, relatives and friends of the victimized children not to show any disappointment or resentment if children say something they had not heard of so far or are unable to say anything in court. Getting disappointed does not help them to solve the psychological effects of the experience they have undergone.

3 | THE DAY OF THE TRIAL

Because of it being a day of great tension and anxiety, professionals should tell the parents to observe the following aspects:

1 To act with discretion and look natural. Professionals should recommend parents to act with discretion and to look natural, so as not to raise the curiosity of strangers regarding the supporting process and be able to maintain the degree of confidentiality. They are therefore expected to leave home the same way they have done before and try to go through it with serenity up to the opening of the court hearing;

2 To wake the children up with tenderness. Professionals should tell parents to wake their children up with kind gestures denoting affection. It is quite important for children to feel parents are sure and that they can entirely trust them;

3 To let them wear their favorite clothes. Parents should be told to select their children's favorite clothes or let them select whatever they might want to wear. It is very important for the children to feel at ease wearing their favorite colours and clothes. The same should be told in what concerns the hairdressing (let them wear plaits, side parting, have gel put on the hair, etc.);

4 To eat and drink as they normally would. Professionals should let them know that they should eat and drink the same way they would, under normal conditions. Should they feel like eating more because of being nervous, they should then try to either eat bread, a salad, have an orange juice, etc. It is important for them not to feel weak and/or eventually not feel well because of having eaten too much;

5 To do some relaxation exercises. They should be recommended to do some relaxation exercises, like lying down on the bed or on the sofa and breath in and out calmly and without being in a hurry, for at least five or ten minutes; to listen to

classical music, to do some gardening and/or stretch their muscles for a while; to meditate or pray; to walk into a church, etc. Professionals should only recommend these activities, in case they know in advance that parents do commonly do or practice some of these, like meditation, praying and/or going to church;

6 To go to the Court of Justice a little bit before the trial. Parents should be warned to leave home at a reasonable time so as to be able to get to the Court to Justice before the trial. They should also be recommended not to show their anxiety to the children, thus allowing possible delays because of the transmitted nervousness and tension;

7 To keep calm and quiet during the court hearing. Parents, relatives and friends of the victimized children should be told to make an effort to keep calm and quiet during the court hearing and not disturb the court procedures with their comments, exaltations and/or screams – this may be prejudicial by disturbing the working procedures and affecting the children's necessary emotional balance;

8 To talk to the children. Professionals should pay the utmost attention to the children, by talking to them about just vulgar issues (for instance commenting on the court room not being the same they visited before; how pretty they look; how much they like their sweater, etc.); not inhibiting themselves by not asking how nervous they are and if they remember everything they have talked about the day before, etc.;

9 To lead a normal life. Professionals should share with the parents, relatives and friends of the victims the moments, which have followed the court hearing, trying to enforce the idea that they should continue leading a normal life. It might eventually be necessary to calm them down, particularly if

the results were not in any way close to what they had expected them to be, etc.;

10 To continue the supporting process. After the court case is over, professionals should reinforce the idea of it being necessary to continue the supporting process until they are able to lead a normal life. The closing of the judicial process does not necessarily mean that they do not need to continue being helped psychologically;

PROCEDURES

Chapter 10

HAVING THE CHILDREN TAKEN AWAY FROM HOME

1 | WHEN CHILDREN HAVE TO BE TAKEN AWAY FROM HOME

Some children are taken away from home and from the guardianship of their parents and relatives. This may have been decided by court order so as to guarantee that they are not further victimized.

Their immediate destiny may be temporary shelter- homes or eventually be taken to live with temporary foster families, until strong intervention measures are taken, as far as their families are concerned, or until adoption has been taken care of. They may eventually have to be taken to boarding schools. The rights of these children are consequently being guaranteed, particularly if their parents and/or relatives have not been competent enough to do it or have disrespected them by having victimized these children.

Any professional, who in the supporting process procedural sequence may have to get any of these children out of their homes, should, among other aspects, observe the following ones:

PROCEDURES

- 1** Have the judicial court order with him/her. Professionals should have the court order signed by the Court belonging to the residential area of these children, stating they are to be taken to the Institution they are working for. Professionals should show it to parents and/or relatives of these children;

- 2** Be escorted by the Police. Professionals should ask the Police to go with them, so as to avoid any resistance on the

part of either the parents or the relatives of the children in having them handed over to them, or an eventual personal attack against them;

3 Go without any warning. Professionals should head towards the children's home without giving the children's parents and/or relatives any previous warning – Doing it may put the children at risk, by either having them forcefully taken to an unknown place or being subject to some form of punishment for having asked for help;

4 Talk to the children's parents and/or relatives. When professionals have got to the children's home, they should try to feel calm and kind, while having a brief dialogue with the parents and/or relatives of these children, in which they are to let them know what they are there for. The "because" is very often dispensable in the explanation the professionals have to give, for the family of these children are normally well aware of the victimization they are subject to;

5 Be brief. Professionals should be quite brief, using simple, short sentences and above all avoid getting into a lot of explanations;

6 Be assertive. Professionals should be assertive in their approach to the children's parents and firm in their decisions, as well as clear and direct in expressing the reason as to why they are there;

7 Look for an agreement. Professionals should make an effort to reach an agreement with the children's parents regarding the Court order. It will certainly be easier and less traumatizing for the children if all agree to their leaving home without there being any resistance, discussion, crying and sometimes even aggressive attitudes.

8 Talk to the children. Professionals should introduce themselves to the children and tell them why they are there and why they are taking them somewhere else, particularly if they are old enough to minimally understand their explanation. Professionals should ask them not to be frightened, particularly if there are Police officers around (by for instance telling them that they are not there to arrest them, yet take them to another place where they will be spending some holidays; tell them that they are going to meet a lot of other children, have new toys to play with in a new home, etc.);

9 Get some of the children's personal objects and documentation. Professionals should ask the children's parents and/or relatives to give them some of the children's personal documentation – birth certificate, passport, identity card, health certificate, etc, because they may be necessary. They should also be asked to give them some of the favourite personal objects belonging to the children – some toys, some clothes, etc. Children will undoubtedly feel better if they carry with them some of the things they love;

10 Talk to them on the way. Professionals should talk to them on the way about a variety of ordinary things. They may even offer them a toy or comment on the landscape on the way to the Shelter-home;

PROCEDURES

11 Introduce them to the professionals at the Shelter-home. Professionals should try to be welcoming and to calm the children down the best they can. When they get to the Shelter-home where they shall be staying, the professionals working there should be introduced to them one by one. These should greet the children in a kind and humorous way;

12 Introduce them to the other children and show them around. Professionals should have all of the children sheltered

there introduced to them. They should be introduced individually and asked to welcome the newcomer; they should also take them around to get to know the place – especially their bedrooms as well as the other children sleeping in there;

13 To develop the sense of a normal daily family life. Professionals should make an effort so as to develop in them the sense of being welcomed and make them feel as close as possible to being taken in a family home.

Chapter 11

THE SUPPORTING REPORT CONCERNING THE CHILDREN VICTIMS

1 | THE IMPORTANCE OF THE REGISTERS IN THE SUPPORTING PROCESS

It is of extreme importance to have the whole information gathered throughout the supporting process, registered even if it does not seem relevant.

The registering should be systematic and clear – thus allowing a basic knowledge of the problematic issues in the story as well as the evolution of the supporting process and those intervening in it, to always be available (example, the psychologist Diogo X.; the forensic doctor Francisco X.; the jurist Catarina X.; etc, the father, mother, uncles of the children involved, etc.), as well as the events including the dates in which they occurred (example, the medical/forensic examinations were done on the 12. October; the crime complaint entered on the 13. October, etc.), and the difficulties faced throughout the process (for instance, the diagnose type of interview was carried out by the psychologist José X, three times consecutively, because the information provided by the child was insufficient, etc.), etc.

This information can be quite useful so as to elaborate reports, or have it sent on to other Services and Institutions involved in the process as well, (example, to the Police, the family doctor, etc.), who may need to get previously gathered information on the children involved, and the steps which have been taken so far. By having been provided some information, the professionals working at these Institutions may be able to carry on with the process involving these children in a much more adequate way and have their work integrated in what has been previously done by other professionals.

The systematic registering also allows professionals not to forget details, which may have apparently seem insignificant at the beginning and may have been considered rather relevant in the course of the process, particularly if judged as new information to resolve the problem.

This systematic registering may still allow professionals to assist several children a day and develop various supporting processes simultaneously without getting them mixed up nor getting information put into the wrong process.

It may also be an excellent source of valid information to send to the Police in the course of the criminal investigation – police officers know quite well how to handle each detailed piece of information, and follow clues in an attempt to find the truthful facts.

The systematic registering also allows children not to be sent from Institution to Institution (for instance be sent from the Hospital to the Police and then to the victim support Services, etc), and having to repeat the same information over and over again, which is emotionally very tiring.

This way, when children and those who are with them get to a particular Institution, those professionals who are to assist them have already got the necessary information on the case, because of having previously received it and therefore be in the position of developing a much better type of assistance.

2| HOW TO WRITE DOWN A SUPPORTING PROCESS REPORT

Each Institution has its own way of registering the information in the supporting processes (example, assistance form, medical form, etc), used by each professional and then filed. Professionals should comply with the internal rules of the Institution they work for.

Very often though, they may have to send reports to other professionals working for other Institutions and may find that generally there are no specific forms to provide this information, at least that might be common to all the Institutions of this kind.

By using a different type of approach, most of which is improvised in terms of format, professionals may find out that some of the information might be either forgotten or not adequately organized, thus creating some difficulties for those who get that information in terms of clearly understanding what has been described.

Professionals should make an effort so as to adopt one single prototype of approach in terms of format, which may have been agreed upon by other professionals in the local community. It will be beneficial for all concerned, once the information provided will have a standardized format and consequently be easier and quickly understood.

In the elaboration of this prototype of standardized format, professionals should bear in mind that it is to be used as a working tool and should observe the following characteristics:

MAIN REQUISITES

1 Be coherent. The registered issues, from the most pertinent to the less relevant ones, should be described with coherence, providing an appropriate unity and suitable correlation between them. They should clearly identify the objectives of each of the supporting process steps already taken or to be taken in the near future;

2 Be logically sequenced. There should be a sequenced logic text, chronologically describing the events, as well as the ideas contained in each of these issues;

³ Be precise and objective. There should be distinct subject matters, each of which should have clear, understandable, well written and grammatically structured texts, which may leave no margin for doubt, as far as their reading and understanding are concerned, to whoever may read them;

⁴ Be flexible. In what concerns the inclusion of the subject matters there should be some flexibility, bearing in mind the need of providing specific information, even when it might not be fully provided in particular areas;

SPECIFIC
REQUISITES

The main subject matters should be:

¹ Identification of the child. There should be space for the professionals to fill in information concerning the identity of the children, especially their names, date and place of birth, address and telephone number, school grade they are attending; who they are living with and why (for example, "Joana X. lives with her mother since her mother died two years ago"; or "Miguel X. lives with his grandmother because his parents are immigrants in France", etc.), as well as to include additional information;

² Identification of the child's parents/relatives. There should be space for the professionals to fill in information concerning the parents of the children, especially their names and the names of their brothers and sisters or anyone else who may live with them (as an example, their grandparents, uncles, etc.), as well as the address and telephone number of the family residence, the ages of the members of the family, their professional activities, etc. There should also be additional space for further information;

³ Identification of the offenders. There should be space to fill in information concerning the identity of the offender (if Known),

especially his name, age, address, profession, relationship or degree of kinship regarding the child, etc. There should be additional space for further information;

⁴ Identification of the presented problem. There should be space to summarise then problematic issue presented by either the children or their legal representatives (example, "I have been raped" or "My brother-in-law has sexually abused my son", etc.);

⁵ People involved in the process. There should be space to fill in information regarding those willing to help further develop the supporting process in what concerns their relationship with the victim (for example, their parents, their teacher, a cousin, the community priest, etc.), as well as some people working for some of the Institutions (for example, the victim support professional, the family doctor, the psychologist, etc.);

⁶ The interview diagnoses. There should be space for the professional to fill in the information gathered during the diagnose type of interview. This should be a summary in the narrative style focusing on the pertinent information gathered during the interview with the child;

⁷ The different steps, which were taken. There should be space for the professional to fill in information on the steps, which have been taken so as to have the children and their parents to be sent to other intervening Institutions, as well as the reasons behind those decisions (for example, stating that Bruna X. was taken to the Legal Medicine Services so as to have legal/forensic examinations done, because of having been felt it urgent to do so, once the abuse had been perpetrated some hours before and there might be some evidential signs in her body and clothes, etc.);

8 Signature, name and function of the professional handling the case. There should be space for the professional to fill in his/her own identification (example, "signature", "Psychologist", "Association X.");

9 Place and date. There should be space for the professional to fill in information on the place and date regarding the elaboration of the report as well as the date, which it was done in (for example, "Lisboa, 9. October 2002")

The word "Urgent" should be written in red and in capital letters on the top corner of the report.

The professional should have it sent by fax and/or registered express letter, having the words URGENT written on the envelope. Professionals should send it without any delays.

It should always be preceded by a formal letter addressed to the professional the information is to be sent to.

Chapter 12

WORKING IN PARTNERSHIP

Professionals should always work in close cooperation with other professionals from other services and Institutions, so as to adequately carry out the child victim supporting process.

This way it may be further developed with efficiency and with the expected quality.

The existence of co-working partners in the local community may help to better respond to the needs of the children victims and their parents, in what concerns the acquisition of goods and necessary services to resolve the problems.

In order to work in partnership, professionals should assume themselves in their daily professional life as:

PROCEDURES

1 Mediators. Professionals should stimulate and encourage the constant interaction with other professionals, mediating any interests and necessities there might be on either side;

2 Facilitators. Professionals should make an effort to facilitate and make the most out of every detail as far as communicating and having a satisfactory relationship with other professionals working in other services and Institutions;

3 Negotiators. Professionals should have theoretic/practical meetings with other professionals in an attempt to determine the positive aspects and balancing mechanisms in what concerns the global interests and wishes;

4 Mobility encouragers. Professionals should make an effort so as to amplify and set up limits to the acknowledgement

of the problems, mobilizing the various professionals towards the sought up resolution of those problems.

Professionals should consequently act in a much more positive way as far as certain specific problems are concerned and which normally affect the global oriented work of certain Institutions:

1 Formality. Professionals should reduce the negative effects of an excessive amount of formal procedures, which have to be observed in the daily contact among Institutions (for example the amount of formal procedures involved and/or the difficulties in getting to talk to other professionals, etc), as these may be prejudicial for the supporting process, particularly in what concerns the promptness and efficiency in responding to the problems;

2 Time. Professionals should make an effort to make the most out of the available time they have to comply with a particular procedure (for example, have the children urgently taken to the legal medicine hospitals to have the legal/forensic examinations done; to have a report sent to the Police within the following hour, etc.) without affecting the work of other Institutions.

3 Absence of practical sense. Professionals should make an effort so as to have an ample view of what may be required, as far as getting in touch with other Institutions is concerned.

4 Lack of kindness. Professionals should make an effort so as to be kind with every professional they have to get in touch with because of the supporting process (for example, on the phone, personally or in written terms, etc.), and eventually make other professionals have the same kind attitude and concern because of their constant gentle behavioural attitude towards them even when they are not particularly kind or polite, etc;

5 Misunderstandings. Professionals should make an effort to avoid being misunderstood when sending messages to or requesting other professionals to do something, because this might lead to a deterioration in the relationship and ultimately lead to a considerable constraint in what concerns the development of the supporting process;

6 Lack of communication. Professionals should avoid not sharing the information with other professionals working for other Services and institutions involved in the same process, as it may delay the decision making and/or limit the development of the process itself (example: if a particular professional has sent an unclear and inconclusive report to another professional involved in the same process, this one may not have enough valid information to further continue working in the development of the process, etc.);

7 Lack of global vision. Professionals should make an effort to have an ample vision of the supporting process as a whole. They should not have a reduced perception of the intervention, which might go beyond the limits of the Service and Institution they work for. They should consider the active participation of other professionals, even if they work for other Institutions, requesting they to co-work with them;

8 Absence of a co-working attitude. Professionals should make an effort so as not to encourage the absence of a co-working type of attitude, which is common to a lot of Services and Institutions. They should try to get to know other professionals and co-work with them in the carrying out of common purposes;

9 Negative type of competition. Professionals should make an effort so as not to embark in the so-called negative type of competitive approach, which is common in a lot of Services

and Institutions. They should try to get to know the type of work done by other professionals within the same area, co-work with them and even highlight the importance and prestige of the work they have carried out.

10 Absence of personalized contact. Professionals should make an effort so as to personally contact other professionals working for other Services and Institutions, by visiting their working places, getting together with them and developing a less formal type of relationship, which may make things easier at a later stage, should they have to cooperate in the same supporting processes.

Professionals will then be able to work in partnership and consequently obtain better results in efficient and qualitative terms.

NOTES part II

- 1 | Most Institutions, such as the Police, Hospitals and National Health Centres, etc. have their own forms. Professionals might improvise in those where there are not specific forms in which to fill in any information. A notebook put into a file with the child's name outside will do to be able to keep the expected degree of confidentiality.
- 2 | These should be signalled out as "high", particularly if the child is at risk of being victimized again and/or runs the risk of having health problems or being in danger.
- 3 | Circumstances associated with living conditions, specific previous situations and potential consequences, etc.
- 4 | Consult Chapter 8, page 103
- 5 | Consult Chapter 8 on the carrying out of legal/forensic examinations.
- 6 | Consult Chapter 10, page 127
- 7 | It is not a legal procedure in Portugal, but this is the way it is done in other countries belonging to the European Union.
- 8 | Institutions providing assistance to children victims in the various countries may carry out this specific training. The training provided by the various professionals directly working with children victims may lead to a relevant theoretic/practical approach to the problem.
- 9 | The final goal is what one aims at, though it is a very general and ample one.
- 10 | The objectives are specific goals/stages one aims at until reaching the final aim.
- 11 | It will correspond to the first phase of the supporting process, the gathering of information. Consult Chapter 3

- 12 | Two doll figures may be found in annex. They can be reproduced in a A4 sheet of paper. Den Haag Police has kindly handed them over to us. They have been/are being used as auxiliary tools on the interviews there.
- 13 | TAT; by Henry Murray
- 14 | Two doll figures may be found in annex. They can be reproduced in a A4 sheet of paper. Den Haag Police has kindly handed these over to us. They have been/are being used as auxiliary tools on the interviews there.
- 15 | There is no such structure in Portugal. There are only the Legal Medicine/forensic Hospitals in Lisboa, Porto and Coimbra; there is also the possibility to call in a legal/forensic doctor, if necessary.
- 16 | Not every country has sexual victim support services which may provide legal/forensic examinations, yet they all have services, which do provide them, namely Hospitals or through the hospital channels.
- 17 | This explanation should be provided by a jurist or with his/her direct support, within the juridical support provided by the supporting process.
- 18 | Consult Annex 2 of this Manual – Child victim supporting process report. Exemplar.

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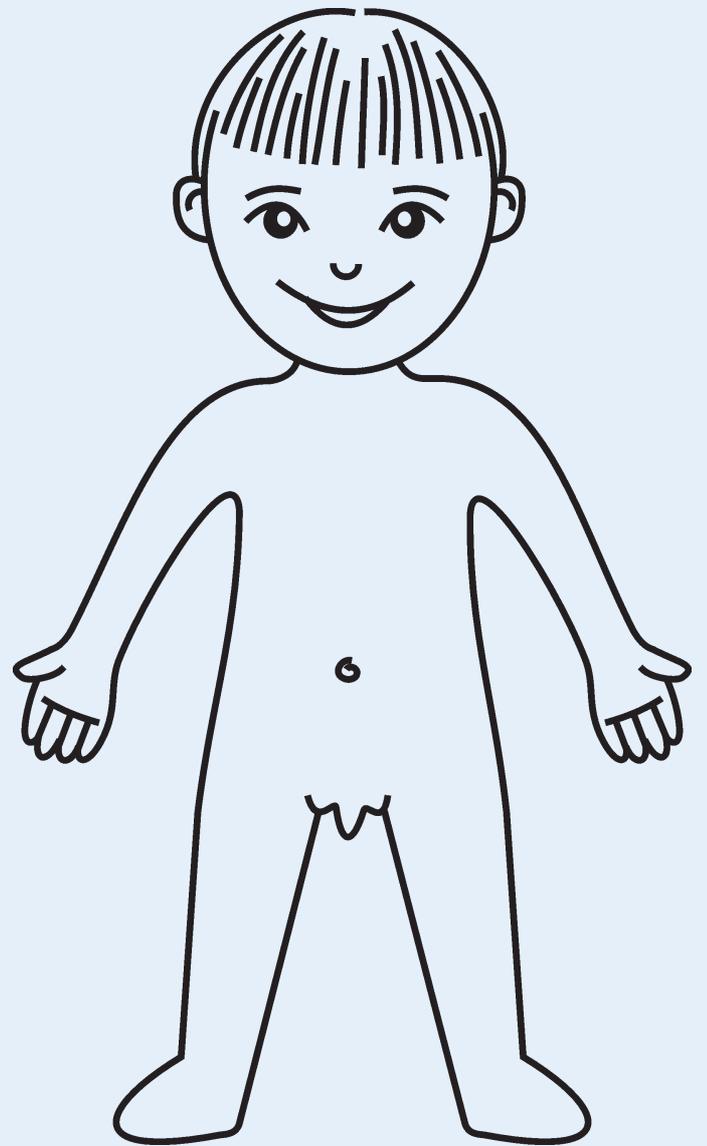
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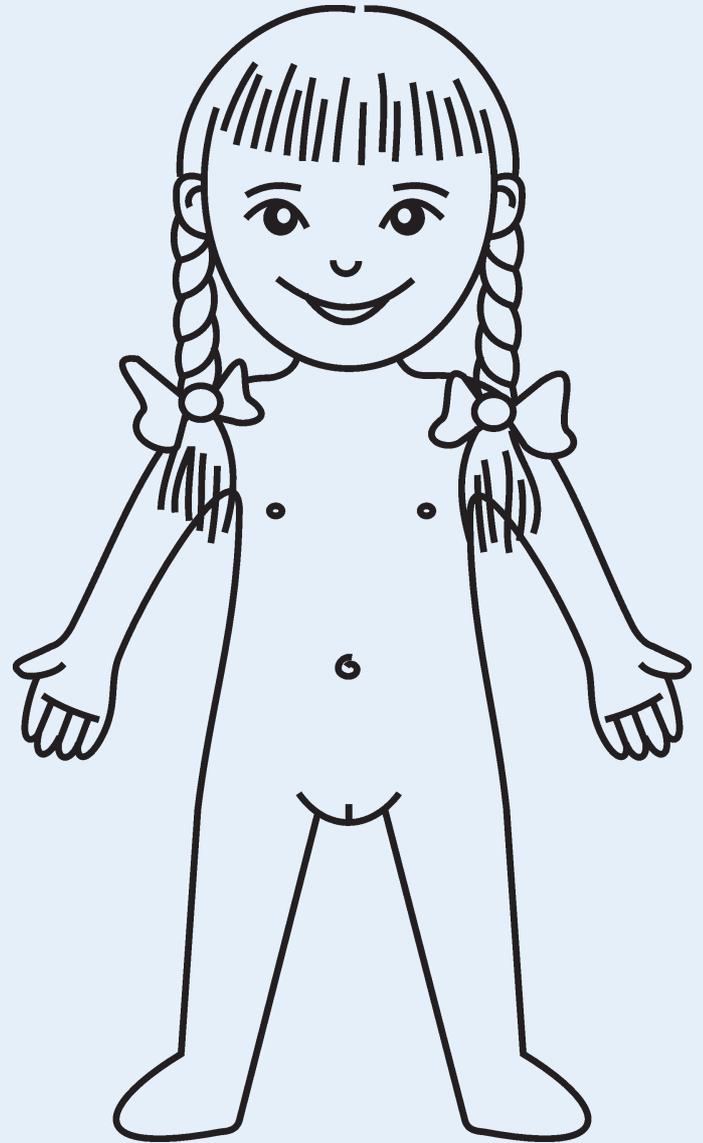
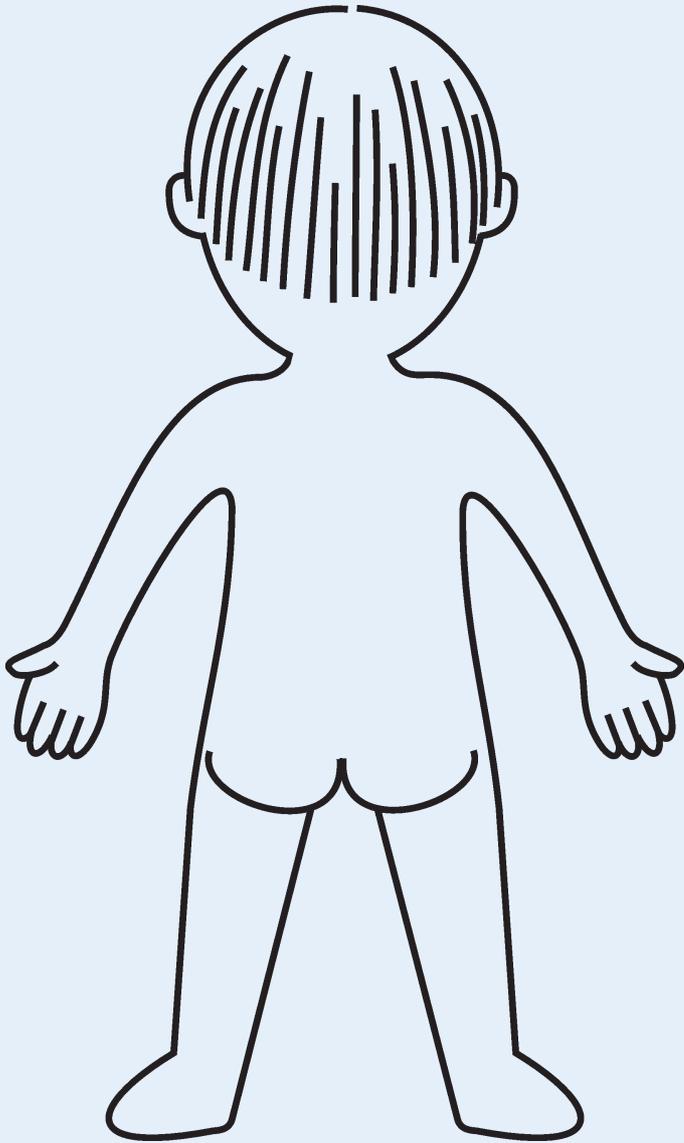
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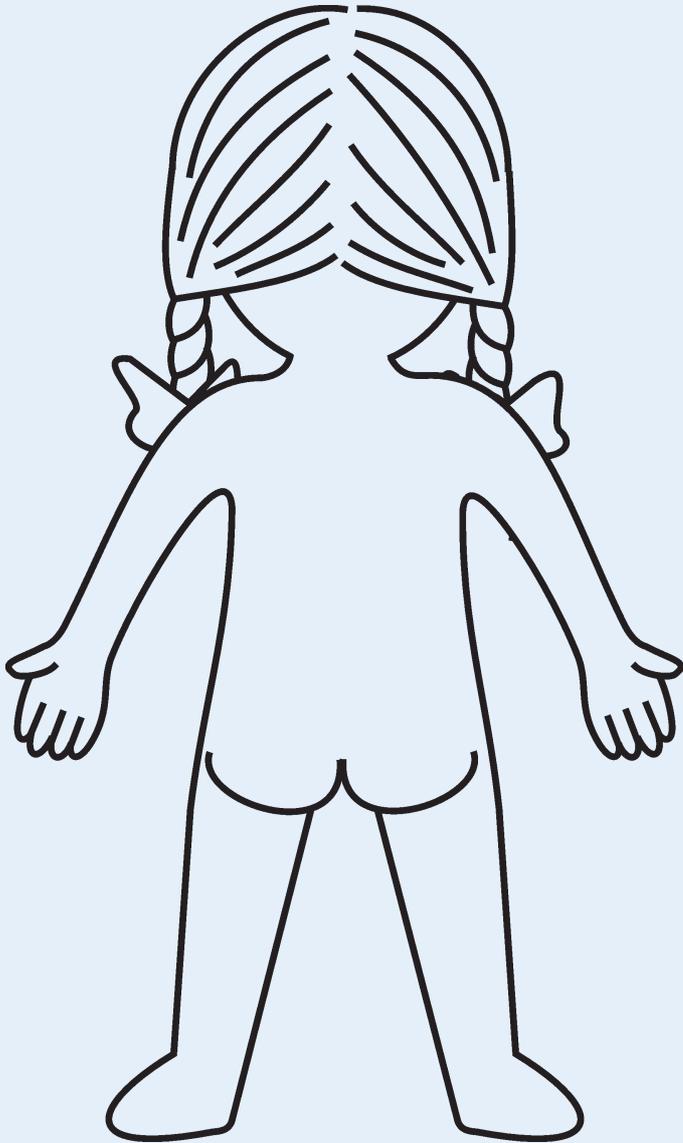
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ANNEX 1

BOY AND GIRL FIGURES USED FOR THE DIAGNOSE AND
INVESTIGATING TYPE OF INTERVIEWS







ANNEX 2

CHILDREN VICTIMS OF SEXUAL VIOLENCE SUPPORTING
PROCESS REPORT (EXEMPLAR)

ASSOCIATION X

Children victims of sexual violence supporting process report

(Fictitious data)

URGENT

1 | IDENTIFICATION OF THE CHILD

Full name: Maria X and X.

Date and place of birth: Lisboa, 2 January 1997.

Address: Rua Frei Amadeu Hispano, 1 - 1º Lisboa.

Phone number: 88 88 88 88 87.

School and school grade: Dona Brites da Silva Kindergarten

Who the child lives with and why: Grandparents because his/her parents are in Brazil for professional purposes.

Additional information:

2 | IDENTIFICATION OF THE PARENTS/FAMILY

Parents: Manuel X and X; Mariana X and X.

Age: Father - 31; Mother- 33.

Other relatives living with the child: Apart from Maria X and X and her grandparents from the father's side (guilherme Roberto X and X - 63 years old and Madalena X and X - 59 years old) there is a maid, Isaura B. - 41 years old.

Address: Avenida Dom Pedro de Meneses, 111 - 15º. São Paulo, Brasil.

Telephone number: 2 22 22 22 22 28.

Profession: both are chemical engineers

Additional information: they are actually living in Brazil, because they are carrying out an investigation for the period of a year. They are not aware of the problem, because the grandparents of the child have not yet told them about it.

3 | IDENTIFICATION OF THE OFFENDER

Full name: Rodrigo (family name unknown)

Age: around twenty-seven years old

Address: Rua Frei Amadeu Hispano, 1 - r/c Lisboa.

Telephone number: unknown

Profession: translator

Relationship with the child: neighbour and friend of the child's family.

Additional information: Known as "Tati". This is the way Maria X and X refers to him. Because he is a free-lance translator, he is mostly home.

4| WHEN AND HOW THE SUPPORTING PROCESS WAS INITIATED

The child's grandfather phoned the Association on 9 October 2002, (in the morning). That same morning they (grandparents) together with the child and the maid (Isaura B.) showed up at the Association.

5| DESCRIPTION OF THE PRESENTED PROBLEM

The grandparents of the child (Roberto X and X; Madalena X.), as well as the servant, who works at their house (Isaura B.) suspect that the neighbour, who lives on the ground floor of the same building they live in, is sexually abusing their granddaughter.

They refer that Maria X and X is quite fond of him and used to go to his place many times, particularly in the afternoon to watch some videos of cartoon films. The grandparents of the child had also watched some of these films and trusted the neighbour until now.

While the servant was undressing the child yesterday evening to give her a bath, she noticed that the upper part of her dress was stained and gave her a reprimand for not having been careful.

The child then answered that it had been "Tati" (the name for which the ground floor neighbour is known), who has a big fish hanging out from his belly and who told her to kiss it. The fish then threw a white cream onto her, staining her dress.

Because of having been suspicious with the story the child was telling, particularly because she had previously warned the Mr. And Mrs. that it was not good for the child to stay alone with the "gentleman" at "the gentleman's house", she decided to have a conversation with the child about it, while giving her the bath. Maria X and X then told her that she had seen a film in which had some children like her inside a bathtub with men with fish hanging from their bellies, who after a while threw a white cream onto the mouth of the children. She further added that the fish Tati has is big and is called prick.

Isaura B., who had recently seen a program on sexually abused children and considering that Maria might be going through a similar situation got into panic, but still under the visible shock, decided to let her boss and his wife know what was going on. They then decided to get in touch with the Association X to ask for help.

The grand parents of Maria X feel guilty for having let their granddaughter got to the neighbour's so many times. Isaura B. seems calmer and might play an important role in the supporting process, not only because she seems to know more about the perpetrated sexual abuse, but because the child seems to prefer to be with her than to be with the grandparents.

6| PEOPLE INVOLVED IN THE SUPPORTING PROCESS

The grandparents of the child and their maid, Isaura B. are the only ones involved in the supporting process, so far. The parents of the child have not yet been informed.

The jurist Francisco J. of the Association X. assisted them.

The psychologist Beatriz S. of the Association X. conducted the diagnose interview the same day.

7| DIAGNOSE INTERVIEW

The diagnose type of interview was carried out by the psychologist Beatriz and lasted about an hour.

The child sounded emotionally stable; kept on playing and interacting with the psychologist, while sitting on the ground of the assistance room. Maria X and X said she preferred to sit on the ground, and that is exactly what she and the psychologist did while trying to build up a puzzle.

They spoke as they were doing the puzzle. She told the psychologist that she used to watch a lot of films at Tati's. She also said that some of the cartoon films she used to watch had Mickey mouse and Duffy Duck.

The psychologist showed some interest in finding out which other films she had seen. The child responded that apart from the Duck and the ducklings, she had watched Pocahontas as well, but she also revealed that sometimes Tati used to watch films with children playing with some gentlemen with black things between their legs (pubic hair?) inside bathtubs with ducklings in the water too.

A little while later, the psychologist approached the theme once more. She was asked if the gentlemen, who were playing with the children in the bathtubs with the ducklings also had little fish between their legs, to which she answered affirmatively.

The psychologist asked her if Tati also has little fish, to which she answered yes and quite a big one called Prick (slang word to say penis).

She was then shown the sheet of paper with the boy figure on and asked to point out where Tati had his little fish.

Maria X and X then pointed to the pelvic area and showing the genital organs contours, said that it was there.

The psychologist then asked her what she and Tati did with the little fish. She answered that she used to kiss the fish.

Though it sounds like a sexual abuse situation with the exhibit of pornographic films and episodes of oral sex, Maria X and X does not seem to be undergoing any suffering, once she has not entirely realized what is really going on, presumably because of being very young.

8| WHAT HAS TO BE DONE

Though Maria X and X has had a bath last night (corresponding to the latest abuse), having eventually destroyed some of its evidential signs, the dress with the stain on it (sperm?) has not been washed yet.

Having been advised by the professional of the Association X, who accepted the call, the child's grandparents have been told to have the dirty dress put into a paper bag and have it brought to the appointment with the jurist Francisco J. The child together with her grandparents and their maid with the jurist are to go towards the Police to get in touch with the Inspector Afonso T., so as to carry out the necessary judicial procedures.

(Signature)

Beatriz S.

Psychologist working for Association X

Lisboa, 9 October 2002

HOW TO UNDERSTAND

MANUAL core. PARA O ATENDIMENTO
DE CRIANÇAS VÍTIMAS DE VIOLÊNCIA SEXUAL

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