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Children's Experiences of Undergoing Forensic Interviews and Forensic Medical Examinations in a Danish Child Advocacy Center

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Abstract

Child abuse is a severe global problem associated with various negative consequences. It is therefore important that the services received at Child Advocacy Centers (CACs) are perceived as positive as possible by children affected by abuse. Preliminary research indicates that CACs are successful in terms of providing coordinated, professional services. However, existing research has primarily focused on service and criminal justice system outputs, rather than documenting the experiences of the target group: i.e., children undergoing the CAC proceedings. The present study seeks to investigate the children's experiences of the forensic procedures in a CAC. Qualitative interviews were conducted with 15 children undergoing case proceedings at a Danish CAC. The overall experiences of the children of the forensic interview and forensic medical examination were documented. Additionally, five overall themes were constructed using Thematic Analysis: Localities and surroundings, Relational and communicative work, Ambivalent experiences, Need of information and overview, and Missing out on everyday life. The findings of the current study underline the importance of the physical environment of the CAC, the need of information and overview as well as strong relational and communicative skills among professional as core elements in establishing positive encounters with the CAC. Furthermore, the results indicate how negative experiences of visiting a CAC are not necessarily directly linked to the CAC but may be a result of the children experiencing missing out on well-liked everyday activities. Altogether these results are important to consider when planning future CAC visits to support the well-being of the child.

Keywords Child Avocacy Centers · Child abuse · Children perspective · Child forensic medical examination · Child forensic interview · Barnahus

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1 Introduction

Child abuse is a severe global problem associated with a range of negative consequences throughout a person's lifespan including increased risk of psychopathology (Bunting et al., 2018; Hansen & Olff, 2018; Lang et al., 2020).

For many children suffering child abuse, Child Advocacy Centers (CACs) is one of the first points of contact following the exposure to abuse. It is therefore of great societal importance that the centers respond early and effectively to the needs of children and their families. CACs were originally founded in the US in the 1980s and today similar models exist in various parts of the world providing support to children and families affected by abuse. Different national adaptations of the CAC concept exist, however, a common feature is the multidisciplinary approach to child abuse cases including law enforcement, child protection, mental health, and medical services. A core principle of the CAC model is the *child-centered* approach focusing on the needs of the child (Herbert & Bromfield, 2019; Johansson et al., 2017; Spitz & Bird, 2017). This is in accordance with The United Nations Convention on the Rights of the Child (UNCRC, 1989), which states that every child has a right to be heard and express their views about conditions that concerns the child.

Preliminary evidence suggests that CACs are successful in terms of coordinating different professional services, reducing stress that may arise from the criminal justice investigation, and improving criminal justice outcomes (e.g., offender arrest and prosecution rates) (Elmquist et al., 2015; Herbert & Bromfield, 2016; Westphaln et al., 2020). Studies researching the impact of CACs have, however, tended to predominantly focus on service and program outputs and the needs of the criminal justice system, rather than documenting the impact on children and families (Herbert & Bromfield, 2016; Westphaln et al., 2020) as well as the children's own experiences of the case proceedings in the CACs. This is yet problematic given the core principle of the CACs in terms of providing a child-focused approach (Herbert & Bromfield, 2019; Johansson et al., 2017). Recent literature therefore suggests that child participatory processes and the child rights perspective in CAC settings could be further strengthened by collecting and documenting individual children's experiences of various CAC procedures to inform future practice (Lundy et al., 2021).

In particular, documenting children's experiences of investigative police interviews (i.e. forensic interviews) and forensic medical examinations in CACs is important since these procedures represent the more 'justice-oriented logic' concerned with the needs of the judicial system in the CAC work, as opposed to a more child-centered 'treatment-oriented' logic focusing on child support and well-being (Johansson, 2017). Documenting the experiences of the children regarding the criminal investigation practices ensures that both the needs of the judicial system and the children are reflected in the CAC literature and can inform future work practices of the CACs.

To date research on children's experiences of CAC procedures in general is limited, both internationally and in the Nordic region. To the best of our knowledge, only one study has been carried out in Denmark concerning the children's experience of the CACs. Results indicated that children's experience at CACs was positive (Børnerådet, 2016). Although the study provides valuable first insights into the children perspectives, the study was limited to the experiences of six older children

(11–13 years). Also, the study did not clearly differentiate between the different parts of the CAC case proceedings.

Mixed results are found in relation to children's experiences of the forensic interviews at CACs. Research suggests that being interviewed by the police at a CAC is associated with a sense of unsafety and insecurity as well as worries and anxiety about the consequences of the interview for the child and the family (Forandringsfabrikken, 2019; Olsson & Kläfverud, 2017; Rasmusson, 2011; Stefansen, 2017), while the forensic interview is perceived as a positive yet difficult experience by children in other studies (Bakketeig et al., 2021; Stefansen et al., 2012). Some research also suggests that the presence of technical recording devices during the forensic interview (e.g. cameras and microphones) may generate nervousness and discomfort for the child, contributing to a negative perception of the interview room as cold, sterile, and unsafe (Børnerådet, 2016; Forandringsfabrikken, 2019; Kaldal et al., 2010; Rasmusson, 2011). Additionally, CAC personnel such as police expressing a cold and distanced behavior creates a sense of unsafety for the child (Forandringsfabrikken, 2019).

At present, research into the CAC procedure associated with the forensic medical examinations is particularly sparse and non-existing in a Danish context (Bakketeig et al., 2021; Kaldal et al., 2010; Stefansen et al., 2012). However, existing limited research outside the Danish context suggests that children undergoing a medical examination in a CAC had few concerns towards the examination and felt safe during the procedure (Bakketeig et al., 2021; Kaldal et al., 2010).

The current study aims to address the identified gaps by being the first study investigating the following research question: *How do children experience undergoing a forensic interview and a forensic medical examination within a Danish CAC context in cases of suspected child physical abuse?*

Due to similarities in CAC models internationally, the potential implications of the present study can enlighten the children perspective in the CAC work beyond the Danish context, inform future work practices, and facilitate that child needs and experiences are considered and reflected in forthcoming procedures.

2 Methods

2.1 Context of the Study

The current study was part of larger project conducted in 2020–2022 that focused on integrating forensic medical examinations as a systematic procedure in cases of suspected child physical abuse (Spitz et al., 2022). The project was carried out at one of the five regional Danish CACs for the capital region (i.e. The Danish Children Centre, Copenhagen) and was a co-creation project carried out by the CAC Copenhagen, The Section for Child Abuse at the Copenhagen Police, and the Department of Forensic Medicine at the University of Copenhagen.

Procedures at the Danish CACs include cross-sectoral consultation and coordination meetings, psychological assessment and crisis intervention for children and families, forensic interviews with children conducted by the police and can also comprise

pediatric and forensic medical examinations. The forensic interviews are carried out by specially trained police personnel and interviews are videorecorded to spare children from going to court and minimize the risk of re-traumatization that may arise from reporting to various professionals across different settings. The child is being interviewed in an interview room at the CAC and different relevant professionals such as assisting police, attorneys, CAC staff (psychologists or social workers) etc. are co-hearing and co-watching the interviews from an adjacent monitor room.

While the medical sectors (pediatric and forensic) also represent important domains in the Danish CAC work, up until 2020 there was no standardized and systematic procedures in the Danish CACs for conducting forensic medical examinations of children in cases of suspected physical abuse due to the lack of clear criteria for the selection of cases for examination. Consequently, only a minority of children (2 pct.) were forensically medically examined (Balsløv et al., 2021). As part of the co-creation project (2020–2022) all children from the Copenhagen police district could undergo a forensic medical examination following the forensic interview at the CAC Copenhagen without any preliminary selection of cases conducted by the police if physical abuse was suspected.

A physical examination conducted by a specialized forensic medical doctor ensures that objective medical evidence is systematically documented in addition to the child's verbal description of abuse as documented in the forensic interview and ensures an objective assessment of potential physical injuries (van Rijn et al., 2019), which has shown to provide the most legally solid outcomes (Janßen et al., 2017). As part of the project, the conventional forensic medical examination conducted by a forensic medical doctor has been extended to also include an examination part conducted by a nurse who is also a trained health visitor. The nurse assists in assessing the health and well-being condition of the child and is trained in establishing contact with the child during the examination. The nurse carries out a health questionnaire assessing the current state of the child's physical and mental health including questions on diet, sleep, pain, exercise, school satisfaction etc. (Spitz et al., 2022). In addition, a forensic odontologist examines the child's mouth, jaws, and teeth as part of the examination. The composition of the forensic medical team hence ensures a documentation of injuries or consequences of physical violence while at the same time detecting potential child neglect, physical health issues, or psychological distress that calls for further monitoring in the health care system. For further description of the forensic medical procedure see Spitz et al., 2022.

2.2 Design

To explore the research question, the current study employed a qualitative interview methodology. A qualitative approach was deemed particularly advantageous for the current study objective, given their ability to explore multifaceted views, practices, experiences, and beliefs of individuals (Gill et al., 2008).

2.3 Participants

The current study included 15 qualitative interviews with children ages 6–14 (males = 60%, n = 9, *mean* age: 9.67, *SD*: 2.57) who had undergone a forensic interview and a forensic medical examination during the project period (2020–2022) at the CAC Copenhagen due to suspected physical abuse committed by caregivers or other close contacts of the child. The study included 6 children ages 6–8 years, 5 children ages 9–11 years, and 4 children ages 12–14 years. Given the sensitive nature of the research, additional demographic information about the participants is not included.

2.4 Procedure

Children of all genders who had undergone a forensic interview and forensic medical examination at CAC Copenhagen during the project were eligible to participate in the study. Study information leaflets for children and caregivers were provided to caregivers by the time the family visited the CAC for further assessment following the forensic interview and forensic medical examination. At the following session the researcher (first author) followed up on the invitation to clarify if the child was willing to participate and if parental informed consent for participation and dissemination of the study results could be obtained. Consent forms and information leaflets were revised by a legal professional. The child interviews were conducted in the CAC Copenhagen by the first author. Caregivers were not present during the interview. The interviews were audio-recorded and transcribed ad verbatim. The duration of the interviews varied between 15–40 min. For the current study, a semi-structured interview guide covering two overall topics was created: 'forensic interview' and 'forensic medical examination'. Each of these topics included different types of sub-questions concerning the child's experiences of the professionals (i.e., medical personnel and police), the localities, positive and negative aspects of the procedures, good advice for the professionals etc. but with a flexible structure to allow the child to bring up topics and perspectives of its own (Överlien, 2016). Two external researchers with experience in research targeting trauma-exposed populations provided feedback on the current study design.

Special methodological considerations are warranted when conducting research with children given their developmental stage. Drawing on existing research practices, different visual and creative resources were integrated into the interview guide (Fane et al., 2018; Kellett, 2011). In particular, emoticons and photos of the CAC rooms were used to assist and support children in voicing their experiences. The use of emoticons was not performed in isolation but were used as a starting point or cue for children to describe their experiences. See Spitz et al., 2022 for the use of emoticons. The interview guide was applied across different age stages and adapted to the specific child and situation. For example, older children were invited directly to present 'good advice' for future practice at the CAC whereas the term'good advice' was operationalized and explained to the younger children as part of the interviews or the question was skipped if a child did not seem familiar with the term or the task of providing 'good advice".

During the first two interviews, the interview guide was piloted to test the structure of the questions and to explore if the questions were understandable to the children, and the interview guide was revised accordingly.

The children who participated in the study received a 7-dollar gift card following the interview to recognize the extra time spent at the CAC for participating in an interview. Children and caregivers were not informed about the gift card prior to the interview.

2.5 Ethics

As children who visit CACs due to suspected child abuse committed by parents or other close relatives are in a vulnerable position, ethical considerations are critical when designing an interview study. To this end, the present interview study design was guided by the Ethical Research Involving Children (ERIC) approach as presented by UNICEF (Graham et al., 2013). This for example involved that support services for children and families were in place within the CAC context in case participants needed support following the participation in the research study. Additionally, all necessary legal approvals according to Danish legislation were granted for conducting the present study. This included that consent was obtained from both parents in cases of shared custody.

A central dilemma when involving children in research projects is balancing the child's right to express its own views with the child's right to be protected (Holt, 2011; Rasmusson, 2011). Based on existing research practices and recommendations, the recruitment of children for interviews in the current study was conducted in collaboration with the psychologists and social workers carrying out the assessment sessions with children and caregivers at the CAC (Børnerådet, 2016; Jackson et al., 2004; Olsson & Kläfverud, 2017). More specifically, the employees assisted in an initial assessment to decide if the participation in an interview could compromise the well-being of the specific child.

Another important issue when involving children in research is the asymmetrical relationship between the child and the interviewer in terms of power dynamics (Hunleth, 2011). To address this issue, interview questions were formulated in a manner to reduce the sense of a 'test setting' and confrontational test-like questions, i.e., 'why' questions as these types of questions may impose a sense of 'right' and 'wrong' answer which could result in the child not answering the question (Ponizovsky-Bergelson et al., 2019; Solberg, 2014). The interviews were conducted by a professional (the first author) with experience in interviewing children in a vulnerable position. The interview setting was characterized by a flexible frame with the possibility of taking a break from the interview and drawing activities as part of the interview. At first, the child was introduced to the interview themes and assured that there were no correct or incorrect answers. It was also specified to the child that the interview would not concern aspects related to the criminal investigation conducted by the police or forensic medical personnel but focused on the child's own experience of the forensic interview and examination. Furthermore, the child was informed that it was okay to skip questions and terminate the interview at any time. The child was also introduced to the audio recorder and its purpose. During the interview special

attention was also given to the 'non-verbal cues' of the child (Kutrovátz, 2017). to assess if the child appeared comfortable and participating during the interview. In a few cases certain questions were skipped due to the mimic and body language of the children during the interview or because the children themselves expressed a request to skip a question.

2.6 Analytical Strategy

Thematic analysis (TA) was applied to analyze the interview materials. TA was chosen since it provides a clear yet flexible method to understanding various aspects of a research topic by identifying, organizing, analyzing, and reporting patterns of meanings (themes) across data materials (Braun & Clarke, 2006, 2012; Vaismoradi et al., 2013). The six phases of analysis outlined by Braun and Clarke (2006) were utilized in the present study. The analysis began by reading and re-reading the interview transcripts including informal notetaking. Next, formal coding began (phase 2) where transcripts were coded from beginning to end. Since the present study was inductive (data-driven), codes emerged from the data rather than from specific, pre-selected theories or frameworks. When all data had been coded, we started phase 3, i.e., searching for themes conceptualized as an entity that captures something in the data that is important and meaningful in relation to a specific research focus and interest (Braun & Clarke, 2006, 2012) followed by the process of reviewing themes where the themes were re-checked in terms of how they worked in relation to the extracted codes. Following this, two final steps consisting of defining and naming themes and writing up were conducted. Here, quotes and examples were extracted from the interview materials to support and illustrate the themes. Data was pseudonymized during transcription, meaning that each participant was given an alias and directly identifiable information from interviews slightly altered or left out of the transcript.

3 Results

The results are divided as follows. Firstly, two sections on the children's general experiences of the forensic interview and forensic medical examinations are presented respectively to form a background for the themes. Secondly, five themes derived from the TA across the interview materials are outlined.

3.1 Children's experiences of the forensic interview conducted by the police – "*They told me there were two cameras and a microphone so that the ones watching the interview could see and hear it, and if they didn't record you would have to tell it many times*"

Across the interviews, children articulated different experiences of being interviewed by the police. Some children described how they found it 'boring', 'unpleasant', 'strange' or 'scary' talking to the police whereas others described it in more neutral or positive terms as 'neither god or bad', 'normal' or even 'cool' and 'exciting'.

Across the interviews, children also described how being interviewed by the police could cause worry and concerns about the consequences of the interviews for the child, parents, and the family as a whole. As Leon (age 9–11) outlines: "*I felt really bad because I didn't know what would happen to my dad*".

In the interviews, children typically described the police personnel as being nice and kind and the attitude of the police was often highlighted as a positive aspect of being interviewed as exemplified by Marvin (age12-14): "*The good thing was that the police were nice".* A few children however experienced that the police approached them in an uptight and adult-like manner causing feelings of stress in the interview situation.

The interviews also demonstrated diverse experiences of the technical devices in the interview room (microphone and camera). Some children barely noticed the cameras and microphone during the forensic interview whereas others were negatively affected by the technical devices since they were causing stress and nervousness in the interview situation hindering the child's ability to concentrate. This is exemplified by Lila (age 6–8): *"I didn't like the camera and the microphone. Because it feels like someone is kind of checking what you are telling, and I would rather tell it when no one is watching and recording it".*

Other children however highlighted the technical equipment as a positive and fun feature of the interview situation as exemplified by Ryan (age 6–8): *"It was fun to see if the green light on the camera was on".*

3.2 Children's experiences of the forensic medical examination – "*They asked me some questions and then I was physically examined (…) The questions were something like: How much candy do you eat and how much do you exercise*"

As was the case in terms of the forensic interview, children presented different experiences of being forensically medically examined. Children generally described the examination part conducted by the forensic nurse (health questions concerning nutrition, sleep, exercise etc.) as a particular positive feature of the forensic medical examination whereas the evaluations of the physical and dental examination appeared more diverse. Overall, children described the physical examination of the body as 'weird', 'strange', or 'awkward', which was typically linked to the act of undressing as part of the examination as well as having the more intimate parts of the body inspected and photographed. This tendency is exemplified by Ryan (age 6–8): *"It was a little weird to be examined by the doctor because I was like 'where is the doctor going to look and will it involve the intimate parts?'. That was a little strange".* A similar experience was expressed by Bella (age 6–8): *"I got a little shy when I met the doctors* [medical personnel]*".*

Across the interviews several positive aspects of undergoing a forensic medical examination were also outlined. Positive aspects for example included telling the professionals how you feel and receiving information about one's health, as exemplified by Scott (age 9–11): "*The good thing was to discover that I am healthy and that only a few things concerning my body needs further examination".*

As the quote demonstrates, children also outlined how the examination would make them aware of their health condition and in some cases additionally uncover

issues that pointed to further medical specialist assessment, which was also highlighted as a positive output of the examination.

As was the case in terms of the forensic interview, the attitude of the professionals also affected the children's experiences as exemplified by Jonas (age 12–14): "*I like that they [forensic medical personnel] were nice and that they asked me 'how are you', like they said it in a really nice way. They talk to you in a nice way and not in a harsh way".*

3.3 Theme 1: Localities and surroundings of the CAC – "*We played some games in the waiting room and had a nice time, and I got a lot of blackberry juice, and it was tasty*"

A theme identified across the interviews concerned the children commenting on the surroundings and the localities of the CAC, such as the kitchen and the waiting rooms. Across the interviews these localities were highlighted as positive features of undergoing an interview and examination.

Children described how they found it enjoyable in the waiting room playing board games with the police prior to the interview or engaging in other activities such as playing PlayStation or simply relaxing. When reflecting upon the positive aspects of undergoing a forensic interview Sarah for example explained (age 6–8): *"I got to play a board game with the police, and it was really fun".*

Other children, such as Benjamin, also mentioned the waiting room as a positive aspect of the forensic interview procedure (age 9–11): *"We had a nice time in the waiting room and played different kinds of board games".*

In particular, children also emphasized how they enjoyed the refreshments that were available to them (e.g., juice, fruits, and muesli bars) when describing their experience of undergoing an interview and an examination as exemplified by Jonas (age 12–14):

> "*One of the things I find really nice is that you are offered something to drink and that you can grab a snack (…) you don't have to wait until afterwards or go and buy it or wait until you get home. It was really nice that you could just take whatever you wanted".*

3.4 Theme 2: Relational and communicative work of the professionals—"*It was nice that they [the medical professionals] weren't in a rush, that they were taking it slow and weren't angry*"

Another theme identified across the interviews concerned the communication and interaction with the professionals during the interview and examination procedures. In the interviews, children illustrated different types of positive inter-relational actions performed by the professionals such as listening carefully to the child, taking the child seriously, slowing down during the interview or the examination if the child appeared scared, adjusting the pace to the reactions of the child, and speaking in a nice and calm way.

The children also pointed to the importance of the medical personnel being capable of sensing and respecting if the child felt unsafe during the physical body examination and the act of photographing the body. Lila for example describes how she felt that the personnel respected her personal boundaries (age 6–8): "*I liked how nice they were and if there were parts of my body I didn't want to get examined, it was okay".*

Children also expressed how certain actions performed by the professionals such as 'seeing' and 'listening carefully' to the child were valued as these types of actions would indicate that the professionals were aware of the well-being of the child during the procedures as outlined by Caroline (age 12–14):

> *"I like how calm the police were and how they listened to me (...) I could tell that when I was saying something they really looked at me and was like 'yes, and how did you feel about that'. I think that it was really nice that they were thinking about how I felt".*

A similar experience was articulated by Marvin (age 12–14) when describing how the police sensed his nervousness during the interview and subsequently tried to calm him: "*The police was very nice. The police asked me about really personal stuff and I was a little scared and they sensed it and tried to calm me and said that they would not put me in jail".*

Some children also described a special type of communicative practice performed by the police as part of the forensic interview in which the child and the police (in the monitor room) could communicate through a green flashlight on the camera. This activity was described as a positive and fun activity as exemplified by Kim (age 9–11) who highlighted the police officer and their communication activity as particularly positive aspects of the forensic interview*:*

> "*I was talking to one police and then another person from the police was writing down the questions that they were going to ask me. (...) and then for us to know that the second police person was present in the monitor room they used the little light to flash so you could talk to them or communicate with them. I asked the police how many years they had been working here (...) and they clicked many times. Then I said, 'click one times if it is true and two times if it is false'. So that little flash [on the camera] can communicate".*

3.5 Theme 3: Ambivalent experiences—*"I could finally tell it all. But I was also afraid to tell it. It is the police after all"*

Across the interviews, an element of ambivalence appeared in the narratives of the children when outlining their experiences of the forensic interview and the forensic medical examination. When describing the procedure at the CAC, the children typically distinguished between the *person* and the *action,* i.e., describing the professional (e.g., police) as being nice and kind while at the same time depicting their interview task as unpleasant.

An aspect of ambivalence was also present when the children described the different types of questions being asked during the examination and interview. While in general the children described the police in positive terms, the personal questions asked by the police concerning the child's family life were typically considered unpleasant as expressed by Ryan (age 6–8): "*I didn't like to be asked by the police how things are at home. What is my dad's partner like? Good? Bad? Nice? Stuff like that".*

Another type of question mentioned by the children were the questions phrased by the nurse during the forensic medical examination. Contrary to the questions asked by the police, these health-related questions were generally highlighted as positive types of questions and as an appreciated element. As opposed to the questions phrased by the police, these questions were positively perceived by the children as 'normal', 'simple' 'everyday like' and 'non-extreme' types of questions as voiced by Scott (age 9–11): *"It felt very normal talking to the nurse. It was just some simple questions".*

The element of ambivalence also appeared as several children described a sense of relief when being interviewed by the police while at the same time fearing the consequences of the interview as outlined in the interview with Ryan (age 6–8):

> "*It was exciting to meet the police but the same time I became sad and was thinking about if my parent was going to jail. I didn't want that. It wasn't nice talking about these things that have happened in real life really but at the same time it was nice to get it all out*".

The element of ambivalence also appeared in the some of the children's descriptions of the forensic medical examinations as demonstrated in the quote of Caroline (age 12–14): *"I think it was okay because they were checking me for my own sake. But at the same time, it was also a little unpleasant that someone was looking at my body and taking pictures of it".*

3.6 Theme 4: Need of information and overview—"*They told me that the interview was being recorded and could be used in court*"

When stating their experience of the forensic interview, some children described how they were thoroughly informed about the interview procedure including the cameras and microphone as well as the purpose of the interview before entering the interview room. Some children also highlighted that the professionals at the examination and interview (police and medical personnel) introduced themselves to the children before the procedures as outlined by Samantha (age 12–14):" *They [the professionals] should keep introducing themselves and tell you who they are and what they do (...) So that you get an overview and idea about who you are talking to*".

Across the interviews, children emphasized these types of introductions and informing practices as positive elements of the interview and examination as further described by Caroline (age 12–14): "*The good thing was that the police told me what was going to happen and that it would be videorecorded so that I got an overview over where I was and what was going to happen".*

The interviews also demonstrate how a lack of information about the procedure could initiate insecurity in children as exemplified by Leon (age 9–11) who – at the time of the forensic interview—was not aware that his father was going to watch the videorecording of the interview:

> "*Someone told me that they [the professionals] had watched us while the interview was recorded. But they didn't tell me that my dad was going to see the video. I wish they had told me".*

3.7 Theme 5: Missing out on everyday life – "*The bad thing was that I didn't get to see my friends in school that day and that it took forever*"

When describing some of the negative aspects of undergoing a forensic interview and forensic medical examination, several children outlined how spending time at the CAC would compromise enjoyable activities in the life of the child such as certain classes at school, sports activities, leisure time, and being with friends. This tendency was for example expressed by Kim (age 9–11) who overall found it boring being interviewed and examined and linked this to the experience of missing out on a treasured school activity: " *It was boring (…) What was bad about it was that I was supposed to go the school that day and I would have really liked to go to school that day because we had sport lessons and I love doing sports".*

Similarly, Evan (age 9–11) described how he was reluctant to several procedures at the CAC including the interview and the examination as the sessions at the CAC compromised well-liked everyday activities such as going to school and being with friends: "*I am not up for any of this. I just want to go to school and be with my friends. All of this is boring".*

This theme thus indicates that the negative aspects of undergoing a forensic interview and forensic medical examination are not necessarily linked or limited to features of the actual examination and interview situation but can also be related to the broader circumstances of the everyday life of child and how going to the CAC compromise the everyday life activities of the child.

4 Discussion

The current study aimed at investigating how children experience undergoing a forensic interview and a forensic medical examination within a Danish CAC context. Interviews with 15 children ages 6–14 were analyzed using TA. The interview materials indicated different overall individual experiences of the forensic interview and forensic medical examination; however, five themes were identified across the interviews.

Children presented diverse experiences of both the forensic interview and the forensic medical examination. In terms of the forensic interview, some children described how they experienced fear of the consequences of being interviewed by the police regarding themselves, their caregivers, and the family as a whole. Chil-

dren also presented diverging experiences of the technical equipment used as part of the forensic interview. Some of the children found the devices scary and unpleasant whereas other perceived them as fun and communicative artefacts.

In terms of the forensic medical examination, children typically explained how the practice of undressing and getting their body photographed was strange and awkward, whereas the health questionnaire was generally perceived as more positive. These experiences were articulated across different age stages. Several other qualitative studies on forensic examinations have however reported on the personal and intrusive nature of forensic examinations across age groups (e.g., Bach et al., 2022). Still, interviews demonstrated how children repeatedly described professionals (police and medical personnel) as being nice and kind, which was often highlighted as a positive aspect of visiting the CAC. This finding underlines the important role of caring CAC professionals in terms of securing a positive experience of visiting a CAC (Børnerådet, 2016; Rasmusson, 2011; Stefansen et al., 2012).

The first theme concerned the localities and surroundings of the CAC. When describing positive aspects of being interviewed and examined several children mentioned the localities *outside* the actual interview and examination rooms such as the waiting rooms and the kitchen. Children described how they played board games with the police and had a nice time in the waiting room before being examined and interviewed. Children also highlighted the refreshment provided to them in the kitchen as a positive feature of the interview and examination procedures. The importance of the physical environment and localities articulated by the children in the present study align with findings from extant Nordic research suggesting that the physical and material environment of a CAC are crucial in terms of creating a child-friendly atmosphere and that refreshments represent a significant form of caring for the children and families (Børnerådet, 2016; Kaldal et al., 2010; Davies, 2006; Rasmusson, 2011; Stefansen et al., 2012). This theme thus points to the importance of considering the entire CAC milieu when delivering services to children in a CAC since findings indicate that positive aspects of an experience may exceed actions in the specific rooms of interest such as the medical examination room to also include the broader milieu of the CAC and the time spend in between the forensic procedures.

The second theme concerned the relational and communicative work and skills of the forensic professionals. Children described how they valued different types of interpersonal skills and actions performed by the professionals in relation to the interview and examination such as the professionals listening carefully to the child, seeing the child, being calm, adjusting the procedure in accordance with the reactions of the child, speaking in a nice and calm manner, asking the child how they feel, slowing down, and respecting the personal boundaries of the child etc. Several children described these communicative and inter-relational aspects as particularly positive elements of the examination and interview procedure. The importance of relational and interpersonal skills in the medical and police work domains is also reflected in existing literature (Davies, 2019; Magen & Delisser, 2017) and is considered particularly crucial when working with populations exposed to trauma (Magen & Delisser, 2017). These types of skills thus include the more tangible aspects of communication such as the ability to listen, inquire sensitivity showing empathy as well as the working with the timing and the tone of questions (Davies, 2019; Dyche,

2007; Magen & Delisser, 2017). Strong relational, interpersonal, and communicative skills of professionals engaging in police and medical work have shown to foster and build trust, convey genuineness, improve the quality of care, and facilitate further assessment and treatment of affected individuals (Davies, 2019; Magen & DeLisser, 2017). Across the interviews, children exemplified how differing types of relational and communicative performances such as speaking in a serious, strict, and uptight manner may generate discomfort and nervousness in the child negatively impacting the process of answering questions.

Some children highlighted the cameras as a positive feature of the forensic interview (Theme 2 continued) and explained how they were able to communicate with the police through the camera. In these narratives, the cameras were perceived as a fun and communicative artifact, while other children in the current study and in existing evidence present negative perceptions of the technical equipment creating nervousness, insecurity, and discomfort during the forensic interview situation (Børnerådet, 2016; Forandringsfabrikken, 2019; Rasmusson, 2011). This finding on the more positive perception of the technical devices suggests that the experience may also be linked to relational skills of the professional. When employed in certain ways by the professionals, the technical remedies may function as a positive tool for communication and as means for reducing the feeling of discomfort and distance between the child and the professionals during the forensic interview. More data is however warranted to support the hypothesis. Additionally, the positive perception of the technical devices was typically articulated by younger children ages 11 or below and may therefore represent a more age specific tendency.

Furthermore, the results of the current study indicate that children found it particularly positive when professionals were explicitly considering the well-being of child during the procedures and paying attention to the reactions of the child along the way. These findings shed light onto an interesting and more general dilemma within the professional CAC work namely the balance of performing child-friendly justice by gathering objective evidence for the criminal case, while at the same time caring for and focusing on the well-being of the child (Friðriksdóttir & Haugen, 2017).

The third theme on ambivalence concerned a sense of relief in terms of 'getting it all out' when talking to the police presented by several children but at the same fearing the consequences of the forensic interview. The aspect of ambivalence is also described in other Nordic studies outlining how children experience forensic interviews as a positive yet tough procedure (Bakketeig et al., 2021; Stefansen et al., 2012; Stefansen, 2017; Onsjö et al., 2022). The aspect of ambivalence was also reflected in the distinction between the *persons* (the professionals) typically perceived as being nice and kind by the children and their *actions* (taking photos of the body, asking questions about the child's family, etc.) typically experienced as awkward or unpleasant—a finding also presented elsewhere in the existing Nordic literature (Kaldal et al., 2010). The aspects of ambivalence also appeared in the children's description of the different *types* of questions being asked as part of the interview and examination. Children repeatedly indicated that answering questions regarding their health situation during the forensic medical examination including questions on sleep, nutrition, exercise etc. was a positive experience, since these types of questions were considered everyday-like, normal, non-extreme, and less personal as opposed

to answering personal questions regarding the family life that characterize the forensic interview. Several children also described how being informed about additional health and dental issues that called for further assessment constituted a positive feature of the examination procedure. This theme points the importance of the health questionnaire conducted as part of the forensic medical examination as seen from the perspective of the children. The voices of the children indicated that the health questionnaire is not merely relevant and useful from a professional medical point of view in terms of detecting health issues and traces of neglect but also constitutes highly valued element by several children. These findings suggest that the examination part conducted by the nurse in the forensic medical examination combined with results from the physical examination represent positive 'transactional' elements by which children are not just supplying professionals with informative material but also themselves receive useful information and follow up. The health questionnaire conducted by the nurse as part of forensic medical examination alongside the playful activities in the waiting rooms can thus be perceived as elements representing a sense of child agency (Stefansen, 2017) and 'normality' within an 'extreme' situation in the CAC setting in which children are engaging in unfamiliar activities of having their body parts photographed and being asked personal questions about their family life.

The fourth theme on information and overview highlighted the importance of being informed about the procedures in the CAC. This is in line with existing Nordic research, indicating that a positive experience of visiting a CAC is typically contingent on establishing a sense of security, autonomy, and safety by being informed about the procedures and options at the center (Forandringsfabrikken, 2019; Stefansen et al., 2012). This theme further illustrated that children value information -not only regarding the procedures—but also value an introduction to the professionals conducting the interview and the examination.

Finally, the fifth theme concerned the feeling of missing out on everyday life. This theme illustrated that positive and negative experiences in a CAC are also influenced by general aspects in the life of the child, such as an experience of missing out on well-liked daily activities as a consequence of going to the CAC. This points to the importance of understanding the concept of 'well-being' more broadly as something that is not merely supported through specific communicational and relational actions during the actual examination and interview but as a more multifaceted phenomenon that also encompasses the broader life of the child beyond the CAC setting. These findings point to the importance of considering how spending time at the CAC are impacting on the everyday life of the child and the aspects that matter to the child.

Based on the findings of the current study, we have formulated a set of recommendations for future practice when conducting forensic procedures in a CAC setting:

1. **Pay special attention to the physical and material environment of CACs** to facilitate a caring, child-friendly atmosphere**.** Several children highlighted that positive experiences of undergoing forensic CAC procedures include the broader milieu of the CACs, such as waiting rooms, refreshments, and time spent in between forensic procedures.
2. **Cultivate the relational and communicative skills of CAC professionals** to facilitate positive experiences for children visiting a CAC and support their

well-being in an extreme situation. Children identified different types of valued interpersonal skills and actions of forensic professionals such as listening to the child, being calm, adjusting procedures to the reactions of the child, and respecting personal boundaries of the child.

3. **Inform children about the procedures of the CAC.** Children highlighted how being informed about the CAC processes creates a sense of safety and autonomy. This could include an overview of the forensic procedures and the different forensic localities, a thorough explanation of the purpose and usage of the examinations, interviews, and recordings, and an introduction to each forensic professional.
4. **Integrate practices into the forensic examination that children can benefit from like a health survey.** Investing in children's health is important in its own right and several children experienced the health survey conducted by the forensic nurse, combined with results from the examination, as positive. The health survey and the communication regarding the findings represent a 'transactional' element of the physical examination procedure by which children are not merely supplying CAC professionals with information but also receiving useful information and follow up on their health condition.

The current study is not without limitations. First, the group of children who served as informants in the study is characterized by a large age span (6–14 years) which implied different levels of details in the descriptions of the interview and examination as well as varying cognitive capacity regarding remembering and reflecting upon the procedures. In addition, age and gender may have influenced children's experiences. Future research should investigate the relationship between children's gender and developmental stage and the specific experiences of forensic interviews and examinations. Second, the interviews were solely conducted with children who came back to the CAC for further assessment and were typically carried out one month after the interview and examination or later due to the practical issue of referral time and since families had to be informed about the study and provide informed consent prior to the interview. These circumstances might also have affected some children's ability to recall and describe the procedures. In general, however, children represented detailed narratives and the interview materials implied that undergoing an interview and an examination had made a significant impression on the children. Third, in accordance with existing practice when conducting research within a CAC setting, the CAC staff were involved in the recruitment of children for interviews to ensure that involvement in the study would not compromise the well-being of the specific child. This procedure may, however, introduce bias into the recruitment process as certain families and children were never invited to participate in the present study. Fourth, the current study focused on certain parts of a CAC proceeding, and thus there remains a need to investigate CAC procedures from an even more holistically-oriented approach beyond the justice-oriented activities (forensic interviews and medical examinations) to also include the more treatment-oriented activities, i.e., children's experiences of psychological assessment sessions at the CAC. Also, as per the project focus, the current study solely included cases of child physical abuse and did not cover children's experiences of forensic interviews and forensic

medical examinations in cases of child sexual abuse or other types of child maltreatment. Finally, the translation of quotes from the children from Danish to English may have slightly affected the expressions of the children and led to smaller amendments. However, the overall meaning of the quotes has been preserved.

5 Conclusion

Whereas most studies documenting the impact and effectiveness of CACs has focused on criminal justice or organizational outcomes, the current study investigated the children's own experiences of the criminal investigation parts of the CAC procedure. A core element of the CAC model is the child-centered approach to child abuse. If services ought to be truly child-centered, children's own experiences and perspectives should however be systematically documented alongside organizational and justice-oriented evaluations. Integrating the voices and experiences of children ensures that CAC services are child-focused and are considering the situation and needs of the affected children. More specifically voices from children can contribute to deepening the understanding of the complexity of a child-centered approach when working with child abuse (Rasmusson, 2011). The findings of the current study add to existing evidence by suggesting that the physical and material environment of a CAC and information about the procedures are core elements in the establishment of positive encounters with the CAC for the children. The findings furthermore point to the importance of strong relational and communicative skills of professionals working in the CAC context and suggest that a health questionnaires conducted as part of the forensic medical examination is important in terms of representing a non-extreme and everyday-like part of the CAC procedure. In addition to fulfilling the professional requirement of documenting neglect and health issues the questionnaire part also represents an important 'transactional element' that is highly valued by several children in the current study. This study also sheds light onto how negative experiences of visiting a CAC are not necessarily or merely linked to the actual interview and examination procedure as the current study illustrates how negative experiences can also be a result of missing out on valued everyday activities in the life of the child. These different positive and negative aspects– as presented by the children themselves—should be considered when planning CAC visits to support the well-being of the child. Future research is warranted to shed light onto children's experience of all CAC procedures beyond the forensic procedures.

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Data Availability Data can't be shared due to the sensitive nature of the materials.

Declarations

Procedure and Ethics The present study was guided by the Ethical Research Involving Children (ERIC) approach as presented by UNICEF (Graham et al., 2013). This for example involved that support services for children and families were in place within the CAC context in case participants needed support following the participation in the research study. Additionally, all necessary legal approvals according to Danish legislation were granted for conducting the present study. This included that consent was obtained from both parents in cases of shared custody. Consent forms and information leaflets were revised by a legal professional. Two external researchers with experience in research targeting trauma-exposed populations provided feedback on the current study design.

Competing Interests The authors have no competing interests to declare that are relevant to the content of this article.

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