

# European Crime Prevention Award (ECPA) Annex I

Approved by the EUCPN Management Board in 2018

Please complete the template in English in compliance with the ECPA criteria contained in the Rules and procedures for awarding and presenting the European Crime Prevention Award (Par.2 §3).

## General information

1. Please specify your country.

Denmark

2. Is this your country's ECPA entry or an additional project?

This is an official ECPA entry from Denmark

3. What is the title of the project?

Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence

4. Who is responsible for the project? Contact details.

Department of Forensic Medicine, University of Copenhagen

5. Start date of the project (dd/mm/yyyy)? Is the project still running (Yes/No)? If not, please provide the end date of the project.

01.04.2020 – 30.06.2022

6. Where can we find more information about the project? Please provide links to the project's website or online reports or publications (preferably in English).

[Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence – University of Copenhagen \(ku.dk\)](#)

[Systematisk retsmedicinsk screening af børn ved mistanke om vold – Københavns Universitet \(ku.dk\)](#)

On the website you can also find:

- Presentation video of the project (4 min.)
- Evaluation video of the project (4 min.)

- Status and evaluation report in Danish and English
- Abstracts of two ongoing PhD projects

7. Please give a **one page** description of the project (**Max. 600 words**)

**A new co-creation project**

In 2020, a cross-sectoral project was established at the Danish Children's Centre (DCC) in Copenhagen with a focus on systematization and standardization of forensic medical examinations of children in cases of suspected physical violence committed by caregivers. This cross-sectoral project has implemented a new procedure ensuring that all children from the capital area of Copenhagen have been offered a forensic medical examination following the video-recorded investigative interview. This means the no preliminary selection of cases are conducted once the case has been police reported and the video-interview has been decided. Firstly, the examination secures that objective medical evidence is systematically documented alongside the child's verbal description of abuse and secondly that the child's general health status is screened.

**The multidisciplinary team**

A special feature of this new Danish screening procedure is the multidisciplinary team performing the physical examinations of the children. The team include a forensic medical doctor, nurse, and dentist. The physical examination ensures an objective assessment of potential physical injuries which has shown to provide the most legally solid outcomes. In addition, the team facilitates a detection of possible health issues, and signs of neglect.

**Findings**

In the 205 examined children more than 25 % had signs of violence indicating non-traumatic origin and another 25 % had healthcare-problems, that needed follow-up. It is the clear opinion of the police that the forensic medical screening has assisted the police in identifying cases that otherwise would probably not have been investigated further.

We have proven that the forensic medical screening helps to clarify the police's decisions in that the legal assessment is not solely based on the child's explanation but is also substantiated by the results of the forensic medical examination. In addition, the forensic medical screening also helps to strengthen both the work of the Children's Centre and the decisions made by the local authorities in the social case. Our experience is combining a forensic medical team with an expanded forensic medical examination of the child helps ensure that a qualified assessment can be obtained at a single examination, to the benefit of the child's case in the criminal justice, social and health care systems. We can conclude that it is possible to conduct the setup described, with a video interview followed by a forensic medical screening of the child, in a manner that is gentle and reasonable for the child and that optimises the cross-sectoral collaboration regarding the children.

**Implications**

The new procedure at the DCC has several implications; a) all children are systematically examined in support of the legal rights of the child, b) the multidisciplinary team ensures that various aspects of child health and well-being are addressed within one examination and that referral to additional health care professionals is initiated timely, c) the examination is carried out within a child-friendly setting, the DCC.

This project enlightens a set of best-practice guidelines for future cross-sectoral work procedures in cases of child abuse.

**I. The project shall focus on prevention and/or reduction of everyday crime and fear of crime within the theme.**

8. Which **crime prevention/ reduction mechanisms** were used in this project to contribute to crime prevention and/or the reduction of crime or the fear of crime? Multiple answers are possible.

**Establishing and maintaining normative barriers to committing criminal acts**

e.g. 'Offenders, we are watching you' campaigns

**Reducing recruitment** to criminal social environments and activities by eliminating or reducing the social and individual causes and processes that lead to criminality

e.g. social and financial support for disadvantaged families

**Deterring** potential perpetrators from committing crimes through the threat of punishment

e.g. decreasing the time between arrest and punishment

**Disrupting** criminal acts by stopping them before they are carried out  
e.g. increasing police patrols in vulnerable areas

**Protecting vulnerable targets** by reducing opportunities and make it more demanding to carry out criminal acts

e.g. placing locks and cameras

**Reducing the harmful consequences** of criminal acts

e.g. initiatives to recover stolen goods

**Reducing the rewards** from criminal acts

e.g. restorative justice programmes

**Incapacitating** (or neutralising) perpetrators by denying them the ability (capacity) to carry out new criminal acts

e.g. imprisonment of key gang members

**Encouraging** desistance from crime and rehabilitating former offenders so they are able to settle back into a normal life

e.g. prison rehabilitation programs

Explain how this/these crime prevention mechanisms were used ((**Max. 300 words**))

Via systematic forensic medical examinations of children suspected of being victims of physical abuse we have proven that the forensic medical screening brings forward documented signs of bodily harm which is a major support to the child's explanation in the video interview.

The systematic forensic medical screening secures the handling of victimised children equal to the handling of adult victims of violence. The described set-up secures that the abuse and the consequences hereof most likely will be discovered at an earlier stage than it would have been without the systematic forensic examination. The preventive issues are stopping the abuse and supporting the child. Both the victim and the perpetrator (in this project the

suspects are all parents or other family members) can get help to prevent further abuse.

Systematic forensic examination of all children suspected of being victims of physical abuse will contribute to 1) establishment of normative barriers for the perpetrators, 2) signalling that child abuse is unacceptable 3) diminishment of healthcare consequences.

**II. The project shall have been evaluated and have achieved most or all of its objectives.** For more information on evaluation, click [here](#)

9. What were the reasons for setting up the project? Was this context analysed before the project was initiated and in what way (How, and by whom? Which data were used)? In what way did this analysis inform the set-up of the project? (**Max. 150 words**)

Physical violence against children is a criminal act in Denmark. Despite this, 20% of children experience domestic violence. There are no standardized guidelines ensuring a medical examination when physical abuse is suspected. Only around 3% of children who are part of a Children's Centre process due to abuse, are physically examined. These alarming numbers has given rise to this project. We have reached the objectives by proving that the forensic medical screening brings forward documented signs of bodily harm, that the examination is a major support to the child's explanation in the video interview. With this project we signal that child abuse is unacceptable and foresee healthcare consequences can be diminished. We believe that the child, the police, the local authorities benefit from our results and that the evaluation and description of the intervention is useful for guiding the implementation nationally and for advising on policy directions.

10. What were the objective(s) of the project? Please, if applicable, distinguish between main and secondary objectives. (**Max. 150 words**)

**The main objective** of the project was to test an intervention in the existing practice. The intervention was systematically to offer a standardised forensic medical examination in all cases of violence against children reported to the police in the Copenhagen Police District, following the video-recorded interview in the Children's Centre for the Capital Region.

**Intermediate objectives** has been to strengthen the due process protection of children by documenting any physical injuries resulting from violence and, on a qualified basis, optimizing their continued processing in the legal, health care and social systems and also to detect any physical and/or psychological stresses in the children in a timely manner. We have also collected experiences and knowledge that can help in developing better practice for children subjected to violence, both at local, national and international level.

11. Has there been a process evaluation?<sup>1</sup> Who conducted the evaluation (internally or externally?) and what were the main results? Which indicators were used to measure the process? Did you make changes accordingly? **(max. 300 words)**

The project has been evaluated both internally and externally. The implementation evaluation, or monitoring has been documented by the vivid changes in the practical performance of the project in the pilot period (January -April 2020). The goal was to reach a setup with a minimum of time consumption due to the many different sectors involved and not least with regards to the child and keeping the child in focus of the processes. The participant in the study has performed the evaluation based on competences within management and organisation, sociology, anthropology, and psychology. Children, and representatives from every sector has been interviewed for qualitative analyses – and the examined children have given feed-back continuously. Their advice to the professionals has been incorporated accordingly. The external evaluation has been conducted by an advisory board on regular advisory meetings. The advisory board were represented by highly estimated persons within the field of childcare and protection.

12. Has there been an outcome<sup>2</sup> or impact<sup>3</sup> evaluation? Who conducted the evaluation (internally or externally?), which data and evaluation method were used and what were the main results? Which indicators were used to measure the impact? **(Max. 300 words)**

The project has been internally evaluated, conducted by members from The Danish Children´s Centre for the Capital Region, Copenhagen Police and the Department of Forensic Medicine, Copenhagen University.

**Data and evaluation method:**

- Data from 205 forensic examined children

---

<sup>1</sup> **Process evaluation:** Also called *implementation evaluation*, or *monitoring*, this process documents **how the activities were implemented** in order to determine any deviations from the original planning. It facilitates finding explanations for when the results of the intervention are not as expected.

<sup>2</sup> **Outcome evaluation:** Measures the **direct effect** (i.e., extent of the changes) **of the intervention on the target group, population, or geographic area**. The information produced by the outcome evaluation determines at what level the **objectives were achieved**.

<sup>3</sup> **Impact evaluation:** Measures **long-term effects** of the intervention on the target group, as well as **indirect effects** on the broader community. The information produced by the impact evaluation determines at what level the **ultimate goals** of the intervention were achieved.

- Semi-structured interviews with managers and employees from involved parties (44 interviews)
- Qualitative child interviews (16 interviews)
- Smiley-evaluation (40 forensic examined children)

**Main results:**

The project has shown how a systematic forensic medical screening ensures that the requisite specialised documentation is provided, thus giving children equal status with adults in cases of suspected violence.

Our experience is that putting together a forensic medical team and expanding the forensic medical examination of the child helps ensure that a qualified assessment can be guaranteed at a single examination, to the benefit of the child's case in the criminal justice, social and health care systems:

- Signs of violence or health problems were found in half the children examined
- More than one-quarter of the children examined had signs of bodily harm
- More than one-quarter of the children examined required monitoring of their physical or mental health
- The forensic medical examination provides clarification to the police investigation
- In 15 % the Forensic screenings qualified the need of a full Forensic statement. This is a clear increase compared to the 2.3 % children, that in 2019 were examined due to a Children's Centre process on suspicion of both physical and sexual abuse, without prior medical qualification.
- The combination of a forensic medical examination and screening by a health care professional is of benefit to the child
- Children do not perceive the forensic medical examination and screening by a health care professional as a further assault.
- There must be greater focus on cross-sectoral coordination around the child

**III. The project shall, as far as possible, be innovative, involving new methods or new approaches.**

13. How is the project innovative in its methods and/or approaches? (**Max. 150 words**)

In Denmark this is the first study of its kind where all children suspected of having been subjected to violence systematically have been examined following a standardised procedure including forensic documentation standards and a screening for health problems. We believe that the project has created unique and new knowledge.

Furthermore, the project is co-created between 3 public sectors who has collaborated on improving the procedures for handling of child abuse in Denmark.

**IV. The project shall be based on cooperation between partners, where possible.**

14. Which partners or stakeholders were involved in the project and what was their involvement? (**Max. 200 words**)

The partners of the project are:

- Børnehus Hovedstaden / Danish Children´s Centre for the Capital Region (= Barnahus / Child Advocacy Centre)
- Copenhagen Police, Investigation Unit
- Department of Forensic Medicine, University of Copenhagen

The screenings took place at Børnehus Hovedstaden / Danish Children´s Centre for the Copenhagen Region where both the police, the forensic doctors and nurse performed their tasks in the project on a daily basis.

The project is innovative concerning the method and the approach by offering the examinations routinely and systematically and by adding up the examining team as a conjoined collaboration between health professionals and forensics. The most innovative has been the disclosure of the relevant results to the police and the local authorities for the purpose of decision-making and timely handling/child-care for the benefit of the child.

**V. The project shall be capable of replication in other Member States.**

15. How and by whom is the project funded? (**Max. 150 words**)

The project was funded by the Danish Victims Fund / Civilstyrelsen / Offerfonden, which is a public victims' foundation supported by the Danish State.

16. What were the costs of the project in terms of finances, material and human resources? (**Max. 150 words**)

The project received 2.5 mio. DKK (about 333.000 Euro) in funding from the Danish Victims Fund / Offerfonden. The funding-money was spent on wages for the project nurse and the project assistant + for upgrading the examination room with better lamps + other project-expenses.

Apart from that all other expenses were self-financed i.e., medical examination time and time spent by the police and the local authorities.

17. Has a cost-benefit analysis<sup>4</sup> been carried out? If so, describe the analysis, including how and by whom it was carried out and list the main findings of the analysis. (**Max. 150 words**)

No cost- benefit analysis has been made.

---

<sup>4</sup> **Cost-benefit analysis:** A type of economic evaluation that compares the direct and indirect cost of the resources employed in the intervention, with the equivalent economic value of the benefits.



18. Are there adjustments to be made to the project to ensure a successful replication in another Member State?

Only minor adjustments has to be made to ensure successful replication in another Member State – depending on the local organisation of handling child abuse.

19. How is the project relevant for other Member States? Please explain the European dimension of your project.

Therefore, the project is replicable in similar settings in other countries, i.e. in other Children´s Centres (Barnahus / Child Advocacy Centres) that become more and more common in Europe. It highlights the advantages of a multi-disciplinary team approach.

You can learn more about the Children´s Centre-concept / Barnahus-concept and it´s mission to spread to other European countries on the PROMISE website: [Home - Barnahus](#)

Please provide a short general description of the project (abstract for inclusion in the conference booklet – **max. 150 words**).

The Systematic Forensic Medical Screening of Children in Cases of Suspected Physical Violence is a cross-sectoral co-creation project that tested out an intervention in the existing practice over a period of two years (2020-2022). This cross- sectoral project has implemented a new procedure ensuring that all children from the capital area of Copenhagen have been offered a forensic medical examination following the video-recorded investigative interview. This means the no preliminary selection of cases are conducted once the case has been police reported and the video-interview has been decided. Firstly, the examination secures that objective medical evidence is systematically documented alongside the child´s verbal description of abuse and secondly that the child´s general health status is screened. The set-up secures that the abuse and the consequences hereof most likely will be timely discovered. The preventive issues are stopping the abuse, supporting the child and keeping the child in focus.