

Article

Development of Competencies in Professional Barnahus Teams in Spain: Evaluation of a Training Initiative

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ABSTRACT

Assessment of child sexual abuse requires highly qualified, multidisciplinary professional teams working in a coordinated manner. The Barnahus model responds to these needs and is beginning to be implemented in Spain. This study aims to present and evaluate the effectiveness of the STEPS training course, which includes two programs: one aimed at Barnahus professionals conducting interviews in the forensic context, and the other intended for professionals who carry out psychological interventions with victims. The results show that STEPS training increases the knowledge of professionals, although a significant increase is only observed in training for psychological intervention. The results are discussed and the practical implications are presented, highlighting the need to develop continuous training programs to ensure comprehensive and effective care for victims.

Desarrollo de Competencias en los Equipos Profesionales de las Barnahus en España: Evaluación de una Propuesta Formativa


RESUMEN

La evaluación de la violencia sexual contra la infancia requiere de equipos profesionales altamente cualificados que trabajen de manera coordinada e interdepartamental. El modelo Barnahus responde a estas necesidades y está comenzando a implementarse en España. Este estudio tiene como objetivo presentar y evaluar la efectividad de la propuesta formativa STEPS, que incluye dos programas: uno dirigido a los equipos profesionales de las Barnahus para la realización de entrevistas en el contexto forense, y otro para los profesionales que llevan a cabo la intervención psicológica con las víctimas. Los resultados muestran que la formación STEPS aumenta el conocimiento de los profesionales, aunque solo se observa un incremento significativo en la formación en intervención psicológica. Se discuten los resultados y se presentan las implicaciones prácticas, destacando la necesidad de desarrollar programas continuos de capacitación para asegurar una atención integral y efectiva a las víctimas.

Palabras clave

Evaluación formativa
Barnahus
Entrevista forense
Intervención clínica
Victimización sexual infantil

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In Spain, even today, many victims of child sexual abuse experience further revictimization when they come into contact with the justice system (Save the Children, 2023a). The characteristics of sexual victimization and the potential traumatic effects of an extensive and poorly adapted judicial procedure for children (Subijana & Echeburúa, 2018), added to the lack of knowledge in sexual violence and child assistance services of some professionals involved in these procedures (Tamarit et al., 2015), are detrimental to the victim, but also to the justice system where the rate of dismissal is extremely high in these cases (Save the Children, 2017).

The Barnahus model, which originated in Iceland in the late 1990s (Guðbrandsson, 1998), proposes a multidisciplinary and victim-centered intervention strategy that has proven to be an appropriate working perspective to assess and address cases of child sexual abuse, mitigating potential revictimization resulting from professional intervention (Greijer & Wenke, 2023; Rasmusson, 2011). This model emphasizes the need for a child-friendly physical environment and a highly qualified professional team working from an interdepartmental perspective.

The complexity of cases of child sexual abuse requires their assessment to be carried out from an approach that integrates multiple disciplines or areas of knowledge to evaluate the different indicators that the literature has related to this victimization (Pereda & Abad, 2013). This approach not only facilitates a comprehensive exploration, but also strengthens the professionals' perception of their own work performance and that of the other members of the multidisciplinary team (Young & Nelson-Gardell, 2018). At the same time, it increases the likelihood that these cases will not be closed due to lack of evidence during the investigative phase (Bracewell, 2018). However, although collaboration among different professionals can help reduce the distress and uncertainty associated with the institutional response to violence against children, the well-being of victims and their caregivers depends primarily on the availability, quality, and effectiveness of the services offered, which are not always rigorous, evidence-based interventions (Herbert & Bromfield, 2019b).

The Barnahus model contemplates a certain flexibility that allows it to adapt to different social and legal organizational realities in different national contexts, but it has a common theoretical framework that defines the principles that should govern the interventions and services offered by the model. One of the most prominent foundations of this common framework lies in the use of evidence-based interventions as a vector for any action (Haldorsson, 2017) and addresses key aspects such as conducting forensic interviews, medical assessments, and the psychological assistance that victims should receive.

The highly qualified education and training of the professionals involved in the process of assessment and intervention of child sexual abuse is another main foundation of this model (Johansson et al., 2017). Training of professionals who care for victims is one of the most critical aspects of preventing revictimization in sexual violence intervention (Campbell et al., 1999). Providing training to professionals fosters the acquisition of new knowledge and promotes changes in their attitudes (Martin & Silverstone, 2016) that have a direct impact on how they interact with victims and their companions (Fox & Cook, 2011). From the professionals' perspective, moreover, training programs provide them with

security and confidence in the performance of their professional work, which generates more suitable working environments (Bond & Dogaru, 2019) and reduces the risk of vicarious traumatization associated with this group, referring to the psychological or emotional exhaustion of professionals who work with victims of traumatic experiences (Guerra & Pereda, 2015).

Training on Child Sexual Abuse

In general terms, any training program that aims to address child sexual abuse should include several aspects related to sexual violence and child assistance. First, it is essential to offer theoretical knowledge that encompasses information about the myths and false beliefs that persist in society regarding this problem (Cromer & Goldsmith, 2010), guidelines for effectively identifying situations of sexual violence (Schaefer et al., 2018) and the relevant notification and reporting procedures (Kenny & Abreu, 2015), an understanding of the barriers and obstacles faced by victims in disclosure (Alaggia et al., 2019), the potential adverse consequences that derive from this experience (Maniglio, 2009), and the risk and protective factors associated with it (Noll, 2021).

Similarly, it is crucial to train professionals in other cross-cutting aspects that go beyond sexual violence, such as the use of appropriate and effective communication strategies with children in situations of distress or discomfort (Conn et al., 2017), and guidelines to reduce the risk of vicarious trauma, as it harms the professional and also the people they are attending to (Guerra & Pereda, 2015). Recent studies show that professionals responsible for caring for victims of child sexual abuse experience significantly higher levels of secondary traumatic stress and burnout (Letson et al., 2020). It is essential to promote coping strategies that reduce the risk of experiencing these symptoms and, in particular, the support provided by the environment (Starcher & Stolzenberg, 2020).

In addition to this general and initial training, each professional team should receive evidence-based training in their areas of competence. Similarly, they should be aware of the work performed by the other agents involved in the case in order to achieve a holistic understanding of the assessment and intervention process that facilitates coordinated action among professionals and places the victim at the center of all actions (Yamaoka et al., 2019). Finally, experts conclude that it is necessary to include a practical component in the training to implement the theoretical knowledge acquired and achieve a real improvement in the intervention (Chen et al., 2013).

Key Aspects for Conducting Interviews in the Forensic Context

Often in cases of child sexual abuse, the testimony of the child is the only or the most significant prosecution evidence in the investigative process (Subijana & Echeburúa, 2018), so obtaining accurate and detailed testimony is critical. In recent years, there has been an increase in the average rate of obtaining victim testimony in forensic settings during the investigation phase of child sexual abuse cases. This trend could be due to increased awareness of the problem and a reduction in the associated stigma, as well as improvements in interview protocols designed to facilitate obtaining

testimony from children (Azzopardi et al., 2019). Nevertheless, several factors exert a notable influence on this disclosure process.

Recent meta-analysis studies have analyzed these factors (e.g., Grandgenett et al., 2021) and conclude that the decision to disclose or not disclose what happened is the result of the need to share it plus the opportunity to do so (Brennan & McElvaney, 2020); along with other personal variables, such as the victim's age and gender (Wallis & Woodworth, 2020) and social factors, such as the reaction of the environment to a first disclosure or the relationship with the perpetrator (Latiff et al., 2024). Consequently, research suggests to practitioners that, in order to encourage spontaneous victim disclosure, it is crucial to establish trusting relationships, acknowledge and validate the child's distress, and initiate conversations that provide a safe space for the child to explain situations that often have a high emotional impact (Brennan & McElvaney, 2020).

The construction of a positive and trusting interaction implies the establishment of rapport between the interviewer and the victim, an element that has proven to be one of the most significant fundamentals in obtaining information about sensitive events from children (Lavoie et al., 2021). The establishment of rapport in the context of a forensic interview, refers to the creation of a positive and accepting atmosphere, in which the interviewee feels that he/she can express him/herself freely without fear of being judged or criticized (Saywitz et al., 2015). However, despite rapport having been identified as a facilitator for the development of interviews, some authors suggest that high levels of rapport may increase children's suggestibility (Teoh & Lamb, 2010). The most widely accepted definition of suggestibility was proposed by Ceci and Bruck (1993) and refers to the degree to which the encoding, storage, retrieval, and narration of autobiographical memory can be influenced by a range of social and psychological factors. Recent empirical research has revealed that rapport has no effect on memory functioning, either positively or negatively (Sauerland et al., 2018). These findings suggest that suggestibility is more related to individual differences, such as lower cognitive ability, poor communication skills, insecure attachment with primary caregivers, long delays between the events and the interview, or repeated exposure to interviews in which the interviewer consciously or unconsciously suggests certain answers or information to the interviewee (Hritz et al., 2015). Therefore, the type of questions asked also plays a crucial role (Phillips et al., 2012), with open-ended questions being the most effective in eliciting complete factual responses, although their use may not always guarantee disclosure of information as they can also lead to evasive responses (Lindholm et al., 2015).

There is a great deal of controversy about conducting multiple interviews. Some authors propose that, although ideally in terms of avoiding revictimization a single interview should be conducted, it is sometimes necessary to have more than one interview, especially with particularly vulnerable victims, such as children who have experienced sexual abuse (Duron & Remko, 2020). This is supported by the idea that a second interview may increase the amount of information and details provided by the child that were not previously mentioned (Hershkowitz & Terner, 2007). However, questioning a victim about a traumatic experience is always potentially revictimizing, so the recommendation is to conduct a thorough cost-benefit analysis before exposing the victim once

more to a forensic interview context (Block et al., 2013). It is important to clarify that, when the authors suggest conducting multiple interviews, they are not simply proposing repeating interviews but rather dividing a single interview into several sessions (Faller et al., 2010).

Due to the complexity of the interviews in this context, the use of interview protocols can facilitate their implementation. The use of protocols with scientifically proven efficacy leads to better results in obtaining the child's account (Orbach et al., 2000) and reduces the risk of suggestibility (Volpini et al., 2016). Fernandes et al. (2023) have analyzed the evidence-based procedures most frequently used in obtaining testimony from child victims of sexual violence and conclude that, at present, the protocol proposed by the National Institute for Child Health and Human Development, better known as the NICHD protocol (Orbach et al., 2000) is the most widely used in the forensic context. An updated description of the NICHD protocol can be found in Lamb et al. (2018). Meta-analysis studies on the effectiveness of this protocol show that its use improves interviewer performance while increasing the information provided by victims (Benia et al., 2015). However, there are other protocols and guidelines such as the *Memorandum of Good Practice* (MoGP; Sternberg et al., 2001), the *Child Sexual Abuse Investigative Interviewing Skills* instrument (CSAIP; Cheung, 1997), the sequential interview model (SI; Langballe & Davik, 2017), or the CornerHouse RATAc semi-structured interview protocol (Anderson et al., 2010) that also have empirical studies supporting their effectiveness.

Key Aspects for Psychological Intervention in Child Sexual Abuse

Child sexual abuse can have serious repercussions on the victim's development, as it compromises fundamental beliefs of security and trust in oneself, in others, and in the future (Pereda, 2011). However, the relationship between sexual abuse and its consequences is not one of direct causality; several factors intervene such as the individual characteristics of the victim or the particularities of the sexual abuse itself (Cantón-Cortés & Cortés, 2015), the relationship between the victim and the perpetrator (Ullman, 2007), the social support received (Tremblay et al., 1999), or the reaction of the environment after the disclosure of the abusive situation (Zajac et al., 2015). Consequently, symptoms may not be evident at the time due to the use of avoidant coping strategies such as dissociation (Bal et al., 2003) or perhaps their development is not immediate and their appearance is delayed until adulthood (Hailes et al., 2019).

The impact of child sexual abuse has generally been related to posttraumatic stress disorder (Wolfe et al., 1989). However, Finkelhor (1987) deems this conceptualization to be insufficient and proposes a comprehensive model that suggests four different traumatic dynamics to explain the different types of symptoms: (a) traumatic sexualization, which refers to the interference caused by the abuse in the normal sexual development of the child, (b) betrayal or loss of trust, which involves being harmed by a person from whom attention and care are expected, (c) stigmatization referring to the negative connotations (shame, guilt) that are incorporated by the victim into his/her self-concept, exerting a profound influence on his/her self-esteem, and (d) the helplessness or powerlessness

that derives from the continuous invasion of the child's intimacy, affection, and body by the offender (Finkelhor & Browne, 1985). The concept of traumatic dynamics is defined as an experience that alters the child's perception of the world and distorts self-concept, worldview, or affective capacities (Finkelhor, 1987). These dynamics have been shown to be mediating factors in the manifestation of psychopathological symptomatology after experiencing sexual victimization in childhood. Specifically, the dynamic most closely linked to psychological adjustment is helplessness, since it has been shown to be a predictor of emotional symptomatology (Cantón-Cortés et al., 2012). Similarly, secrecy, a frequent feature of child sexual abuse, also plays a crucial role in the development of problems, both internalizing and externalizing (Van Delft et al., 2015).

Meta-analysis studies relate this type of child victimization to a broad set of consequences during childhood (Paolucci et al., 2001), as well as in adulthood (Nagtegaal & Boonmann, 2022). Pereda (2009) proposes to classify the potential initial consequences of childhood sexual victimization into five areas (Table 1).

One of the most significant clinical manifestations in victims of childhood sexual violence is traumatic dissociation (Vonderlin et al., 2018). Dissociation, in this context, refers to the neurobiological mechanism that is activated in response to traumatic experiences that overwhelm the individual's coping resources (Freyd, 1994; Schauer & Elbert, 2010). This mechanism disrupts "...the normal integration of consciousness, memory, self- and subjective identity, emotion, perception, bodily identity, motor control, and behavior" (American Psychiatric Association, 2013) and in child populations is manifested primarily through sudden changes in behavior, feelings, and/or attitudes (International Society for the Study of Trauma and Dissociation, n.d.). Many of the consequences of child sexual abuse can be attributed to the dissociative mechanisms present in many of these victims (Lev-Wiesel, 2008). Therefore, it is paramount to comprehensively assess and address dissociative symptomatology (Diseth & Christie, 2005) before intervening in the previously described distress symptoms (Kisiel & Lyons, 2001).

Assessing the symptomatology derived from child sexual abuse is essential to provide appropriate early interventions, prevent the emergence of future problems, understand and analyze the impact

on development, and provide the necessary support to promote the emotional and psychological well-being of children (Whitt-woosley, 2020). Some of the most commonly used clinical assessment tools in this context are the Achenbach System of Empirically Based Assessment (ASEBA; Achenbach, 1991); the Trauma Symptom Checklist for Children (TSCC; Briere, 1996); the Child PTSD Symptom Scale (CPSS; Foa et al., 2001); the Children's Impact of Traumatic Events Scale (CITES; Wolfe et al., 1991); and the Child Sexual Behavior Inventory (CSBI; Friedrich et al., 1992).

Psychotherapeutic intervention, according to Harvey and Taylor (2010), is successful in reducing distress symptoms in victims of child sexual abuse, and different therapeutic approaches have been shown to reduce symptomatology in children (Gillies et al., 2012). The APA Clinical Practice Guideline (Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder, 2024) strongly recommends cognitive-behavioral interventions to intervene in cases of child sexual abuse. Since the 1980s, this has been the approach of choice for intervening in emotional disorders in childhood (Reinecke et al., 1998). Specifically, trauma-focused cognitive-behavioral therapy (TF-CBT) is, today, the approach that has shown the most evidence in the treatment of victimization in childhood and adolescence (Cohen et al., 2007). A summary can be found in Kanter and Pereda (2020).

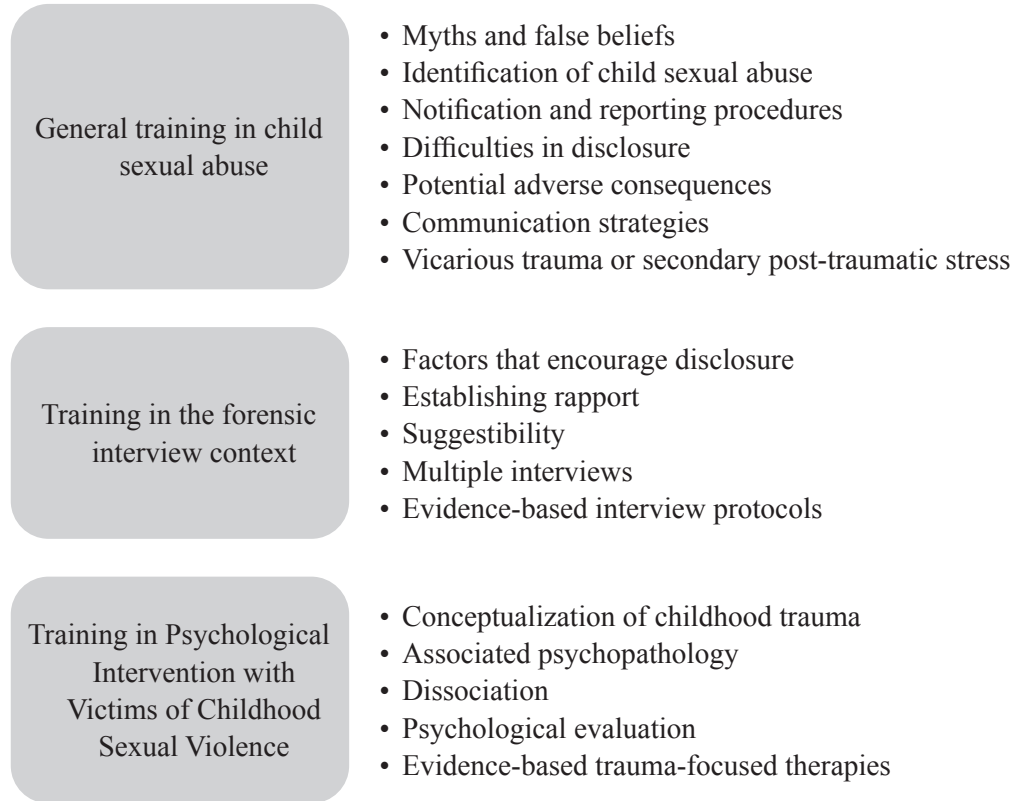
Furthermore, the APA lists eye movement desensitization and reprocessing (EMDR; Shapiro, 2009) as another alternative approach for the treatment of these victims. Although some work suggests that there is evidence in favor of the effectiveness of this treatment (Karadag et al., 2020), it has been observed that its efficacy decreases significantly when compared to TF-CBT (Lewey et al., 2018). Despite these differences, both this treatment and TF-CBT are the most widely supported approaches in intervention with victims of child sexual abuse (Hoogsteder et al., 2022).

In summary, the complexity of child sexual abuse requires victim-centered intervention strategies, as the Barnahus model has proven to be. This highlights the need for highly qualified multidisciplinary professional teams with basic knowledge of the phenomenon of sexual violence and care for children, as well as specific training in interviewing in forensic contexts and in psychological care for victims of sexual violence (Figure 1).

Table 1
Potential Consequences of Sexual Violence in Childhood Classified According to Pereda (2009)

Area	Most frequent manifestations
Emotional problems	• Post-traumatic symptomatology (Boumpa et al., 2024; McTavish et al., 2019)
	• Separation anxiety, major depression and dysthymia (Noll, 2021)
	• Suicidal ideation, mainly in adolescence
Cognitive difficulties	• Self-injurious behavior (Angelakis et al., 2020) (Klonsky & Moyer, 2008)
	• Neurobiological alterations (Araújo De Azeredo et al., 2020)
Relational problems	• Lower academic performance (Holt et al., 2007)
	• Relationship problems with peers (Hébert et al., 2016)
Functional alterations	• Disorganized and insecure attachment styles (Ensink et al., 2020)
	• Sleep disturbances (Noll et al., 2006)
	• Eating disorders and problems (Wonderlich et al., 2000)
Behavioral problems	• Regressions in autonomy (Perrigo et al., 2018)
	• Disruptive and dissocial behavior (Degli-Esposti et al., 2020)
	• Substance abuse (Halpern et al., 2018)
	• Sexualized behavior and/or sexual problems in adolescence (Wamser-Nanney & Campbell, 2020)

Figure 1
Essential Contents of the Training for Barnahus Professional Teams



Evaluation of a Training Initiative Aimed at the Professional Barnahus Teams of Catalonia: Specific STEPS Training

In our country, the implementation of the Barnahus model is still in its early stages; however, several regions have engaged in various initiatives to adopt this intervention model in the future (Save the Children, 2023b), with Catalonia being the most advanced region in this regard. It is in this context that the STEPS training initiative, a comprehensive interdisciplinary education and training project, arises.

The STEPS training includes, among other actions, two theoretical-practical trainings on the development of the interview in the forensic context and on psychotherapeutic intervention with victims of child sexual abuse. The purpose is to respond to the training needs of professionals who will be part of the future units of comprehensive care for victims of child sexual abuse in Catalonia. The aim of the present study is to analyze the effectiveness of these two training courses to increase the knowledge of two groups of professionals in charge of carrying out the tasks of forensic interviewing and psychological care in the Barnahus of Catalonia.

Method

For the selection of the participants a convenience sampling was used in which 23 professionals belonging to different Technical Criminal Advisory Teams of Catalonia were selected to perform the forensic interview module. The same procedure was followed for the selection of those attending the psychological intervention

course, and 27 professionals were selected from different Child and Adolescent Mental Health Centers and from the pilot Barnahus team.

In relation to the assessment of participants' knowledge, a set of 4 specific multiple-choice questions was designed on the contents of each training session (e.g., *What are the ground rules included in the presentation of the NICHD protocol?* for the forensic interviewing course; or *What is the most important component in the commitment to intervention?* for the psychological intervention course). Participants had to select the correct answer from several options provided. Each question had only one correct answer and was scored with one point. Therefore, the maximum score achievable on the survey was 4 points.

The format of the two trainings was similar: on the first day a theoretical presentation was given in person and on the second day the simulation technique with real actors was used as a tool to reinforce the knowledge acquired in the previous session. Simulation is a resource to strengthen learning, mitigate ethical tensions, and resolve practical dilemmas, which are very frequent in cases of sexual abuse, while protecting victims and their families from unnecessary risks (Gaba, 2004).

In relation to the assessment, on the first day of the training, time was set aside at the beginning of the session for the professionals to answer the battery of questions through an electronic platform. At the end of the second day, participants were asked to answer the same questions again through the same anonymous user they used to complete the baseline assessment, in order to be able to relate the two assessments.

To carry out the analysis of the data collected, descriptive analyses of the sample and paired samples *t*-tests were performed to determine whether the differences observed between the pre- and post-evaluation were significant. SPSS 29 software was used to perform the analyses.

Results

The participation rate in the course evaluation was 26.09% ($n = 6$) for the forensic interviewing course and 74.07% ($n = 20$) for the psychological intervention training.

Evaluation of Interview Training in the Forensic Context

All participants in the evaluation of the forensic interview training identified as female, and the mean age was 36 years ($SD = 6.97$). The participants had previous training and experience in child sexual abuse, and 50.00% of them had more than two years of experience. In relation to the evaluation of the knowledge acquired, the mean score of the professionals in the post-evaluation ($M = 3.83$; $SD = 0.41$) was higher than the score of the initial evaluation ($M = 3.50$; $SD = 0.84$). However, the differences found were not statistically significant ($p < .087$).

Evaluation of Training in Psychological Intervention with Victims of Child Sexual Abuse

With respect to the evaluation of psychological intervention training, 95.0% of the participants identified as women, and the mean age was 40.55 years ($SD = 10.44$). Again, all participants had previous training and experience in dealing with cases of child sexual violence, and 55.00% had been practicing for more than two years. The results of the knowledge assessment show that after training there was a significant increase ($p < .01$) in the total score of the participants ($M = 3.45$; $SD = 0.73$) compared to the baseline assessment ($M = 3.00$; $SD = 0.83$).

Discussion

This paper responds to the current need for updated and comprehensive training initiatives on assessment and intervention in cases of child sexual abuse based on the Barnahus model, given the growing progress in the implementation of this model in the Spanish context. The assessment of child sexual abuse from a multidisciplinary perspective has proven to have positive effects both on judicial outcomes and the investigation procedure, as well as on the response offered to victims and family members. However, it is crucial that these teams are solidly established and adequately resourced (Herbert & Bromfield, 2019a).

Training is a fundamental element to enhance the effectiveness of interventions with these victims, as not only does it have a positive impact on them (Fox & Cook, 2011), but it also favors the professional development of the specialists involved (Bond & Dogaru, 2019), generating beneficial effects that improve both the quality of the support provided and the security and self-confidence in the performance of the professional role (Kenny et al., 2020).

Interviewing in the forensic context is a fundamental aspect of the assessment process of child sexual abuse (Lamb et al., 2011),

as it can contribute to a more complete understanding of the victimization experience and the difficulties of the complex disclosure process that can ultimately facilitate judicial decisions (Schaeffer et al., 2011). The training course on interviewing in the forensic context of the STEPS project is a tool that, while it did not significantly increase the participants' post-training scores, contains the essential skills to enhance the knowledge of the professionals responsible for conducting these interviews, as well as providing the opportunity to practice these techniques through simulations of real cases. The high level of prior knowledge exhibited by the participants and limitations linked to the sample size and the evaluation of the training could be underlying the statistical results.

The emotional impact after the experience of child sexual abuse often requires specialized psychological care (Sánchez-Meca et al., 2011), and intervention in the initial moments after disclosure can achieve a significant reduction of distress symptoms (Harvey & Taylor, 2010). The training on psychological intervention with victims of child sexual abuse aimed at psychology professionals of the STEPS project is an appropriate training action that has been shown to significantly increase the knowledge of professionals in charge of caring for these victims.

From a more qualitative perspective, some of the participants in the STEPS training highlighted the need for protocols and guidelines detailing the roles and responsibilities of the daily performance of these professional teams to be incorporated into the training. Andersen (2019), in a paper focused on determining and analyzing the daily work performed by the fixed teams of Barnahus, i.e. the professionals who work daily within Barnahus, coined the term "interstitial work" to refer to the work of identifying and compensating for gaps and deficiencies in the system that contribute to the secondary victimization of these victims, in order to improve care and create a connection between the different departments. Herbert and Bromfield (2019b) emphasize that the rationale for sexual abuse assessment within multidisciplinary teams lies primarily in this point and relies heavily on the capacity of the community network to refer to external services and programs to improve the well-being of victims and families.

Finally, in relation to the practical component of the training, although it was not quantitatively evaluated, the participants were satisfied with the session, highlighting its usefulness and relevance for their professional performance. In the daily practice of the Barnahus, it is also essential to promote this practical training, even non-formally, to encourage knowledge based on the experience of the cases attended. Experience-based knowledge has been shown to be key in detecting risk and protective factors in Barnahus workers (Andersen, 2022). Reviewing old cases and analyzing successful practices as well as observed shortcomings can be effective tools for strengthening experience-based knowledge.

Limitations

One of the main limitations of this study was the low participation of the professionals, although it is an initial exploratory study and has allowed us to observe future lines of action to be implemented in forthcoming training courses that will encourage the participation of the professionals, with the aim of improving the available knowledge regarding their training needs. Likewise, in the quantitative evaluation, only the knowledge acquired was assessed

and the impact of the practical simulation session is unknown. Nevertheless, the participants were satisfied with this session. Research has shown that, in the context of training on victim interviewing in forensic settings, professionals highly value this tool (Nathan & Moret, 2022). Furthermore, they claim that it improves their ability to conduct forensic interviews, and improvements in the quality of subsequent interviews have been observed (Haginoya et al., 2020). Moreover, simulation appears to be a very useful tool in the psychological intervention setting, increasing participants' confidence in their knowledge (Sheen et al., 2021).

Conclusion

In summary, assessment and intervention with victims of child sexual abuse based on the Barnahus model can only be carried out from a multidisciplinary perspective and by highly qualified professional teams. To this end, it is essential to develop comprehensive training proposals that include, at a minimum, exhaustive information on the phenomenon of child sexual abuse, techniques and methodologies for conducting interviews in forensic contexts, and evidence-based psychological care strategies for victims. Simulation could be a tool to help consolidate knowledge and give confidence to professionals, the application of which should be valued. In summary, having training with a holistic approach will ensure that professionals are better prepared to approach these cases with the necessary sensitivity and competence, thus improving the quality of care and support provided to victims of childhood sexual violence.

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Conflict of Interest

The authors declare that they have no conflict of interest related to the publication of this article.

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