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Strengthening child friendly justice through effective cooperation and coordination  
among different Barnahus-type services in the regions of Spain

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# PROSPECTIVE STUDY OF THE TRAINING NEEDS OF PROFESSIONALS INVOLVED IN THE IMPLEMENTATION OF THE BARNAHUS MODEL IN SPAIN

AN ANALYSIS OF EXTREMADURA, CANTABRIA AND  
COMUNIDAD FORAL DE NAVARRA

SUMMARY REPORT

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# INTRODUCTION

In recent decades, there has been an increasing concern regarding the special situation of vulnerability of child and adolescent victims during the criminal process. This concern has led to various changes and improvements aimed at avoiding secondary victimization (Schünemann, 2009). Different studies have revealed that the instruction and training of professionals who work with victims not only facilitates the acquisition of new knowledge (Martin & Silverstone, 2016), but also encourages changes in attitudes (Pereda et al., 2011) that directly impact their intervention with victims (Fox & Cook, 2011).

Therefore, it is essential to analyse the level of prior knowledge among professionals in the three pilot communities of the Barnahus Spain project: Cantabria, Extremadura, and the Autonomous Community of Navarra. This analysis will help determine the specific training needs required in order to develop training programs aligned with the realities of each region and with the professional context for implementing the Barnahus model (Brown, 2002).

The primary objective of this study is to identify the training needs of various professional profiles involved in the implementation of the Barnahus model in Spain, particularly within the pilot communities of the project: Extremadura, Cantabria, and the Community of Navarra. The study takes a comprehensive approach, encompassing disciplines that directly engage with Barnahus, such as psychology, medicine, and justice, as well as those that need to have knowledge of and collaborate with these teams, such as education and child protection services.

# METHODOLOGY

The present study is conducted within the framework of the joint project of the European Union and the Council of Europe on "[Barnahus in Spain - Strengthening child-friendly justice through effective cooperation and coordination among different Barnahus services in regions of Spain](#)".

**The overall objective of the study is to identify the training needs of different professional profiles related to the implementation of the Barnahus model in Spain, specifically in the pilot communities of the project (Extremadura, Cantabria, and the Comunidad Foral de Navarra). This comprehensive perspective includes disciplines that will directly work in Barnahus, such as psychology, medicine, or justice, as well as those that will need to be familiar with and collaborate with these teams, such as education or child protection services.**

To further investigate the training needs of Spanish professionals involved in the implementation of the Barnahus model, this report employs a prospective approach. The methodology encompasses three distinct methods of information gathering:

- Gathering information through a bibliographic review and documentary analysis of national and international publications, as well as national reports on training programs, courses, and assessments of previous training needs within the context of the Barnahus model.
- Collecting information on the training needs identified by Spanish professionals in three Autonomous Communities at varying stages of Barnahus model implementation (initial, intermediate, advanced).
- Obtaining information from national experts in the Barnahus model using the methodology of key informants.

# RESULTS

The dissemination of the study was carried out in collaboration with the pilot Autonomous Communities, as well as the project Advisory Group members. These stakeholders provided the expert group with contacts of different key informants and also promoted the study and the questionnaire among professionals.

Data collection began in June of 2023 and continued until 1 July of the same year.

The following is a summary of the results obtained through the methodology of key informants, questionnaires, and focus groups.

## **Results from key informant interviews**

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Regarding the key informant interviews, 42 professionals with different profiles agreed to participate in the study. Only 28.6% of the sample considers the level of knowledge of the Barnahus model among the informants to be "high".

Regarding training, firstly, most key informants agree that basic training must necessarily include general information on: (1) child sexual victimization, (2) legal information, (3) knowledge about the process of notification, reporting, and judicial investigation, and (4) information about the Barnahus model. The key informants also emphasize the need for this training to be provided to all the professionals that are part of the Barnahus model implementation network. Additionally, the key informants suggest that each professional profile should receive specific training.

## **Results obtained from questionnaires**

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The questionnaire aimed at professionals included 42 participants from Extremadura, 75 participants from Cantabria, and 85 from the Autonomous Community of Navarra.

The three regions unanimously highlighted the presence of significant training deficiencies among professionals working for and with child victims and witnesses of sexual violence. They also emphasize that the professional fields that need training most are education, social services, and health. Finally, regarding the level of knowledge of the Barnahus model, most participants are familiar with it, but not in depth.

## **Results obtained from focus groups**

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The focus groups were conducted during the last week of June 2023 using the Microsoft Teams platform. A separate focus group was organized for each of the pilot Autonomous Communities to observe the interdepartmental dynamics among professionals in each region. Participants were selected from the lists provided by the pilot communities, with two professionals from each area represented within the Barnahus model being invited to participate.

The results of these focus groups align with the findings from both the key informant interviews and the practitioner questionnaire.

## CONCLUSIONS

From the results obtained through the multi-informant methodology, we have gathered information from individuals with different professional backgrounds. This facilitates the observation and analysis of similarities and divergences in assessing the available training for professionals in Extremadura, Cantabria, and the Autonomous Community of Navarre. Based on this information, along with the findings from the bibliographic and documentary analysis conducted, the following conclusions are drawn:

- The documentary analysis shows that the participants in the mapping study carried out by Save the Children as independent consultants for the Council of Europe were very positive about the training available, although they criticised the lack of training or the investment of personal resources to be able to participate in these training opportunities. It should be noted that the focus of the two reports differed. The mapping study aimed to map the available and required resources in each region for implementing the Barnahus model. As part of this, it focused on interviewing heads of different services and collecting data, including information on existing training in each region. Whereas the present study focused exclusively on the training needs of professionals who provide direct care to children and adolescents who are victims of sexual violence, following a multi-informant methodology that allowed the team to observe in greater detail what the real needs of these professional teams are.
- The United Nations Committee on the Rights of the Child recommended to Spain in its concluding observations in 2010 *'that a comprehensive law on violence against girls and boys, similar to that related to sexist and domestic violence, be passed to ensure the restoration of their rights and minimum care standards in different autonomous communities'*. This recommendation was reiterated in the Concluding Observations on Spain's combined fifth and sixth periodic reports in 2018. This law is the LOPIVI (Ley Orgánica de Protección Integral a la Infancia y la Adolescencia Frente a la Violencia). However, it is evident that the material and human resources allocated in Spain for awareness, prevention, specialization, and recovery in cases of gender violence are much



more significant and have more substantial budgets than those currently in place to combat child victimization.

- The efforts made by the General Council of the Judiciary and the State Attorney General's Office to offer training courses related to LOPIVI and the Barnahus Model are highly significant. Nevertheless, as certain associations have demanded, the crucial step would be to create a specialization in this field. This specialization is explicitly outlined in the twentieth final provision of LOPIVI titled "Specialization of judicial bodies, the public prosecutor's office, and technical teams providing specialized assistance to Courts and Tribunals." The provision gave one year to the Government to submit several draft laws to the Parliament, which have not been submitted. Additionally, it would be appropriate to make progress in the creation of a specialised children's legal aid service in the bar associations.
  
- The professionals consulted in this report, as well as the key informants interviewed, emphasized that addressing training needs is crucial for the successful implementation of the Barnahus Model. They identified lack of training in many aspects that are essential for the correct implementation of the model. Notably, the lack of training and the lack of knowledge of the process to follow when faced with a suspicion of sexual violence stand out as the main difficulties when initiating the notification process in the three communities analysed. The professionals advocate that training should not only be theoretical, but that it should contain practical elements (case studies, role-playing, simulation, among others). They also emphasize the need for continuous training to address potential professional turnover and ensure ongoing development for all professional roles.
  
- In **Extremadura**, where the Barnahus model is in its initial stages of implementation, professionals in the discussion groups stressed the importance of understanding the model and how it works. Although they believe that they act appropriately with a well-established protocol, adequate training, and appropriate coordination among relevant parties, these arguments came only from the public prosecutor's office and forensic psychology and cannot be generalised to all professionals. Surveys indicate that most respondents have never participated in specific training courses on sexual violence against children, and their training has been voluntary. Just over half of the participants

are aware of the Barnahus Model, and the majority consider its implementation in Extremadura to be important and feasible.

- In **Cantabria**, at an intermediate stage, there is a demand for general training on child sexual violence, but they especially stress the need to be clear about how to proceed in these situations: what actions to take, what to avoid, how to communicate with the victim and their family, which agencies they should coordinate with, and how to do so. It is recommended that all these actions are incorporated into a clear protocol accessible to all professionals, regardless of whether they have received training in the subject. Professionals request comprehensive practical training with a designated focal point available to answer their questions as a preliminary step before implementing the Barnahus model. Less than half of the professionals surveyed have received training in child sexual violence, always on a voluntary basis. Over half of them are aware of the Barnahus Model, and almost all believe its implementation in Cantabria is feasible.
- In the **Comunidad Foral de Navarra**, where the model is in an advanced implementation stage, coordination issues between different agencies and the knowledge about the roles and functions of various departments involved in handling cases of child sexual victimization are currently identified as challenges. It is stressed that each department should understand their responsibilities, limitations, and how to intervene in different situations, adapting interventions at an individual level. Furthermore, they should also be aware of the actions taken by other professionals involved in situations of violence against children. Regarding professional surveys, this Community had the fewest participants indicating that they had attended specific training on sexual violence against children in the last five years, all on a voluntary basis. Although the vast majority believe it is feasible to implement the model in their Community, only a minority claim to be familiar with the Barnahus Model. It is likely that, precisely because they are at a more advanced stage of implementation, they are more aware of their uncertainties and in a better position to identify the training needs of professionals.

# TRAINING PROPOSALS

Based on these results, a series of recommendations are presented for the analysed regions regarding the training that could be provided to professionals involved in the implementation of the Barnahus Model.

These recommendations can be extrapolated to the entire Spanish territory as they are based on national and international evidence obtained regarding the training needs of professionals in the Barnahus Model.

**It is important to emphasize that these trainings cannot and should not be one-time events. Continuous training and the development of professional competencies are essential quality standards to promote the implementation of the model while maintaining its essence and foundational objectives.**

In this regard, professionals highlight the need for continuous training that addresses potential professional turnover, so as to ensure that all professionals are retrained.

**Training must incorporate the child rights perspective together with a gender-based violence perspective and intersectional human rights approach.**

This comprehensive understanding of sexual violence will allow for an adequate treatment of cases, specifically regarding the care provided to the child or adolescent and their family.

**The training offered should be mandatory for all professional teams linked to the Barnahus and should not depend on the availability and personal motivation of professionals.**

It is neither acceptable nor a good practice to solely rely on individual and personal training efforts, as pointed out by most professionals who participated in this report.

**Simultaneously, there is a clear need to train professionals who, while not directly working within Barnahus, are crucial for identifying and providing initial support to children and adolescents who are victims of sexual violence. This includes professionals in the education field, primary healthcare teams, social services and municipal social workers, police officers, among others.**

Barnahus professionals can act as trainers for these other profiles and external professional teams. However, it is necessary that, especially in the initial years, professionals working in Barnahus have access to the training outlined below, as well as a professional advisor and consultant to whom they can direct their doubts, difficulties, and questions regarding complex cases.

Furthermore, although beyond the scope of this report, it is worth mentioning the importance of conducting an information and awareness campaign about Barnahus. Such a campaign would allow citizens to learn about its functioning, its purpose, and the tasks carried out in it.

In summary, based on the obtained results, training should be organized at two levels, depending on the stage of implementation of the model in the Autonomous Communities:

- **Initial training** for all professionals who will be directly or indirectly involved in implementing the Barnahus model. This training serves as a starting point for Communities initiating the implementation of the Barnahus Model, providing basic knowledge to a large number of professionals.
- **Specific training** for professionals who will directly interact with children, adolescents, and families or legal guardians within the Barnahus Model. This training builds upon the initial training previously received by professionals who will be part of Barnahus teams.

This does not exclude, as mentioned earlier, the need to offer specific training to professionals working for and with children and adolescents outside of Barnahus. One option is to use existing resources in Spain, such as the SAVE training program for professionals in

the education field, which remains active through its website, allowing interested professionals to independently access the training course.

## Initial training

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In this first level of initial training, professionals from different teams must be trained on topics such as, the theoretical framework of violence against children and different forms of sexual violence against children and adolescents, risk factors and risk indicators of sexual violence against children, as well as consequences on the development and health of child victims, guidelines for responding to a disclosure of sexual violence against children, differentiated for professionals and for the child's family and caregivers, national instruments such as Organic Law 8/2021, of June 4, on comprehensive protection of children and adolescents against violence, as well as Organic Law 10/2022, of September 6, on comprehensive guarantee of sexual freedom.

International instruments such as the Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse, also known as “the Lanzarote Convention”, the Guidelines of the Committee of Ministers of the Council of Europe for Child-Friendly Justice and the Recommendation CM/Rec (2023)8 of the Committee of Ministers of the Council of Europe to Member States on Strengthening Systems for Reporting Cases of Violence against Children, and particularly the Convention on the Rights of the Child (1989) and General Comment No. 14 (2013) on the right of the child to have their best interests as a primary consideration (Article 3, paragraph 1), among others.

These topics have been identified by key informants, surveyed professionals from Extremadura, Cantabria, and the Autonomous Community of Navarra, as well as the previous mapping study carried out by Save the Children as independent consultants for the Council of Europe in the analysed communities.

Furthermore, based on the work carried out in the different focus groups, there is a need to train professionals on the principles of interdepartmental work, which also becomes a quality standard for PROMISE.

**Training in interdepartmental work enables professionals involved in Barnahus to understand the importance of information sharing, interdisciplinary communication**

strategies, and coordination in strategic case analysis. This strategic analysis also allows professionals to strengthen their capacities in a work environment where doubts always exist and there is a need for support in the professional decisions to be made.

## Specific training

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This second level is divided into different courses with distinct themes, depending on the professional profile of the individuals involved.

Training in exploratory and forensic interview is essential because they yield complementary, though not identical, statements. In other words, two complete narratives or statements of events will never be conducted:

- **Exploratory interview course** for professionals who, before a case is brought to court and in the presence of weak indicators or disclosure must engage in dialogue and interview children and adolescents in order to obtain initial disclosures or to strengthen an initial weak and insufficient verbalization. This allows the reporting process to be initiated and to bring the case to court with greater guarantees for children and adolescents. This interview must ensure the principle of due process.

The exploratory interview does not aim to obtain a comprehensive or detailed statement. In other countries, it is known as a diagnostic interview or a suspicion interview. Only in cases where an incident is reported, and there is no criminal procedure, fiscal or police proceedings, but there are indications (suspicion, without disclosure) that have prompted the report, clarification will be carried out. This exploratory interview allows for directly learning the child or adolescent's version if they have experienced a sexual incident. It does not delve into details, re-question, or challenge. It offers the child an opportunity to provide their account, granting them the right to communicate the alleged incidents in a professional, safe environment with defined narrative boundaries. These boundaries allow the child or adolescent to describe a sexually related action, identify an alleged perpetrator, and/or specify a location. Additionally, they can provide the temporal context, although this might be more complex and would be part of the forensic interview. The exploratory interview is much shorter and conducted outside the legal context, maintaining safeguards to

prevent contamination and obtaining an initial disclosure to inform relevant decisions. If it is concluded that there is a disclosure allowing the transition from suspicion (based on indicators) to evidence (through disclosure), then this initial narrative must be preserved, and pre-constituted evidence should be scheduled by specialized teams. They conduct the forensic interview, which delves deeper and clarifies various issues related to the incidents: single/repeated events, number of perpetrators, locations, specific details of the type of abuse, modus operandi, progression, etc.

- **Forensic interview course** to ensure that forensic psychology professionals can base their methodology and reports on updated, robust knowledge supported by empirical evidence. The course should also include content on coordination protocols between the forensic psychology team and the Barnabus teams, as well as principles of episodic memory, rapport-building strategies, differences, and characteristics of suspicion vs. disclosure, and opportunities for extended forensic interviews.

Two different courses are proposed for healthcare professionals due to the distinct characteristics of both profiles. Both types of evaluations are essential, but they serve different purposes, one primarily for healthcare and therapeutic needs and the other for legal proceedings and evidentiary purposes. Conducting the training jointly could indeed enhance collaboration and understanding among professionals working in the Barnabus context:

- **Medical evaluation course** is directed toward assessment and diagnosis for therapeutic purposes. The goal is to identify if there is any pathology or injuries resulting from sexual violence that require some form of medical or surgical treatment. It also involves assessing the need for disease or pregnancy prevention (administering antibiotic or antiviral prophylaxis, reviewing vaccination status, providing emergency contraception, etc.). Medical evaluation also provides an opportunity to address any health-related concerns that the child, adolescent, or their caregivers may have. It has to provide paediatricians, nurses, and other healthcare professionals with the necessary skills to attend to child and adolescent victims in a child-friendly manner and respecting the principle of the best interests of the child, as well as to be familiar with specific protocols in their field. The course should include content such as guidelines for questioning accompanying individuals and patients with suspicion of child sexual violence, guidelines for supporting child and adolescent victims and their families, guidelines for creating appropriate

environments for conducting interviews and examinations, how and when to conduct physical examinations of children and adolescents with suspicion of sexual violence, types of injuries suggestive of child sexual violence, and main features that can be confused with it, indication and types of tests for ruling out sexually transmitted infections (STIs), the relationship between STIs and child sexual violence, treatment of STIs in children and adolescents, prevention, diagnosis, and management of adolescent pregnancy, how to create a medical report in cases of child sexual violence, and signs of mental health distress and referral criteria.

- **Forensic medicine course** that includes an update on the semiology of child sexual violence and interpretation of findings, child sexual victimization, and its impact on overall health and mental health in particular, guidelines for action and basic principles for addressing sexual violence against children. This specialized course should cover regulatory updates, types, and current status of sexual violence in childhood and adolescence, as well as address psychological sequelae, introducing the latest changes and diagnostic opportunities from nosological manuals. It should also provide forensic medicine professionals with tools to manage the environment and conduct non-revictimizing examinations. This evaluation is also for diagnostic purposes, but its goals are related to expert testimony within the judicial process. Its aim is to be able to substantiate the sexual violence suffered in the judicial proceedings. This includes determining the aetiology of injuries/findings, their physical and psychological consequences, the type of medicolegal treatment required (which will define the criminal offense if there are physical or psychological injuries), the necessary time, as well as other possible causes and contributing factors.
- **Legal professionals course** that includes specialized information on secondary victimization, the particular characteristics of child victims, including developmental aspects that can influence testimony, and the importance of pre-constituted evidence and its main features. Specific and detailed training should also be provided on aspects that help judges to make decisions when conducting expert assessments. For example, when determining civil liability resulting from the offense, judges need to know factors such as the degree of suffering experienced by the victim, the presence of trauma resulting from sexual violence, the need for future psychological support, etc.



- **Evidence-based psychological intervention course** for clinical and health psychologists to offer treatment based on rigorous evidence and positive outcomes. This training should provide education on complex trauma and its expression in children and adolescents, as well as cover therapies such as trauma-focused cognitive-behavioural therapy (TF-CBT), other cognitive-behavioural therapies, eye movement desensitization and reprocessing (EMDR), systemic therapy, and techniques such as sand play therapy.

## Additional training

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There are specific aspects that require additional training for professionals who have already completed initial and specific training in the Barnahus model.

One important topic is the specific needs of **preschool children**, whose language development and cognitive abilities can present challenges during forensic evaluations (Pereda, 2023).

Professionals must also have sufficient knowledge about the characteristics of **children and adolescents with disabilities**, as well as be aware of their difficulties and apply appropriate techniques in each case (an example of this is the CAPALIST tool developed by Contreras et al., 2015). Specialized training on intellectual disabilities, tailored to the needs of each professional profile, is necessary. It is essential for all sectors to receive training and awareness in such cases, without prejudice to the creation of specialized profiles in intellectual disabilities.

In addition, specialized training in active listening is necessary to conduct proper evaluations of **reluctant children and adolescents**. Studies indicate that older children and adolescents, in particular, anticipate the consequences that disclosing the violence will bring, both for themselves and others, which generates fears that the disclosure will affect their families. They are also aware of the stigma and shame surrounding sexual violence, especially intrafamilial sexual violence. These factors increase their reluctance to disclose initially and can further contribute to their resistance when victims are asked to provide details during subsequent interviews (Nogalska et al., 2023).

**Prejudices and internal biases** that professionals may bring into their interventions and professional practices are another important topic. Addressing these internal biases allows for more objective work and facilitates the elimination of aspects of revictimization that still influence our perspective on the rights of children and adolescents. It has been found that the training and education of professionals working for and with victims not only promote the acquisition of new knowledge (Martin & Silverstone, 2016), but also allow for the change of biased attitudes (Pereda et al., 2011), which has a direct impact on interventions with victims (Fox & Cook, 2011). Professionals can modify their misconceptions if they are provided with rigorous information that allows them to reconsider their myths about sexual violence. This is a fundamental topic to work on with professionals in Barnahus.

Finally, but not least, it is important to highlight the significance of having training on aspects of **professional self-care** that includes information about indicators of vicarious trauma (McCann & Pearlman, 1990) or secondary traumatic stress (Figley, 1995) and how to address them. Being able to identify this issue can aid in its prevention and improve intervention once detected. Therefore, it is necessary for professionals to be aware of the variables and factors that can influence the onset of this disorder, be able to identify them, and intervene when necessary.

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