VIOLENCE AGAINST CHILDREN AND THE IMPORTANCE OF PSYCHOLOGISTS IN THE JUDICIARY

A VIOLÊNCIA CONTRA CRIANÇAS E A IMPORTÂNCIA DA ATUAÇÃO DO PSICÓLOGO NO JUDICIÁRIO

LA VIOLENCIA CONTRA LA NIÑEZ Y LA IMPORTANCIA DE LOS PSICÓLOGOS EN EL PODER JUDICIAL

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ABSTRACT: Violence against children is a serious human and social phenomenon, due to its incidence and severe consequences for children's health and development. It is a problem that frequently involves familial and macrosocial issues, including public policies on prevention, safety, and healthcare. Psychological work within the judiciary is broad and diverse, very often applied in proceedings related to the enforcement of legislation concerning violence against children. This article presents data from two postgraduate studies on this topic, whose results showed the importance of psychology training for judicial agents who must hear and refer child victims of violence and their families. Specialized Listening and Special Testimony are two procedures that require training, knowledge of legislation on family violence, as well as professional experience and engagement with protection and health services.

KEYWORDS: Domestic violence. Child. Psychology. Judiciary.

***RESUMO**: A violência contra a criança é um fenômeno humano e social grave, em função de sua incidência e de suas sérias consequências para a saúde e o desenvolvimento infantil. É um problema que frequentemente envolve questões familiares e macrossociais, que incluem as políticas públicas de prevenção, de segurança e de cuidados com a saúde. O trabalho psicológico no judiciário é amplo e diversificado, muito frequentemente aplicado em processos relacionados ao cumprimento da legislação pertinente à violência contra a criança. Este artigo apresenta dados de duas pesquisas de pós-graduação sobre tal tema, cujos resultados mostraram a importância da formação em psicologia para agentes judiciários que devem ouvir e encaminhar crianças vítimas de violência e seus familiares. A Escuta Qualificada e o Depoimento Especial são dois procedimentos para os quais é preciso formação, treinamento, conhecimento da legislação sobre violência familiar, além de experiência profissional e engajamento com os serviços de proteção e de saúde.*

***PALAVRAS-CHAVE**: Violência doméstica. Criança. Psicologia. Judiciário.*

***RESUMEN**: La violencia contra la infancia es un fenómeno humano y social grave, en función de su incidencia y de sus serias consecuencias para la salud y el desarrollo infantil. Es un problema que frecuentemente involucra cuestiones familiares y macrosociales, que incluyen las políticas públicas de prevención, de seguridad y de atención a la salud. El trabajo psicológico en el poder judicial es amplio y diversificado, muy frecuentemente aplicado en procesos relacionados con el cumplimiento de la legislación pertinente a la violencia contra la infancia. Este artículo presenta datos de dos investigaciones de posgrado sobre dicho tema, cuyos resultados mostraron la importancia de la formación en psicología para los agentes judiciales que deben escuchar y derivar a niños víctimas de violencia y a sus familiares. La Escucha Calificada y el Testimonio Especial son dos procedimientos para los cuales se requiere formación, capacitación, conocimiento de la legislación sobre violencia familiar, además de experiencia profesional y compromiso con los servicios de protección y de salud.*

***PALABRAS CLAVE**: Violencia doméstica. Infancia. Psicología. Poder Judicial.*

INTRODUCTION

One of society's roles is to ensure public safety and, therefore, to protect citizens, with children standing out as one of the groups requiring special attention, given that they are still developing and have limited autonomy. Alongside the educational and protective roles of families, schools, and other institutions that support child care and development—as well as the implementation of public policies for prevention and protection in cases of violence—the judiciary plays a prominent role when violence against children occurs, serving as the primary mechanism for enforcing public policies relevant to this issue.

Psychology professionals perform a variety of roles within the judicial system, and their role in legal proceedings and preventive measures involving violence is significant, particularly when there are reports of violence against children and hearings in which they participate. Understanding emotional, behavioral, and relational aspects during assessments and interviews; conducting psychological evaluations; making home and institutional visits; providing guidance and input for decision-making; training work teams; and, more specifically, conducting procedures such as Qualified Listening and Special Testimony are important functions of forensic psychologists.

Violence is a complex phenomenon associated with various vulnerability factors relevant to the systems to which the victim and their family members belong. A reductionist, pathological, and/or psychopathological understanding of this issue must be replaced by a systemic perspective, which recognizes the importance of prevention, public policies that ensure access to rights, the reduction of inequalities, and cultural factors that perpetuate submission and other forms of violence (Bronfenbrenner, 2011; Domingues, 2024; Reichenheim et al., 2011; Silva & Noto, 2022).

When violence occurs, public safety and health policies must support the appropriate implementation of specific, judicial, and care-based interventions so that further violence does not occur and the child—as well as their family members—is protected and cared for. At the same time, it is necessary to consider other interventions in their social, cultural, and historical contexts, which are linked to the emergence of violence and its persistence within the family microsystem (Domingues, 2024).

Violence is an act of physical, sexual, moral, or verbal abuse, or of psychological coercion or compulsion, involving an unequal balance of strength and power, manifested in the form of social domination and political, economic, state, individual, group, and/or family exploitation (Feijó et al., 2025). Interpersonal violence (IV), which occurs within intimate

relationships, is also known as domestic violence, as it often takes place in the home. When directed at children, the term "violence against children" (VAC) is used, and the numerous potential harms to children are taken into account (Ferro et al., 2023). Thus, caring for families where violence is present also requires dialogue and, often, treatment, in an effort to build human security and preserve family bonds (Feijó et al., 2025; Oliveira, 2020).

However, safety cannot be achieved unless people have adequate social, economic, educational, and political conditions. Thus, for child protection legislation to function and for corrective actions following incidents of violence to be effective, we must focus on preserving family and community relationships, ensuring access to employment and personal development for those involved, and fostering choices that promote greater equity and access to rights. A community lacking recreational spaces, with limited equitable social, educational, and employment opportunities, and without adequate housing or resources for proper nutrition, hinders the implementation of public policy (Feijó et al., 2025).

At school, where children spend much of their time, they face countless problems related to social interaction: physical aggression, violent communication, intimidation, bullying, emotional and sexual harassment, exclusion, and other hostile behaviors. Thus, it is also an area that requires attention to equity and, like families, can be fertile ground for care and prevention. According to Tamura et al. (2025), communication, relationships, and solidarity should be taught to children, while aggression should be addressed through educational interventions in schools. The teaching of social skills has been increasingly used as a strategy for conflict resolution and self-control in schools and by parents, given that one of the roles of education and the family is socioemotional development as the foundation for fostering ethical coexistence (Bolsoni-Silva & Loureiro, 2019).

Even though children are taught to protect themselves and communicate nonviolently in schools, at home they may be victims of violence perpetrated by the very adults who are supposed to protect them. According to Domingues (2024), police reports indicated a 16% increase in reports of rape and sexual exploitation of children and adolescents in 2022, with 90% of the victims being female, 61% under the age of 14, and 56% Black. In 68% of the cases, the sexual violence occurred at home, and 86% of the perpetrators were family members or people known to the child or adolescent. In 2021, a survey found that 29% of victims of sexual violence were children under 11 years of age, and 45% of the perpetrators were family members (IPEA, 2021). A total of 197,401 reports of violent acts against children up to nine years of age were filed with Disque Denúncia in the first half of 2022. The main incidents involved physical

and psychological violence, as well as neglect. Despite these classifications, it is important to note that psychological violence is often overlooked, and violence occurring behind closed doors is underreported, especially when it comes to sexual violence committed by family members (Domingues, 2024; Izumi, 2015).

SAFETY NET FOR CHILD VICTIMS OF VIOLENCE IN BRAZIL – REFERRAL PROCESS AND SERVICES/THE IMPORTANCE OF PSYCHOLOGY IN SPECIALIZED COUNSELING

According to Resolution No. 113, dated April 19, 2006, issued by the National Council for the Rights of Children and Adolescents (CONANDA), the Rights Guarantee System (SGD) for children and adolescents consists of various public policies at different levels—federal, state, and municipal—which, through coordination among themselves, must seek to implement and operationalize actions to protect children in situations of violence, in its various forms (Brasil, 2006). Among the policies mentioned in the aforementioned resolution, particular attention is given to those related to health, education, and social assistance, which came to be recognized, in the context of the realization of rights, only with the adoption of the 1988 Federal Constitution (Brasil, 1988), following a long history of philanthropic initiatives, most of which were linked to Brazilian religious institutions.

Ariès (1981), in *História social da criança e da família*—a work based on ethnographic research conducted by the author—highlights how much the current concept of childhood is a product of the contemporary era, particularly with regard to the special care given to this stage of human development and the investment in studies on childhood, which may explain the interest in advancing protective policies over the years. Both the phenomena observed—childhood and violence—and the institutions responsible for addressing these phenomena have a brief history and reflect contemporary notions.

In 2005, with the establishment of the Unified Social Assistance System (SUAS) through the SUAS Basic Operational Standard (NOB/SUAS), social assistance policy in Brazil began to be organized into levels of social protection, namely: basic protection and special social protection of medium and high complexity (Brasil, 2005). In 2006, with the Basic Operational Standard for Human Resources of the Unified Social Assistance System (NOBRH/SUAS), the minimum core staff for policy facilities—including psychology professionals—was presented to the public. This contributed to the involvement of psychologists within various social assistance units and, therefore, greater involvement in issues

related to the protection of children and adolescents (Brasil, 2012). According to Resolution No. 109, dated November 11, 2009, basic social protection is now primarily responsible for actions related to the prevention of situations of violence, while special social protection—covering medium- and high-complexity cases—is responsible for addressing situations where rights have already been violated, such as violence (Brasil, 2009).

In the health sector, Law No. 8,080/1990—known as the first organic health law—established that the Unified Health System (SUS) would be organized into levels of care based on the complexity of patient needs, namely: primary care, secondary care, and tertiary care (Brasil, 1990b). Measures aimed at preventing health conditions fall under the responsibility of primary care; secondary care, on the other hand, involves referrals to specialists following the identification of specific needs; and, finally, tertiary care involves highly complex facilities that require the patient to be hospitalized so that treatment can be provided.

With regard to the phenomenon of violence in the health context, it can be identified at different levels of care, either through a patient's spontaneous report or through clinical analysis indicating its possibility. Regarding education, Law No. 13,935/2019 mandates the inclusion of psychologists and assistants as essential professionals in the public basic education system, to support teaching and learning processes as well as social and institutional relationships (Brasil, 2019). With regard to issues of violence, the education system now includes professionals with technical expertise focused on recognition and intervention.

It turns out that, even in a context where protective measures were already in place, children and adolescents were caught up in a poorly organized safety net in terms of the coordination of actions across various policies, which led to revictimization. The concept of revictimization can be understood as the act of causing the individual to relive the suffering of a specific situation based on their account (Coimbra et al., 2021).

Law No. 13,431/2017 was enacted with the intention of organizing the System for Guaranteeing the Rights of Children and Adolescents who are victims or witnesses of violence (Brasil, 2017). Under this legislative framework, children and adolescents must be heard—within the context of public protection policies—through spontaneous reporting and specialized listening. According to the law, health, education, and social services agencies must adopt the necessary procedures in cases of spontaneous disclosure so that children and adolescents can be referred to the appropriate services—Health, Education, Social Services, Public Safety, and Justice.

Spontaneous disclosure—which refers to the moment when a child and/or adolescent spontaneously speaks about an instance of violence they have experienced—is not always made to a professional. The safety of the disclosure is related to the existence of a bond between the person making the disclosure and the person receiving it. Farias and Carvalho (2003), when discussing the importance of training professionals to collect such reports, emphasize that the protection network as a whole must be prepared to receive them, given that this may occur in different settings and involve various professionals with different backgrounds and levels of formal education. Following a spontaneous disclosure—except in situations where the disclosure occurs within a healthcare setting—the child should be referred to a specialized listening procedure (Brasil, 2017), so that they can be interviewed by a trained professional, with the aim of coordinating with the various agencies within the network and ensuring the child's protection.

This referral process must be streamlined to minimize the time between referral and the child's evaluation, in order to prevent the risk of the account being distorted by various factors. Among the risks of contamination of the account, Perius and Barbosa (2019) point to the phenomenon of false memories, arguing that a fact may be stored in long-term memory but, when retrieved, undergoes a process of contamination. Furthermore, according to the authors, contamination can occur due to the interviewees' inferences and assumptions, which can be understood as a natural human process but one that requires caution. Such calls for action, in the new contexts presented, require psychology—in the form of the psychologist—to engage in a process of reflection and ongoing professional development in non-clinical settings, as a way to rethink its interventions, which have historically been associated with the role of the psychologist and the demands of the contemporary world.

According to Domingues (2024), the judiciary in the State of São Paulo has been offering its employees training, certification, and continuing education programs free of charge, both online and in person, with time off from work and travel allowances. However, in discussions with other professionals in the child care and protection network, it was observed that these initiatives are ineffective when implemented by other public agencies, and there is a lack of professional training to handle cases, listen to children, refer them, and provide services to children and their families. Consequently, assistance is not provided as required by law.

PSYCHOLOGY AND THE JUDICIARY

According to scholars in the field (Brito, 2005, 2008; Lago et al., 2009; Oliveira & Lima, 2021), psychology began to interact with the judiciary in the late 19th century with the aim of verifying—through its theoretical and technical framework of interviews, psychological tests, and projective tests—the veracity of witness accounts and of drawing up personality and behavioral profiles of those involved in legal proceedings, primarily in criminal cases. This is similar to the examination, which is the "detailed questioning that the competent authority conducts with a witness regarding a specific fact, asking the witness to recount everything they know about the incident, with the aim of a true and complete verification of the truth" (Santos, 2001, p. 125). At that time, psychologists worked on a voluntary basis (Lago et al., 2009), even though the profession had been recognized by Law No. 4,119 of August 27, 1962 (Brasil, 1962).

With the enactment of the Criminal Enforcement Law No. 7,210, of July 11, 1984 (Brasil, 1984), psychologists were formally integrated into the judicial system. The following year, in the State of São Paulo, the first competitive examination was held to recruit psychologists to work in the state's judicial system (Lago et al., 2009). At the same time, with the aim of improving psychologists' practices in this new field of work in Brazil, continuing education courses focused on this practice were created in the 1980s, such as the specialization program in Psychodiagnostics for Legal Purposes offered by the State University of Rio de Janeiro (Brito, 2005, 2008).

According to the Federal Council of Psychology (CFP, 2019a), psychology first entered the judicial system through the role of expert witnesses who provided psychodiagnostic evaluations of individuals involved in criminal cases. This role also extended to "minors" involved in legal proceedings. There is no specific date marking this integration of psychology with childhood and adolescence in the judicial system (Magalhães, 2017; Oliveira & Lima, 2022), but these professionals conducted assessments regarding punitive measures for juvenile offenders during the period when Law No. 6,697, of October 10, 1979 (Brasil, 1979)—the second Juvenile Code—was in effect.

In the 1980s, with movements opposing the Juvenile Code—particularly regarding the structure and operation of the State Foundations for Juvenile Welfare (FEBEM)—and with the 1988 Constitution (Brasil, 1988), there was a substantial change in the treatment of children and adolescents in our country (Brito, 2005; Lago et al., 2009). This change was grounded in citizen-centered legislation, based on human rights and physical, psychological, and social development, with legal, social, and public policy implications focused on the child and

adolescent population. This new legal paradigm culminated in the drafting and enactment of the Statute of the Child and Adolescent (ECA) (Brasil, 1990a). This statute assigned psychologists a fundamental role in the System for Guaranteeing the Rights of Children, Adolescents, and Families.

Several articles of the ECA require the State to establish psychological procedures for the care, protection, and support of children, adolescents, and their families, including perpetrators in situations of violence (Brasil, 1990a). Specifically regarding the role of psychologists in the judicial system, the Statute assigns them an important function in adoption proceedings, from the initial intake of the child, through the termination of parental rights, the evaluation of adoptive parents, to placement and follow-up with the adoptive family. These actions are described in Subsection IV—On Adoption—and Section VIII—On the Qualification of Prospective Adoptive Parents (Brasil, 1990a).

However, the duties of judicial psychologists are not limited to what was established in the ECA; state courts have enumerated other activities within the Juvenile Courts, Family Courts, and, finally, Criminal Courts, with the establishment of the Special Testimony procedure in 2017 (Brasil, 2017).

The Human Resources Department of the São Paulo Court of Justice (TJSP), in its Administrative Circular No. 345, dated May 26, 2004, stipulates 17 duties of the judicial psychologist that can be grouped under the heading of psychological evaluation of the parties to a case to assist the judge in making decisions. These evaluations use interviews, psychological tests, observations of interactions, and home and institutional visits to collect data; they also involve referrals to municipal and state social assistance, health, and educational networks for those receiving services, as well as follow-up on those referrals, violence prevention initiatives, supervision of interns, and the generation of knowledge in the field of legal psychology (São Paulo, 2004).

In October 2022, the CFP (2022), in its Resolution No. 23, updated the definition of specialties in psychology. This resolution defines the justice system and its components (the courts, public safety, the prison system, the socio-educational system, and systems for guaranteeing rights) as the field of work for forensic psychology. In this context, the forensic psychologist must be involved in the planning, implementation, and evaluation of actions aimed at ensuring compliance with the law. Their work takes concrete form in the production of psychological reports that contribute to safeguarding the human and social rights of those they serve. Specifically in the Juvenile Court, this professional must assist the judge with their

technical and scientific expertise in safeguarding the rights of children and adolescents. In Family Courts, the judicial psychologist must serve as a mediator in custody disputes and the regulation of visitation rights (CFP, 2022).

In the literature, several authors explain that judicial psychologists in Family Courts are involved in cases of parental disagreement, particularly in contested divorces (Bilibio, 2026; CFP, 2019a; Magalhães, 2017). In these cases, the litigants cannot reach an agreement regarding child custody, its arrangements, and visitation rights.

In the Courts for Children and Youth, as mentioned earlier, the psychologist plays a fundamental role in all stages of the adoption process: placement, termination of parental rights, evaluation of couples interested in adopting, mediation of contact between the adoptive couple and the adoptee, and follow-up with the family after the adoption is finalized (Brito, 2005; Lago et al., 2009; Magalhães, 2017).

In general, it can be understood that the forensic psychologist, while working with the parties to a case and using data-collection techniques, seeks to clarify matters and assist the judge in making decisions that promote not only legal justice but also social justice (CFP, 2019a; Lago et al., 2009; Martins & Silva, 2025; Salvador et al., 2026).

To this end, the forensic psychologist prepares a psychological report and includes it in the case file (CFP, 2019b; Lago et al., 2009; Martins & Silva, 2025; Salvador et al., 2026). Regarding psychological reports, it is worth noting that in 2019, the CFP (2019b), through Resolution No. 6, established rules for the preparation of written reports produced by psychologists, which remain of great assistance to forensic psychologists.

A significant change in the role of the forensic psychologist occurred with Law No. 13,431, dated April 4, 2017 (Brasil, 2017). This law directed the role of these professionals in criminal courts, specifically in cases involving violence against children and adolescents (Martins & Silva, 2025).

Special testimonial

In Brazil, the special testimony procedure originated in 2003 with a pilot project titled "*Depoimento Sem Dano*" (Testimony Without Harm), developed by Judge José Antônio Daltoé Cezar of the 2nd Juvenile Court of Porto Alegre, Rio Grande do Sul (CFP, 2019a; Nunes & Costa, 2025). The project was conceived in response to the complications arising from the repeated, intrusive, and unnecessary questioning of child and adolescent victims of sexual violence by various public agencies (Child Protection Council, schools, hospitals, police,

district attorney's office, and the judiciary), and generally by professionals lacking training for this role, which fosters psychological harm, institutional violence, and compromises the account's admissibility as legal evidence (Brasil, 2017, 2018; Faizibaioff & Tardivo, 2021).

In the "*Depoimento Sem Dano*" program, children and adolescents were interviewed by trained professionals in appropriate and welcoming settings (Nunes & Costa, 2025). The statements were recorded using audiovisual equipment, which eliminated the need for further questioning. Considered a successful project by the Rio Grande do Sul Court of Justice (TJRS), the "*Depoimento Sem Dano*" program was implemented in the remaining courts in Rio Grande do Sul in 2004 (Faizibaioff & Tardivo, 2021).

In 2010, the National Council of Justice encouraged the implementation of "*Depoimento Sem Danos*" in other courts throughout Brazil through Recommendation No. 33, dated November 23, 2010 (CNJ, 2010). In that recommendation, the name "*Depoimento Sem Danos*" was changed to "*Depoimento Especial*" (DE). The Council issued this recommendation because it viewed the experience of the Rio Grande do Sul State Court of Justice (TJRS) as a step forward in children's and adolescents' human rights, providing protection for children and adolescents who are victims of violence, particularly sexual violence.

In 2017, the System for Guaranteeing the Rights of Children and Adolescents Who Are Victims or Witnesses of Violence was established by Law No. 13,431, dated April 4, 2017 (Brasil, 2017). This law establishes various procedures for the care, protection, and referral of children and adolescents who are victims or witnesses of violence. Among these procedures, the DE stands out.

The DE is the questioning of children and adolescents by a police or judicial authority, with the primary objective of gathering criminal evidence against a defendant (Brasil, 2017, 2018). It is important to note that this procedure must be conducted in an appropriate, welcoming, and private setting by a single professional who is trained and qualified for this role.

Generally, psychologists and judicial social workers conduct the DE in the State of São Paulo (2018); however, it is essential to emphasize that this is not a function exclusive to this professional category (Brasil, 2017, 2018). The hearing is audio- and video-recorded and transmitted in real time to the courtroom, where the judge, the prosecutor, and the defendant's attorney are present.

With regard to its implementation, the DE must follow a protocol. In 2020, the Brazilian Protocol for Forensic Interviews with Children and Adolescents Who Are Victims or Witnesses

of Violence—PBEF (Childhood Brasil, 2020)—was made available. It was developed based on an adaptation of the U.S. National Advocacy Center's (NCAC) Forensic Interview Protocol. This adaptation was carried out by the Childhood Brasil team (2020), in partnership with the National Council of Justice (CNJ), supported by the National Research Council (CNPq), and supervised by faculty members from the Catholic University of Brasília (UCB), the University of Brasília (UnB), and the Federal University of Rio Grande do Sul (UFRGS).

It is worth noting that Law No. 14,344, dated May 24, 2022, ratified the conduct of Special Testimony (DE) in Family Courts in cases involving allegations of parental alienation (classified as psychological violence) (Brasil, 2022). Unlike cases heard in criminal courts, where the PBEF is used, hearings on parental alienation employ the Protocol for the Special Testimony of Children and Adolescents in Family Law Cases Involving Parental Alienation (CNJ, 2024).

Despite the regulatory advances represented by Law No. 13,431/2017 and the PBEF, there are still few empirical studies analyzing how these provisions have been implemented in practice by professionals in the child protection system and, specifically, how training in psychology can enhance the performance of judicial officials and professionals in the intersectoral network when assisting child victims of violence. The existing scientific literature focuses on theoretical or normative analyses, with insufficient research on the concrete conditions under which Qualified Listening and Special Testimony are conducted, as well as on the training gaps among the professionals involved. This article aims to fill this gap by presenting and discussing empirical data from two graduate studies—one at the master's level and the other at the doctoral level—which investigated, respectively, the practices of professionals engaged in Specialized Interviewing within the context of municipal public policies and public health care for child victims of domestic violence referred for Special Testimony. The article's central contribution lies in providing concrete evidence on the challenges of the law's intersectoral implementation, thereby supporting the improvement of public policies and training programs.

Special testimony and the forensic psychologist

Article 5 of Law No. 13,431, dated April 4, 2017 (Brasil, 2017), grants children and adolescents the right to remain silent or even to be absent from the hearing, since their participation in the DE is a right, not a duty. The questioning should take place only once,

whenever possible (Article 11). The witness may also request that, during the hearing, the accused have no physical or digital contact with him or her (Article 12).

Bilibio (2026) argues that the DE provides protection to children and adolescents regarding violence they have suffered or witnessed, since it takes place in an appropriate and safe setting, which prevents embarrassment and/or coercion by the alleged perpetrator or legal professionals (judges, prosecutors, attorneys). He emphasizes that conducting the questioning in a secluded location, with only the court psychologist present and (preferably) only once, prevents institutional violence and facilitates a more reliable account of the violence suffered.

Bilibio (2026) points out that, in the DE, the child is truly heard, taking on the role of a speaker and a subject—rather than merely a victim who is passive in the proceedings—which distinguishes it from traditional testimony, in which the victim of violence was questioned directly by the judge in the presence of the prosecutor and the defendant's defense attorney. However, the DE has faced—and continues to face—various criticisms from scholars in the field.

Schaefer et al. (2022) note that violent acts, particularly those of a sexual or psychological nature, often leave no obvious traces; consequently, the special testimony becomes the sole evidence against the accused. They further observe that the primary purpose of the special testimony is to produce criminal evidence against an alleged perpetrator, relegating the care and protection of child and adolescent victims to a secondary role. Following this line of reasoning and as a word of caution, the CFP (2020a) explains that the forensic psychologist, in their role as an interviewer of victims for the purpose of gathering criminal evidence, has compromised their professional and social duty to listen to, welcome, attend to, and care for children and adolescents whose rights have been violated.

Faizibaioff and Tardivo (2021) emphasize that, before the hearing begins, the forensic psychologist must assess whether the child or adolescent has the emotional and cognitive capacity to participate in this procedure, and determine whether the hearing is appropriate or not. They explain that the mental health status of witnesses can affect their cognitive functioning, making it difficult to hear their testimony and causing psychological distress related to recalling the events and details described. Similarly, Martins and Silva (2025) consider it essential to identify the emotional risks that may be triggered by recalling and/or recounting the traumatic situation. In such cases, the special testimony should not be conducted or should be interrupted if it has already been initiated by the forensic psychologist.

Prior to the enactment of Law No. 13,431, dated April 4, 2017 (Brasil, 2017), the CFP (2010) had already issued an opinion opposing the conduct of special depositions, on the grounds that the role of interrogator does not fall within the scope of a forensic psychologist's duties. Resolution No. 10, dated June 30, 2010, prohibited psychologists from conducting this procedure. In 2012, this resolution was suspended by the Federal Regional Court of Rio de Janeiro. In 2020, Resolution No. 2, dated March 18, 2020 (CFP, 2020b), revoked Resolution No. 10 (CFP, 2010).

In 2018, the CFP (2018) issued Technical Note No. 01/2018, challenging Law No. 13,431, dated April 4, 2017 (Brasil, 2017), and recommending that forensic psychologists not perform the DE. The Council stated that, during its development as a bill, there was no broad inclusion of civil society, researchers, entities, organizations, and social movements in its formulation. Furthermore, no discussions or studies were conducted regarding the impacts of the DE on victims of violence, much less on the technical and ethical practice of psychologists in performing this procedure (CFP, 2019a, 2020a; Martins & Silva, 2025).

SCIENTIFIC CONTRIBUTIONS IN THE FIELD

The following paragraphs present scientific contributions in this field of knowledge, developed by the authors of this study. The research projects—one for a master's degree and the other for a doctoral degree—were previously approved by the Research Ethics Committee (CEP) of the public university to which the researchers were affiliated, in accordance with Resolutions No. 466/12 and 510/16 of the National Health Council (CNS, 2012, 2016).

Master's research

The master's thesis titled *Descrição e análise das práticas dos profissionais do procedimento de Escuta Especializada no âmbito das políticas públicas municipais* (Paccola, 2025) delved into Qualified Listening, which also requires care and specific criteria—aspects with which psychology professionals must collaborate.

The researcher conducted a qualitative-quantitative study with an exploratory and descriptive approach, with the aim of analyzing and describing the procedures carried out by professionals involved in Specialized Listening services, within the context of municipal public policies, through individual interviews; Content Analysis (Bardin, 2016) was used to organize, compile, categorize, process, and interpret the data. The dissertation is theoretically grounded

in Urie Bronfenbrenner's Bioecological Model of Human Development, which allows for an understanding of the interaction among the different contexts surrounding children who are victims of violence—from the most immediate family relationships (microsystem) to public policies and legislation (macrosystem). Chapter I presents a systematic literature review, methodologically organized based on searches in scientific databases, with explicit inclusion and exclusion criteria and an analysis of the selected articles regarding their objectives, journals of publication, and main contributions to the field of Specialized Listening and Special Testimony (Paccola, 2025).

The study employed a qualitative-quantitative approach, combining data collection and analysis methods to gain a broader understanding of the phenomenon under study. Nine professionals working in specialized counseling services in municipalities in the interior of São Paulo participated in the study. Data were collected through individual semistructured interviews, conducted using a script developed specifically for this study. The qualitative data were subjected to content analysis according to Bardin's (2016) framework, with thematic categorization of the responses. In addition, the Work Self-Efficacy Scale (EAE-T) was administered, a quantitative instrument that measured the level of self-efficacy perceived by the professionals in their work in Specialized Listening services.

The results revealed a complex and challenging landscape. The professionals interviewed pointed to the lack of clear professional selection criteria for working in Specialized Counseling, which compromises the quality and standardization of care. A partial implementation of the provisions of Law No. 13,431/2017 was also identified, with gaps in the conceptual understanding of violence and vulnerability. Network coordination—that is, communication among health, social assistance, security, and justice services—was identified as one of the main challenges, with reports of fragmentation and discontinuity in the referral and follow-up of the children and families receiving care (Paccola, 2025).

The dissertation provided an in-depth analysis of the three phases of care. In the pre-care phase, the professionals emphasized the importance of the initial welcome and of preparing the physical and emotional environment for listening to the child. During the service delivery phase, a variety of techniques were observed, but there was a lack of uniform methodological protocols to guide practice, resulting in significant variations in how procedures were conducted among different professionals and municipalities. In the post-service phase, challenges centered on the appropriate referral of identified needs and the follow-up of cases. The professionals

studied reported difficulties in conducting the process in a technically sound and safe manner, often feeling insecure when performing the appropriate procedures (Paccola, 2025).

Scores on the Work Self-Efficacy Scale were also mostly low, indicating that the professionals studied perceive difficulties in adequately performing their duties. The main findings demonstrate the need for greater investment in education and training for these professionals, in order to enhance their practical skills, as well as greater investment in their well-being, given the demanding nature of their work (Paccola, 2025).

Taken together, the results show that, although Law No. 13,431/2017 represented a significant regulatory advance by establishing Specialized Listening as a protective procedure, its implementation faces concrete obstacles at the municipal level. The lack of clear methodological guidelines, insufficient ongoing training, weak intersectoral coordination, and the absence of objective criteria for selecting professionals constitute the main barriers to standardized, high-quality practice. This dissertation contributes to the field by offering a detailed situational analysis of professional practices, providing insights for the formulation of more effective public policies and for the improvement of training and professional development programs for professionals who work with children and adolescents who are victims of violence.

Doctoral research

Following an initial systematic review of Brazilian legislation pertaining to Violence Against Children (VAC)—which constituted Stage 1 of the research—the study proceeded through three additional phases to investigate how these laws are implemented in practice (Domingues, 2024).

In Stage 2, the objective was to understand the extent to which professionals in the SUS health and social assistance network are familiar with the legislation when referring suspected cases. To this end, a new systematic review was conducted in the SciELO, BVS, and Scopus databases, filtering primary studies involving public health professionals in Brazil published in Portuguese between 2020 and 2022. The 13 selected articles were categorized into central themes (such as identification of violence, reporting, care, and training). The entire discussion was carefully grounded in the Bioecological Theory of Human Development (Bronfenbrenner, 2011) and in studies on vulnerabilities (Silva & Noto, 2022).

Moving forward to listen to those on the front lines, Stage 3 consisted of a qualitative and exploratory study. Semi-structured interviews were conducted with seven public health

professionals from the State of São Paulo who provide care to children who are victims of domestic violence. The interviews were transcribed and subjected to content analysis (Bardin, 2016), organized into the following categories: referral within the network, protocol, care, outcomes, demands, and suggestions.

Finally, Stage 4 sought to give voice to the other side of care: the families. The aim was to understand how the public health system has been receiving child victims of violence (CVV) referred to the Special Testimony (DE) program. Following the same qualitative approach, 11 family members were interviewed—ensuring the exclusion of reported perpetrators. Through the lens of Content Analysis (Bardin, 2016), these narratives gave rise to the categories of referral, care, outcomes, demands, and suggestions.

Overall, Domingues's (2024) doctoral research—*Saúde Pública na atenção individual e familiar de criança vítima de violência doméstica*—presents a fundamental premise: Brazilian legislation on this issue must be a living tool, deeply understood and applied by all frontline professionals. To address such a complex phenomenon, it is not enough for services to exist in isolation; prevention, reporting, care, and research efforts must be integrated. Public policies and systems for safeguarding rights must work in tandem, operating in a truly intersectoral manner.

It is precisely to ensure that this care system functions effectively that the reviewed studies unanimously point to the urgent need for ongoing training of teams. In this support framework, the role of psychology emerges as essential. Working both within the service network and the judicial system, these professionals are key to ensuring that children receive adequate support and have their rights guaranteed, sparing them the pain and strain of revictimization (Domingues, 2024).

This kind of sensitivity and active listening make all the difference in training other professionals and in building this support network. For this reason, the role of psychology is indispensable in crucial contexts, such as the Referral Services for Care in Cases of Sexual Violence, the National Policy for Reducing Morbidity and Mortality from Accidents and Violence, and, most notably, the Rights Guarantee System (of which the special testimony is a part). More than just applying protocols, it is about forging secure connections that truly support and protect those who need it most.

Through content analysis of interviews with seven health care professionals, Domingues (2024) found that while they were committed to providing quality care to this population, the majority of interviewees were unaware of current legislation and the procedures that must be

followed when caring for victims of domestic violence and their family members—a finding that corroborated a previous theoretical study. Furthermore, the content analysis of interviews conducted with 11 family members of children referred for special testimony revealed the insufficiency, absence, and brevity of services and interventions aimed at child victims of domestic violence and their families provided by public health facilities. According to the researcher, there is an urgent need for practical training of health professionals and for the full functioning of an intersectoral network to ensure effective care, protection, and support for child victims of domestic violence.

The author emphasizes that it is of the utmost importance to expand research on the legal framework addressing domestic violence against children beyond the health sector to also encompass education, social services, public safety, and the judiciary. This need became even more evident when cross-referencing the interview accounts: both professionals in the support network and family members confirmed a shared sense of urgency regarding ongoing training, highlighting that the protection network needs to be better equipped and, above all, better connected (Domingues, 2024).

By giving a voice to public health professionals, the study revealed a landscape marked by great dedication but fraught with structural challenges. The genuine effort of these teams to provide a supportive environment for children and their families was evident. However, they themselves admitted to lacking in-depth knowledge of health legislation related to violence and reported an urgent need for training. Furthermore, they highlighted the interruption and discontinuity of treatment as the greatest obstacle, suggesting that care must be multidisciplinary, long-term, and deeply coordinated both across and within sectors (Domingues, 2024).

This anguish is echoed in the statements of family members, who call for more effective referrals and for care that is both immediate and long-lasting for everyone involved. They also recognized and emphasized the need for professionals to be better prepared to receive them. In short, the study revealed a painful disconnect: the actions and services offered in practice still do not reflect what the legal framework guarantees on paper. Given this reality, the ongoing training of managers and professionals becomes imperative, in addition to raising a fundamental and urgent question: do we currently have a sufficient number of adequate health services and properly qualified teams to truly protect our children and their families from this highly complex phenomenon?

FINAL CONSIDERATIONS

The data from scientific studies presented in this paper are consistent with the findings in the literature in this field: they demonstrate the difficulty health professionals face in identifying child abuse, the lack of reporting, and the fact that health care procedures aimed at treating and supporting victims and their families are either scarce or heavily biased toward a biomedical approach. Furthermore, gaps in the coordination of the intersectoral network underscore the need to train public health professionals in addressing violence against children.

The interviewees' accounts revealed disorganization in referrals within the intersectoral and intrasectoral networks providing care for children affected by domestic violence, as well as a lack of information about the victims. Most study participants did not follow the Ministry of Health's protocol for caring for victims of violence. The interviewees reported that, in addition to the children, they provided care to family members, implementing procedures for both groups that included intake, counseling, psychotherapy, and referrals to the intersectoral network.

The main difficulties reported by the participants—such as interruptions and discontinuity in care on the part of the children and their families—were discussed, and their suggestions were noted. Referrals to general practitioners, psychotherapy, and group therapy were the primary interventions; however, according to the interviewees, these referrals were delayed or not carried out in accordance with legal procedures. Four interviewees noted positive outcomes, particularly related to psychotherapy, which highlights the importance of this and other forms of intervention for this population.

The involvement of psychology professionals in the judicial system is essential, especially in cases of violence against children, in training and planning for the conduct of Special Testimony and Qualified Listening sessions, which, in turn, may take place in other child protection agencies. This work, however, does not begin in the judicial system, but rather in society as a whole when it comes to prevention and care, and in other institutions such as social and health services once the incident is reported.

Research on violence against children faces immense challenges, with underreporting being the most silent and cruel of them all. To change this reality, Brazil needs to invest heavily in the oversight and enforcement of its public policies, building networks of support and care that are truly interconnected. More than that, it is urgent to educate for peace. Education must make a practical commitment to teaching assertive communication and constructive conflict

resolution, replacing hostility with dialogue and taking preventive action even before violence occurs.

It is with this honest and diligent perspective that we acknowledge the limitations of this study. Our findings are based on very specific geographic and sampling contexts—public health services in the state of São Paulo and in municipalities in the interior of São Paulo. Although these smaller samples offer us the richness and analytical depth of a case study, they limit the generalizability of the results to a continental country with such diverse socioeconomic and structural realities, and they do not allow for statistical inferences. Added to this is the fact that the data reflect a specific point in time, which prevents us from assessing how professional practices and the coordination of the network evolve over the long term.

Despite these limitations, the results shed light on essential paths forward. There is a clear need for multicenter studies that compare how different Brazilian states are implementing Qualified Listening and Special Testimony, as well as longitudinal studies capable of measuring the actual impact of training programs on the quality of care. It is equally essential to include the perspectives of the children and adolescents themselves regarding the procedures they face, in order to give a voice to those experiencing the process. Finally, it is recommended to evaluate the effectiveness of forensic interview protocols (such as the PBEF and those focused on parental alienation) in different institutions and to measure how the sensitive work of forensic psychologists helps prevent revictimization. These are the directions that will consolidate the evidence base necessary to continuously and humanely improve public policies for child protection.

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