Dat	e: K28. juni 2023		
You	ır name: Annie Vesterby	Charles	
Ма	nuscript title: Age-re	lated deviations in the prose	cution of child abuse cases
Ma	nuscript number (if known):	
are r third com	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	ains to the epidemiology of hypertensive medication, e	hypertension, you should ven if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	em #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
_	e frame: Since the initial plar	Total Control	
1	All support for the present manuscript (e.g., funding,	None	
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
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Tim	e frame: past 36 months		
2	Grants or contracts from	None	
-	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	77 N	
	Noyalties of Reclises	None	

4 Consulting fees		<u>⊿</u> ⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	- None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	▶None		
11	Stock or stock options	\(\bar{\rm None}\)		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non- financial interests	⊠ None		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : K28. juni 2023		
You	r name : Kathrine Bang N	Madsen	
Maı	nuscript title: Age-re	lated deviations in the prose	cution of child abuse cases
Maı	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
The a perta antih In ite	author's relationships/activalins to the epidemiology of ypertensive medication, ex	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plan	needed)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	☑ None	
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	☐ None	
	lectures, presentations, speakers bureaus,	Medice Nordic	received speakers fee
	manuscript writing or		
	educational events		
6	Payment for expert	☒ None	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
8	Patents planned, issued or	🖄 None	
	pending		
9	Participation on a Data	☑ None	
9	Safety Monitoring Board or Advisory Board	□ None	
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10	Leadership or fiduciary role in other board,	☑ None	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	☑ None	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	☑ None	
	financial interests		
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 $\ \square$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Da	te: K28. juni 2023		
Yo	ur name: Marlene Beye	r Eg	
Ma	anuscript title: Age-	related deviations in the prose	ecution of child abuse cases
Ma	anuscript number (if knov	/n):	
thi cor	e related to the content of rd parties whose interests mmitment to transparenc	your manuscript. "Related may be affected by the co	Il relationships/activities/interests listed below that "means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to you do so.
The	e following questions app inuscript only.	y to the author's relationsh	pips/activities/interests as they relate to the <u>current</u>
per ant	rtains to the epidemiology tihypertensive medication tem #1 below, report all s	of hypertension, you shou , even if that medication is upport for the work report	e defined broadly. For example, if your manuscript ld declare all relationships with manufacturers of not mentioned in the manuscript. ed in this manuscript without time limit. For all
Otr	ner items, the time frame	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Γim	ne frame: Since the initial pl		
1	All support for the presen		
	manuscript (e.g., funding, provision of study materials, medical writing article processing charges etc.)		Funding of data preparation and preparation of earlier drafts of this article.
	No time limit for this item		
Γim	e frame: past 36 months		Click TAB in last row to add extra rows
2	Grants or contracts from any entity (if not indicated in item #1 above).	⋈ None	
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4	Consulting fees	75 None
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5	Payment or honoraria for lectures, presentations, speakers bureaus,	ĭ None
	manuscript writing or	
	educational events	
6	Payment for expert testimony	™ None
	testimony	
7	Support for attending	™ None
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8	Patents planned, issued or	™ None
	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊗ None
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical	None ■
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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		ni 2023			
You	ır name:	Ole Ingemann-H	lansen		
Ма	Manuscript title: Age-related deviations in the prosecution of child abuse cases				
Ма	nuscript n	umber (if known):		
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	following q uscript onl		o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
perta antih	ains to the hypertensiv	epidemiology of e medication, ev	hypertension, you should en if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
			port for the work reported disclosure is the past 36 r	d in this manuscript without time limit. For all months.	
			Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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1	manuscrip provision materials,	t for the present of (e.g., funding, of study medical writing, ocessing charges,	None		
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2		contracts from (if not indicated above).	None		
3 Royalties or licenses None					

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Course for forensic medicine specialist education	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Ĉ¥None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Danish Society for Injury C Prevention and Safety Promotion	hairman
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	Vone	

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Medical Journal.

Date	: K28. juni 2023		
You	r name: Troels Græsholt	-Knudsen	
Mar	nuscript title: Age-rel	ated deviations in the prose	cution of child abuse cases
Mar	nuscript number (if known):	
are re third comn list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Disclosivities/interests as they relate to the current
The a perta antih	uthor's relationships/activ ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	☐ None Department of Forensic Medicine, Aarhus University	Funding of article processing by me through my employment here
	No time limit for this item.		
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Time	e frame: past 36 months		DESCRIPTION OF THE PROPERTY OF
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠None	
3	Royalties or licenses	None	

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Consulting fees	⊠None	
Payment or honoraria for	☑ None	
lectures, presentations, speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	⊠ None	
Support for attending meetings and/or travel	⊠ None	
Patents planned, issued or pending	☑ None	
Participation on a Data	None	
Safety Monitoring Board or Advisory Board		
Leadership or fiduciary	□ None	
role in other board, society, committee or advocacy group, paid or unpaid	Treasurer	Research Society on Sexual Child Abuse
Stock or stock options	⊠ None	3.
Receipt of equipment,	⊠None	
writing, gifts or other services		
Other financial or non-	None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services

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Dat	e: K9. august 2023		
You	ır name: Carsten Obel, fil	led in by Troels Græsholt-Kı	nudsen after Carstens death
Ma	nuscript title: Age-re	lated deviations in the prose	ecution of child abuse cases
Ma	nuscript number (if known):	
are r third comi	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the con nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	em #1 below, report all sup r items, the time frame for	disclosure is the past 36	d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	ning of the work	
1	All support for the present	ÀNone	
	manuscript (e.g., funding, provision of study		
	materials, medical writing, article processing charges, etc.)		
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	ie trame, past 30 months		No. 10. In the Section of Michigan Confe
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	KINGG	
	Royaldes of Heelises	None	

4	Consulting fees	ĭ⊠None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ø None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠None
13	Other financial or non- financial interests	None

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