



CRISIS INTERVENTION GUIDELINES AND PROTOCOL: SUPPORTING CHILD VICTIMS OF ONLINE SEXUAL ABUSE

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To best achieve these aims, our work follows the Luxembourg Guidelines and any updates to it. Further, we adapt as terminology evolves by developing internal guidance that aligns with these principles. When citing external sources, we retain the original language to preserve the intended meaning and context, ensuring the accuracy and authenticity of the cited content.



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INTRODUCTION

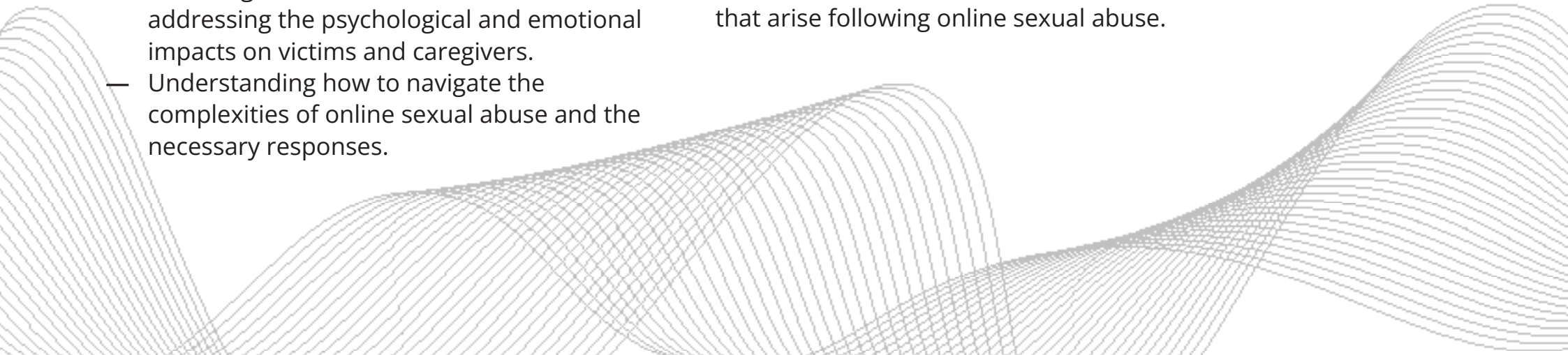
These guidelines complement the Stockholm Barnahus crisis support model and aim to help professionals provide effective crisis interventions for child victims of online sexual abuse. Victims of online sexual abuse face unique challenges. The trauma experienced can be even more severe than contact abuse, both for children and caregivers. Professionals need to be equipped to address emotional, psychological, and practical needs, from the first critical days after disclosure to ongoing therapeutic support.

The guidelines aim to assist professionals in:

- Providing a trauma-sensitive framework for addressing the psychological and emotional impacts on victims and caregivers.
 - Understanding how to navigate the complexities of online sexual abuse and the necessary responses.
- Highlighting collaborative approaches that ensure child safety and emotional stabilisation.

TARGET GROUP

Professionals from various sectors play a vital role in crisis interventions. Social workers, psychologists, police officers, forensic interviewers, Barnahus staff, medical staff, and other child protection professionals must all be prepared to engage with victims and caregivers sensitively and competently. This protocol supports them in meeting the complex needs that arise following online sexual abuse.





WHAT DO PROFESSIONALS NEED TO KNOW ABOUT ONLINE CHILD SEXUAL

Supporting both victims of online abuse and their caregivers is essential to promote recovery and prevent further harm. This requires a sensitive and validating approach that addresses complex emotional responses.

Part 1 gives a brief overview of online child sexual abuse.

WHAT FORMS OF ONLINE CHILD SEXUAL ABUSE ARE THERE?

Research suggests a worldwide increase in cases of online child sexual abuse, and Barnahus across Europe has seen a growing number of these cases. Online child sexual abuse includes, but is not limited to, the following cases:

- Images made by adults (depicting child sexual abuse)
- Images made without consent by other young people
- Voluntary, self-produced images that were shared without consent by other young people
- Voluntary, self-produced images for adults that were shared without consent
- Voluntary, self-produced images that involve an illegal age difference or are part of commercial sexual exploitation
- Unwanted online sexual talk, questions, acts, and requests.



WHO, HOW MANY, AND RISK FACTORS?

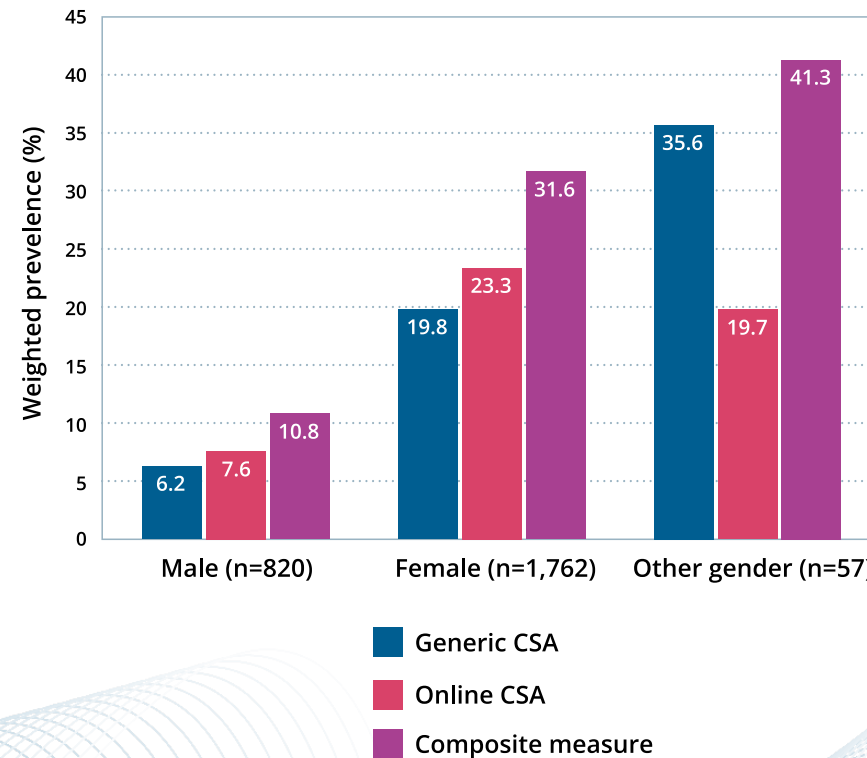
- Overall prevalence rate 21.7 % (Finkelhor, 2024).
- Online sexual abuse is more common than contact sexual abuse for both men and women (Finkelhor, 2024).
- The rate for females is 31.6 % (19,8%), males 10.8 % (6,2%), other genders 19,5% (35,6%) (Finkelhor, 2024).

Many of the risk factors for being victimised online are the same factors as for conventional sexual abuse:

- Not having close relationships with caregivers
- Having been bullied or having difficulties in peer relationships
- Previously experienced victimisation
- Female gender

The statistics come from the US.

Abuse categories by gender



Source: [Finkelhor, D., Turner, H., & Colburn, D. \(2024\). The prevalence of sexual abuse with online sexual abuse added. Child Abuse & Neglect, 149, 106634.](#)

WHAT IMPACT DOES IT HAVE ON VICTIMS AND THEIR CAREGIVERS?

Consequences of OCSA for the victims:

The trauma of online child sexual abuse often mirrors offline abuse but includes heightened feelings of powerlessness, loss of control, shame and guilt. This requires sensitive and validating approaches addressing complex emotional responses.

- OSCA can lead to serious consequences for the affected child. This includes social, physical and psychological long-term negative consequences, including PTSD (Hamilton-Giachristis et al., 2017).
- Children and adolescents who are victimised online can have more severe trauma symptoms compared to victims of contact sexual abuse (Joleby et al., 2020).
- It can be more difficult for victims of OCSA to talk about the abuse, which can result in fewer opportunities to receive support and help (Joleby et al., 2020 a & b; Donevan, Jonsson & Svedin, 2023).
- Children can experience strong feelings of guilt and shame related to the abuse (Joleby et al., 2020 a & b; Donevan, Jonsson & Svedin, 2023).
- Victims of OCSA often hesitate to disclose, due to shame, guilt, fear of being blamed, and concerns that others will find out (Joleby et al., 2024).
- Many children wish someone had invited them to talk, highlighting the need for cues, safe conversations, and education about sex and abuse (Joleby et al., 2024).

Consequences of OCSA for the victims cont.:

- **Guilt** – Feel it's their own fault
- **Shame** – Feel lured, stupid, etc
- **Betrayal** – Feel that they let their parents/friends down
- **Threat** – Feel threatened by the offender
- **Fear** – Afraid of what will happen to the material
- **Anxiety** – Feel worried about who has seen the material
- **Uncertainty** – The abuse continues... (Jonsson and Svedin, 2017)

Consequences of OCSA for the Caregivers:

- **Guilt**
- **Shame**
- **Stress**
- **Trauma symptoms**
- **Negative impact on the relationship with the child**
- **Unintentional victim-blaming**



WHAT INFLUENCES HOW ONLINE CHILD SEXUAL ABUSE IS PERCEIVED?

Several interrelated dynamics affect OSCA:

Culture Aspects of Online Sexual Abuse

- Values/ Attitudes
- Mental Health biases

Societal Aspects of Online Sexual Abuse

- Public awareness
- General Myths, Values, and Attitudes
- Socio-economic differences
- Education

Policy Aspects of sexual abuse

- Legislation
- Ethical responsibilities
- Socio-economic differences
- Knowledge and Education

Professional aspects

- Knowledge
- Education
- Values and attitudes
- Biases
- Approach
- Cooperation
- Vicarious trauma

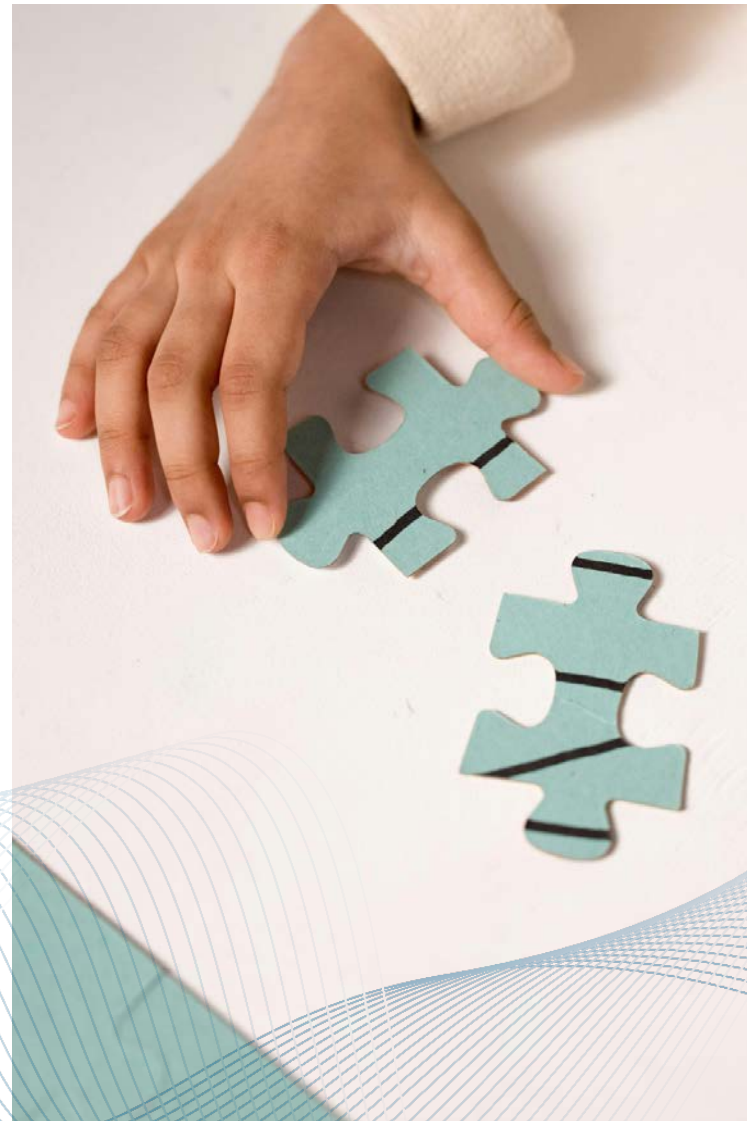
Individual aspects

- Information
- Knowledge
- Impact of OSCA
- Relationship with caregiver
- Individual needs
- Vulnerabilities

WHAT DO WE KNOW ABOUT CRISIS INTERVENTIONS FOR ONLINE CHILD SEXUAL ABUSE?

- No evidence-based approach or tools
- Limited research regarding what types of initial and immediate therapeutic and practical support are needed, and what is effective
- This guidance and protocol build on a study of professionals' responses, research, and clinical experiences.
- More research is needed, and most of all, children and young people's voices need to be included.¹

1. <https://childrenfirst.org.uk/media/2kchpl0v/children-first-voices-of-children-and-young-people-elpis-project-feedback-summary-december-2024.pdf>



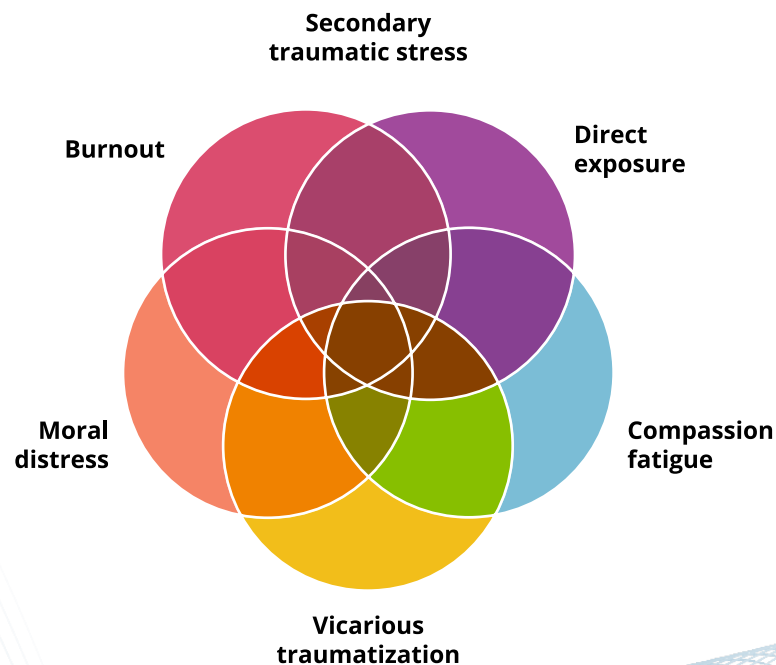
LASTLY, WORKING WITH ONLINE CHILD SEXUAL ABUSE IS HARD WORK!

- Take care of yourself and your colleagues if some content is affecting you!
- Be compassionate towards yourself and each other.
- Ask for consultation.
- Get help if you need it.
- Be mindful of your own levels of stress and things that you can do outside of this training to manage stress (sleeping well, eating, supportive people, etc.)
- Give yourself a fair chance to learn and integrate a trauma-sensitive approach by having extra “learning time” the first year of practice.



Vicarious traumatisation

Changes in the inner experience of the provider, such as expectations for trust, safety, control, esteem, or intimacy, that result from the cumulative and chronic exposure.



Definition Secondary Traumatic Stress

Secondary Traumatic Stress is the emotional distress when an individual is exposed to (hears, reads, sees) the firsthand trauma experiences of another person.

For individuals who care for children who have experienced trauma, hearing trauma stories can take an emotional toll.

Secondary trauma symptoms can range from mild to severe, at which point individuals can develop posttraumatic stress disorder (PTSD).

Preliminary findings from a large Finnish global online survey show that caregivers report almost as severe symptoms as their victimised children (Global#OurVoice Survivor Survey. Protect Children, 2025)

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CRISIS SUPPORT

Part 2 introduces key aspects when supporting child victims of online abuse and their caregivers.

COMMON CRISIS REACTIONS

Physical Reactions

- Being jumpy or easily startled
- Stomach aches or digestive issues
- Headaches or muscle aches
- Tiredness
- Increase or decrease in energy
- Dizziness
- Hyper arousal
- Hypo Arousal

Emotional Reactions

- Shame
- Guilt
- Overwhelmed/ Drained
- Disconnected
- Anger
- Anxiety
- Fear
- Grief
- Sadness/ Depression
- Helplessness

Behavioral Reactions

- Crying
- Restlessness
- Withdrawal
- Isolation
- Outbursts
- Avoidance of areas or people or quiet
- Sleeping poorly or excessively
- Eating excessively
- Exercising excessively

Cognitive Reactions

- Worrying
- Confusion
- Poor concentration
- Memory difficulties
- Difficulty making decisions
- Replaying the event
- Flashbacks
- Nightmares
- Self loathing

For more information about common reactions after violence and abuse, see p. 14-19 "***When something bad has happened, Workbook for adults***".

WHAT DO WE NEED TO DO IN A CRISIS?

- Make the child feel seen, supported, and validated
- Information and psychoeducation
- Reduce stress and help the child and caregivers understand their reactions, feelings, thoughts and behaviors
- Reduce potential shame and guilt the child is feeling
- Help accepting support and potential further assistance

Everybody

- Information/ Psychoeducation
- Approach/Validation
- Involve Caregivers
- Cooperation

Social Services

- Information/ Psychoeducation
- Approach/Validation
- Safety, also online
- Protection
- Risk Assessment
- Involve

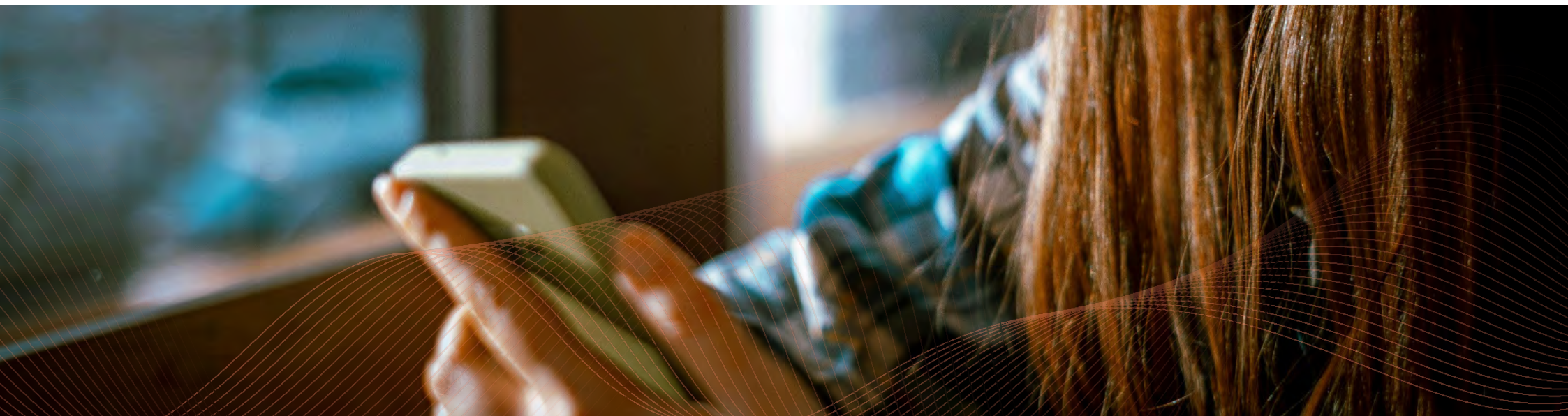
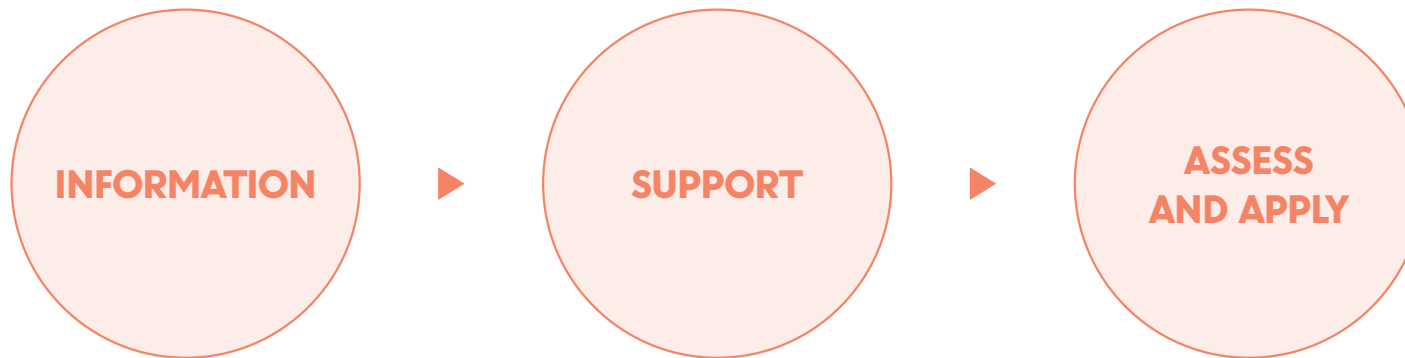
Specialists

- Information/ Psychoeducation
- Approach/validation
- Involve Caregivers
- Cooperation
- Psychosocial Assessment
- Trauma treatment

For more information about all the components of crisis support see *When something bad has happened, Handbook*.

WHAT CAN YOU DO WITHIN YOUR PROFESSIONAL ROLE? THE ISA MODEL

All professionals meeting victims of OCSA can provide support adapted to their professional setting:



Information	
Collect <ul style="list-style-type: none"> – Collect information about the child’s situation and abuse history to tailor the first contact. – Collect information from the child, and if relevant, caregivers, to establish both practical and psychological needs in the acute phase. 	Collect, Communicate, Collaborate <ul style="list-style-type: none"> – What is your role? And what possibilities do you have? – Clear information – Show empathy for their situation – Normalise – Validate – Basic psychoeducation – Collaborate
Communicate <ul style="list-style-type: none"> – Concrete communication and information are key in making the child and their caregivers feel safe, supported, validated, and listened to. 	
Collaborate <ul style="list-style-type: none"> – Collaboration with other professionals, ensuring a trauma- sensitive approach. Mapping the child’s experience and encounters with other professionals and agencies, as well as working together with other agencies, is part of creating a comprehensive picture of the situation, experience and needs of the child. 	

In your organization, how do you give information?

Support	
Practical <ul style="list-style-type: none"> - Establishing the child's acute, basic needs and concerns. 	
Psychological <ul style="list-style-type: none"> - Contact and Connection - Create an environment which signals safety. Make sure the initial contact is calm, non-demanding, and validating, only focused on the child's needs. - Stabilisation and information - Provide concrete information. Make sure the child understands the situation they are in and what services can be offered. "It's common to feel overwhelmed and to not remember everything from these conversations." 	
Normalise <ul style="list-style-type: none"> - "I meet many kids and caregivers in this situation." - "I know it can be difficult and overwhelming, would it be helpful if I tell you what other children usually say was helpful when they were here?" 	
Psychoeducation <ul style="list-style-type: none"> - Explain the fight, flight, freeze and appease response. - Explain common trauma reactions and symptoms. - Explain and talk about common feelings, thoughts, and reactions after having been through a traumatic event. 	Practical <ul style="list-style-type: none"> - What is your role? And what possibilities do you have? - Clear information - Show empathy for their situation - Normalise - Validate - Basic psychoeducation - Collaborate and refer - Make sure they get the support they need

What kind of support can you give?

A multi-disciplinary approach is key. Children and their caregivers need support from the entire chain of professionals to ensure their needs are met using a non-judgmental, trauma-sensitive, and validating approach.

Police and forensic interviewers:

- Provide clear information about the procedures and process
- Conduct initial investigations sensitively and non-judgmentally.

Barnahus staff:

- Ensure child-friendly interview settings
- Coordinate the multidisciplinary response
- Information/ Psychoeducation
- Stabilisation
- Crisis interventions
- Psychosocial assessment

Child protection services:

- Protection
- Safety-planning
- Facilitate child and family support

Medical staff:

- Medical evaluations and address physical health concerns using a validating approach (see Elpis Medical protocol).

Therapists:

- Psychological assessment
- Psychoeducation
- Stabilisation
- Psychological interventions if needed
- Referrals if needed

For more information about multidisciplinary approaches to crisis support, see "*When something bad has happened, Handbook*"

Assess and apply

Assess

- Identify long-term support and psychological interventions. Help the child and caregivers gain access to the most efficient treatment options.
- Make sure the child and caregivers get referred and meet professionals who can help.

Apply

- Establish referral pathways and contacts with services that can provide further support and interventions if your service is not responsible for long-term support.

Assess and apply

- What is your role? And what possibilities do you have?

RECOMMENDATIONS

- Ensure Immediate Physical and Emotional Safety
- Psychological First Aid
- Limit Exposure to Traumatic Stimuli
- Stabilisation and Routine
- Encourage Healthy Coping Mechanisms
- Early Screening and Monitoring
- Provide Trauma-Informed Counseling & therapeutic interventions
- Strengthen Caregiver and Social Support

For more detailed information about the components of crisis support, see *When Something Bad Has Happened, Handbook*.





HOW DO WE INCREASE TRUST AND TAILOR SUPPORT?

Part 3 introduces practical steps to foster trust and tailor support, focusing on trauma-sensitive approaches.

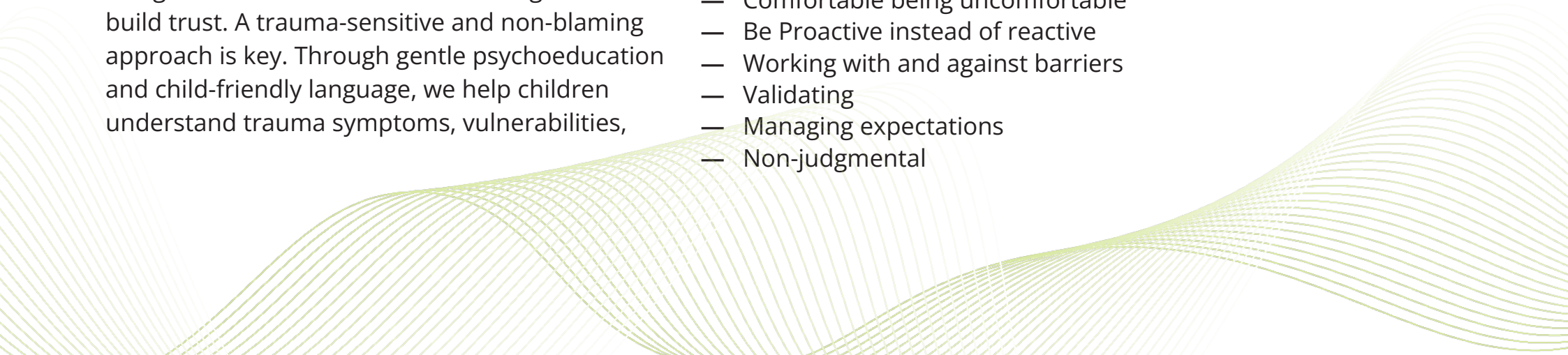
SKILLS PROFESSIONALS CAN UTILISE IN INDIVIDUALISING THEIR APPROACH TO GET “BUY-IN”

Establishing a connection in the aftermath of OCSA begins with curiosity, compassion, and a willingness to sit with discomfort. Many victims may have difficulty disclosing or seeing themselves as victims, especially when offenders use manipulation, coercion, or grooming. Your role is to meet them where they are by being proactive rather than reactive, working both with and against the barriers that can arise.

We do this by validating experiences without judgment, managing expectations clearly, and using both formal and informal strategies to build trust. A trauma-sensitive and non-blaming approach is key. Through gentle psychoeducation and child-friendly language, we help children understand trauma symptoms, vulnerabilities,

consent, and digital safety—without reinforcing shame or guilt. When we engage with openness and honesty, and when we recognize our role in creating safety, we increase the chances of real connection—and the child’s willingness to take the next step toward support and healing.

HOW DO WE CONNECT WITH OUR CLIENTS?

- Be Curious
 - Comfortable being uncomfortable
 - Be Proactive instead of reactive
 - Working with and against barriers
 - Validating
 - Managing expectations
 - Non-judgmental
- 

EFFECTIVE COMMUNICATION WITH VICTIMS

- **Engaging with victims who do not identify as victims:** Explaining the seriousness of the abuse in a validating way. Understand the child's perspective and validate.
- **Using psychoeducation:** Teaching children and adolescents about trauma symptoms, vulnerabilities, consent, online safety, and the potential harm of digital interactions.
- **Child-friendly approaches to discussing digital abuse:** Tailoring the approach and language to meet children where they are, especially when victims minimise or are unaware of the abuse.
- **A trauma-sensitive approach:** Ensuring interactions don't increase the victim's guilt or shame. The child must be seen and validated.

Supporting Caregivers

- **Navigate caregiver emotions:** Address caregiver confusion, guilt, and shame, which can impede their ability to support the child.
- **Provide psychoeducation for caregivers:** Talk about both the positive and negative sides of the child being online. Help caregivers be aware of their child's online presence while respecting their child's integrity and need for online peer connections.
- **Validate caregivers while supporting the child:** Learn how to validate the caregiver and support the child.

When Something Bad Has Happened: Workbook for Children and *When Something Bad Has Happened: Workbook for Adults* contain exercises to facilitate communication with victims and caregivers.

TALKING TO CHILDREN AND ADOLESCENTS WHO HAVE BEEN EXPOSED TO ONLINE SEXUAL ABUSE

- **What is the reason for the contact?** Explain the reason for the contact and what is expected of them.
- **Be clear about the purpose of the conversation and the agenda.** Make sure the young person understands why the conversation is taking place.
- **Do they have any questions?** Start by addressing them.
- **Listen, validate, and confirm** that you understand what they are trying to convey.
- **It's common** for children to find it difficult to open or share their experiences. Avoid pressuring them.
- **Provide psychoeducation** on trauma and common trauma responses.

If it involves sexual violence:

- **When speaking to a teenager, explain the concept of consent** and that no one has the right to exploit them sexually, regardless of the context, and even if they initiated contact or first consented.
- **Tailor the psychoeducation to the specific type of abuse** the young person has experienced.

VULNERABILITIES THAT CAN AFFECT THE CONNECTION

Difficulties for Caregivers:

- Mental health issues, psychiatric and neuropsychiatric diagnoses
- Capacity for caregiving, social network
- Cultural differences between the family, child, and society
- Substance abuse, violence, and aggression problems

Vulnerabilities of the Child:

- Crisis reactions and Trauma symptoms
- Mental health issues, psychiatric, and neuropsychiatric diagnoses
- Emotional regulation and relationship skills difficulties
- Attention problems, concentration difficulties, and learning difficulties





A TRAUMA-SENSITIVE APPROACH

Part 4 introduces the concepts of validation, psychoeducation and motivational interviewing.

A TRAUMA-SENSITIVE APPROACH

Why is it important?

Victims of online sexual abuse need to feel safe and validated. Trauma-sensitive care involves recognising individual vulnerabilities and strengths, offering validation, and providing psychoeducation that normalises trauma reactions. This approach is essential for helping victims manage distressing emotions. It also fosters resilience and recovery.

Meet children and caregivers where they are. To achieve this, professionals need a basic understanding of OCSA, child development, needs and vulnerabilities, and how to individualise their approach and support.

Needs and Vulnerability Awareness: Assess basic needs, biological vulnerabilities, trauma symptoms, and relationship difficulties.

Understanding individual and caregiver vulnerabilities and needs:

- Basic needs
- Biological vulnerabilities
- Diagnosis?
- Trauma Symptoms
- Relationship difficulties
- Individual strengths
- Family system strengths and vulnerabilities.

When Something Bad Has Happened, Handbook provides guidance for practitioners on how to assess, support, and validate victims and caregivers.

CONCEPTS OF VALIDATION, PSYCHOEDUCATION AND MOTIVATIONAL INTERVIEWING

Validation helps reduce shame and fear by acknowledging the child's and caregiver's emotional responses without judgment, which builds trust and emotional safety.

Motivational Interviewing (MI) enhances engagement by meeting the child where they are emotionally, fostering autonomy, and supporting readiness for further intervention. MI skills can be used to help victims feel listened to and motivated to accept the support.

Psychoeducation provides clear, developmentally appropriate explanations of trauma reactions, helping children and caregivers understand their crisis and trauma reactions, reducing confusion and distress.

In your organisation, how can you work with validation?

Approach - Validation

Validation involves active listening and clear communication.

- Convey your understanding of the situation.
- Look for what is comprehensible and then...
...its understandable in your situation.
- Acknowledge the situation, the other person's opinions, and feelings.
- Respect their emotions, desires, reactions, and goals.
- **Feelings** – Feelings are always valid. They can't be wrong—only the interpretation might be.
- **Emotions** – Acknowledge emotions, even if they're painful or lead to negative outcomes.
- **Thoughts** – Validate the presence of a thought without agreeing with its truth.
- **Difficulties** – Recognise how hard something feels, not just how hard it "is".

- **Experiences** – Validate someone's experience, even if you don't share it.
- **Desire for change** – Wanting something is valid, even if it's unrealistic or unattainable.
- **Needs** – Acknowledge what someone believes they need, even if you see it differently.
- **Efforts** – Validate the effort, even if the goal wasn't achieved.
- **Opinions and beliefs** – You're not necessarily saying the beliefs are true — you're saying they are real, important, and make sense from the person's perspective
- **Acts of Care** – Recognize and validate when someone does something for others

For concrete validation exercises, see *When Something Bad Has Happened: Workbook for Children* and *When Something Bad Has Happened: Workbook for Young people*.

APPROACH - MOTIVATIONAL INTERVIEWING

Motivational Interviewing – the process

- **Engage** – build trust through active listening, psychoeducation, and validation.
- **Focus on needs** – identify the reason for contact, what they want from the chat, and what information they need.
- **Elicit ability** – guide the conversation toward exploring change, motivation, ability, and needs.
- **Plan** – how can the young person achieve their goals and create change on their own? Who can help?

Motivational Interviewing – how do we communicate?

- **Use Validation Skills**
- **Listen**
- **Reflect**

- **Ask open questions**
- **Summarise**
- **Avoid pointing the finger.** If you need to, make sure to be non-judgmental

Motivational Interviewing

- **Ask for permission:** “I’d like to talk with you about ..., is that OK?”
- **Elicit answers:** “What do you already know about ...?” Reflect and summarise their response.
- **Give information:** Provide new information in small, manageable portions.
- **Follow up:** “What do you think about what we’ve discussed? What does this mean to you? How could you proceed? Who can support you?”

In your organisation, how can you work with motivational interviewing ?

APPROACH - PSYCHOEDUCATION

Practical – Identify the child's immediate basic needs and concerns, and ensure they are addressed.

Psychological

- Contact and connection.
- Create an environment which signals safety. Make sure the initial contact is calm, non-demanding, and validating, focused on the child's needs.

Stabilisation and information

- Provide concrete information and make sure the child understands the situation they are in and what services they can be offered

When Something Bad Has Happened, Handbook highlights key aspects of psychoeducation, both for child victims and caregivers.

Psychoeducation

- Explain the fight, flight, freeze and appease response.
- Explain common trauma reactions and symptoms
- Explain and talk about common feelings, thoughts, and reactions after having been through the traumatic event

Approach - Psychoeducation

- Normalise
- Builds trust
- Establishes an alliance
- Reduces anxiety/shame
- Conveys knowledge
- Creates hope for believing in change
- Leads to motivation

In your organization, how can you work with psychoeducation?



CHECKLIST: INITIAL RESPONSE AND FIRST CONTACT - SUPPORTING CHILDREN AND CAREGIVERS

Part 5 introduces a fact sheet to ensure comprehensive support for victims and caregivers.

INITIAL RESPONSE AND FIRST CONTACT SUPPORT

The first contact after online child sexual abuse is important. It helps the child and their caregivers to process feelings after the disclosure. It can also help build trust to seek further help. First responders, including the police, forensic interviewers, social services, Barnahus staff, and medical professionals, should strive to create a sense of safety. A calm, sensitive, and non-judgmental approach is a necessary condition for effective interventions.

Collaboration and multidisciplinary cooperation are essential to address immediate crises and ensure appropriate referrals for long-term support. All professionals must ensure that they use a trauma-sensitive approach.

Providing Information and Psychoeducation:

- Communicating in a clear, age-appropriate,

and validating way.

- Supporting the child and caregiver.
- Informing about the investigation process in a trauma-sensitive way.

Initial Psychoeducational Topics for Children and Caregivers:

- Understanding the crisis and trauma responses.
- Understanding the impact of online sexual abuse.
- Setting the expectations around the child's and caregivers' potential emotional reactions and behaviour.
- Tailoring support: what the victim and caregivers need in this situation is conditioned by their situation.

CRISIS INTERVENTIONS FOR VICTIMS AND CAREGIVERS

Crisis Assessment:

- Identifying immediate needs: emotional, psychological, and physical safety.
- Assessing risk of further harm, suicidal ideation, or acute stress reactions.
- Referring to specialised therapy if needed.

Immediate Support for the Child – Practical and Psychological:

- Creating an environment which signals safety.
- Creating a safe space for the child to express emotions without forcing disclosure.
- Making sure the initial contact is calm, non-demanding, and validating. Its sole focus should be on the child's needs.

- Providing concrete information.
- Making sure the child understands their situation and what services can be offered.
- Providing materials for the child and caregivers to take home.
- Giving short crisis interventions for the child and caregiver.
- Explaining common feelings in a crisis after online abuse, like guilt and shame.
- Evaluating if the child needs further intervention and referring for further support, if needed (Assess and apply).

Support for Caregivers:

- Managing caregiver distress and emotional overwhelm.
- Encouraging supportive, non-intrusive communication about the online world with the child.
- Teaching the caregiver about the investigation process and offering ongoing support
- Referring the caregiver to an organisation that can provide support, if needed
- Monitoring the child's ongoing emotional well-being

Ongoing Communication with Other Support Agencies:

- Ensuring effective collaboration between police, social services, schools, and therapists.



THERAPEUTIC APPROACH AND ADAPTATIONS IN TREATMENT


Trauma-sensitive Approach:

- Principles of safety, collaboration, sensitivity, empowerment, and choice.
- Importance of cultural sensitivity and understanding of diverse family dynamics.

Adaptations of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):

- Adjusting to the developmental level, needs and vulnerabilities of the child.
- Ensuring that techniques for addressing shame, guilt, and self-blame are integrated.
- Addressing the digital nature of the abuse (for example, the fear of content resurfacing).
- Empowering children through skills like emotional regulation, self-compassion, healthy boundary-setting, and sexual health.

Engaging Caregivers in Treatment:

- Teaching caregivers how to support their child in treatment.
 - Encouraging caregivers to create a supportive, stable home environment.
 - Addressing caregiver guilt, shame, blame or other distressing emotions as part of the therapeutic process.
 - Monitoring the child's ongoing emotional well-being.
- 



RECOMMENDATIONS – WHAT IS NEEDED TO BETTER SUPPORT VICTIMS OF ONLINE CHILD SEXUAL ABUSE?

Part 6 ties together the protocol and provides recommendations on what is needed to better support victims of online sexual abuse.

RECOMMENDATIONS TO BETTER SUPPORT VICTIMS OF ONLINE SEXUAL ABUSE

Ensure victim-centred approaches

- Child-centred approach
- Child participation
- Empower Victims and Families
- Validate and Support Caregivers

Develop resources

- Structured assessment frameworks tailored to cases of online violence
- Resources directed to support victims and caregivers in the initial contact
- Information and fact sheets
- Forensic interviewing guidelines for cases of online violence
- Guidelines, including on how to present evidence to children.
- Psychoeducation resources addressing online violence, both for children and caregivers.

Develop trainings and education

- Understanding online child sexual violence
- Supporting caregivers
- Handling digital evidence
- Multidisciplinary cooperation
- Advanced therapeutic interventions

Engage in policy and advocacy

- Include victims of online sexual violence in the Barnahus target group
- Establish interagency agreements
- Data collection

Improve data collection systems

- Improve data collection systems
- Unified case classification protocols

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PROMISE - ELPIS

Implementing the Barnahus Quality Standards throughout Europe. PROMISE is supporting Europe to adopt the Barnahus model as a standard practice for providing child victims and witnesses of violence rapid access to justice and care. We undertake this work to fulfil the PROMISE vision: a Europe where all children enjoy their right to be protected from violence.

A Barnahus provides multi-disciplinary and interagency collaboration to ensure that child victims and witnesses of violence benefit from a child-friendly, professional and effective response in a safe environment which prevents (re)traumatisation. With the formal support from national authorities, PROMISE provides opportunities to translate national commitment into action and engage internationally in the process. In addition, regular networking and strategic communications continually activate our growing network of professionals and stakeholders who are committed to introducing and expanding Barnahus services nationally.

The first PROMISE project (2015-2017) set European standards and engaged a broad network of professionals. The second PROMISE project (2017-2019) promoted national level progress towards meeting the standards and formalised the PROMISE Barnahus Network. The third project (2020-2022) expanded these activities to include University training, case management tools, with a view to establishing a European Competence Centre for Barnahus and laying the groundwork for an accreditation system for Barnahus. The current Project: PROMISE ELPIS (2023-2025) is managed by Charité-University Medicine, Berlin, and promotes multidisciplinary and interagency models for child victims and witnesses of sexual violence, with a specific focus on specialised interventions and excellence in practice in cases where there is a presumed online element of the sexual violence.

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