

Voices of Professionals in multidisciplinary teams: tackling online child sexual violence

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Elpis terminology disclaimer:

This report is part of the EU-funded project 'PROMISE Elpis'. Promise Elpis is committed to upholding the highest standards in child protection and ethical communication. The [Luxembourg Guidelines \(2016\)](#) promote the use of consistent, accurate, and sensitive language - particularly in the context of child protection - that avoids confusion, stigma, and harm, and avoids contributing to further victimization or misunderstanding. The Guidelines are intended to be applied broadly within the field, including the creation of policies, legal documents, reports, and public communication.

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

This report investigates how practitioners who are part of multidisciplinary teams experience cases of online child sexual violence.

Children spend a large part of their lives in digital environments; for many children and adolescents – after a certain age – a large portion of their social life happens online, and several reports have established that online violence against children has increased (see for example WeProtect Global Alliance, 2023; National Society for the Prevention of Cruelty to Children, 2022). Barnahus around Europe have experienced the same development: an increasing number of cases of online sexual violence (Promise Barnahus Network, 2021). The severe, often long-lasting, negative effects of online sexual violence on child victims have been reported in several studies (see for example Gewirtz-Meydan et al., 2018; Joleby et al., 2020; Brown, 2023)

This report aims to understand attitudes and knowledge of online child sexual violence among professionals working in multidisciplinary teams, by addressing the following questions¹:

- How do practitioners' experience managing cases of online child sexual violence differ from handling other cases of sexual violence?
- How do practitioners experience multidisciplinary cooperation in these cases?
- How prepared do practitioners feel to meet victims of online sexual violence and their caregivers?
- What resources do practitioners use?
- What resources would they like to see developed?

We collected the data in an online survey, interviews, and a desk review.

A short note on terminology.² There are several different terms used in the literature to describe acts of violence against children happening in an online environment. We will use the term 'online child sexual violence' in this report. The term will serve as an umbrella term and denote all acts of violence against children in an online environment.

¹ This report is part of the EU-funded project 'Elpis'. Elpis specifically aims to (A) Contribute to competent and committed multidisciplinary teams equipped to provide a holistic and balanced intervention, including investigation and assistance (B) Support specialised professional interventions and operational capacity, adapted to the specific requirements and needs that may arise in the context of cases involving some form of online child sexual violence, and (C) Contribute key experience and learning from the project to regional policy development and exchange, in particular in light of ongoing EU Strategies relevant to the field, and proposed revision of EU instruments. For more info about Elpis, click [here](#).

² For more info about concepts used in the literature and how they relate, please visit the Terminology document, developed in this project. https://childrenatrisk.cbss.org/wp-content/uploads/sites/10/2024/06/Elpis_Definitions_Doc1.docx

Methodology

The report summarises an online survey, 22 semi-structured interviews, and a desk review.³

Survey

The survey was completed by ten Barnahus professionals from seven different countries. The ten Barnahus professionals were associated with the following rooms in Barnahus: five were connected to the child protection room, three to the mental well-being room, and one to the criminal justice room. One was a coordinator who was involved, to some extent, in all the different rooms in Barnahus.

The survey was distributed in English, but the Barnahus professionals were allowed to answer in their native languages, and the answers were later translated into English.

Interviews

22 interviews were conducted, and all the interviewees were Swedish professionals. (8) were connected to the mental well-being room, (6) were working in Barnahus as coordinators or connected to the child protection room, (2) were connected to the physical well-being room, and (8) were connected to the criminal investigation (police).

All participants came from agencies involved in working with children who have been subjected to online sexual violence and participants were chosen because of their long experience of working with children and adolescents.

It is worth noting that in the interviews, and especially in the survey, the majority of respondents belonged to the child protection room or the mental health room. This influenced the answers we received, especially on the questions concerning resources and multi-agency cooperation.

Desk review

The desk review aims to highlight research regarding professionals' experiences of working with online child sexual violence, focusing specifically on the topics covered in the questions outlined in the introduction. It is important to emphasise that the desk review does not have the methodological rigour of a

³ We also had a consultation on an earlier draft with the project consortium partners where they provided feedback and suggestions for improving the paper. Thank you to everyone who showed up and provided feedback.

literature review. The aim of this review was to identify overall some themes that have emerged from previous research, not to give an exhaustive picture of all the research conducted on the topic. The desk review was included as an introduction to the topic and as a guide for people to find further relevant resources and is presented under the sections titled 'Previous research'.

Structure

The structure of this report is a bit different from a traditional research paper. Previous research is presented after the results, the results from the interviews and the survey are merged into one section, and the methodology and background are kept short. The structure is a consequence of the aim: to create a short, concise report. Merging the result sections allowed us to avoid repetitive language. Moreover, given the aim of the previous research sections, to serve as a brief introduction and guide to previous research, presenting it after our findings allowed us to keep these sections short.

Results

The result section highlights findings from the desk review, survey, and interviews. The four questions outlined in the introduction were operationalised into the following six sections⁴:

- (1) What forms of online child sexual violence do practitioners at Barnahus encounter?
- (2) How do practitioners' experiences of cases of online child sexual violence differ from managing other forms of sexual violence?
- (3) How do practitioners perceive how multidisciplinary cooperation works in cases of online child sexual violence?
- (4) How prepared do practitioners feel in meeting victims of online sexual violence and their caregivers in these cases?
- (5) What recovery and prevention resources are used?
- (6) What resources do practitioners feel are needed?

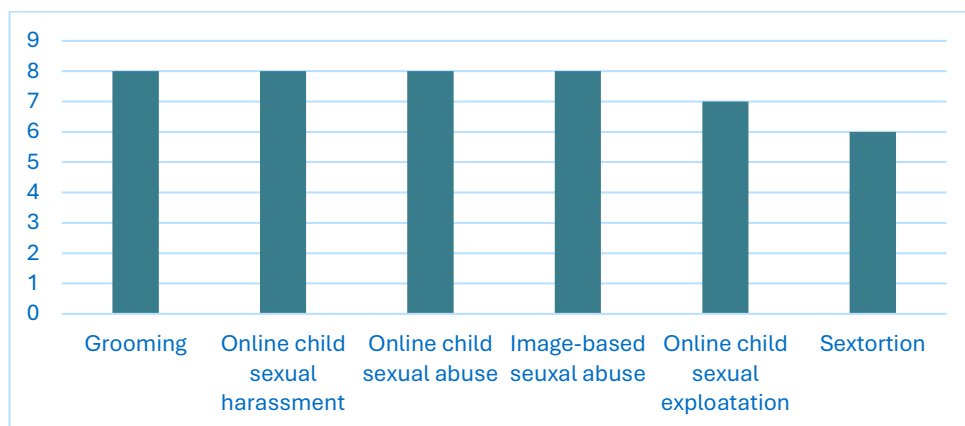
We will go through the sections chronologically.

(1a) What forms of online child sexual violence do practitioners at Barnahus encounter?

Of the (8) people who responded to this question in the survey, all (8) of them had experienced cases of grooming, online child sexual harassment, online child sexual abuse, and image-based sexual abuse. (7) had experienced cases of online child sexual exploitation and (6) had experienced sextortion cases⁵:

⁴ After sections 2, 4, 5, and 6, we compare and contrast our findings with results from previous studies. We could not do this for section 3 since we couldn't find previous research on the topics.

⁵ This was a multiple-choice question with a fixed number of alternatives. We did not provide definitions for the different answers. Several concepts are interlinked, for example, sexual exploitation and sextortion. The results of this question should be considered in light of these conceptual interlinkages: professionals likely struggled to draw sharp distinctions between the cases or even neglect these distinctions in their daily work.



In the interviews, a few respondents said that their agencies do not collect statistics specifically regarding online sexual violence.⁶ These cases were instead categorised into broader categories such as “sexual abuse”. Some believed it would be beneficial to change this, since collecting statistics could help raise awareness about how common these cases are and, by doing so, spotlight the importance of including victims of online sexual violence in the Barnahus target group.

“Since they are not really a part of our target group, we don’t have any statistics. It isn’t that they don’t fit in our target group, but because they didn’t exist when we wrote our foundational contracts.”

“Since we don’t have the official mandate to work with these cases, it’s hard to code them in the system”.

“If we had more statistics about how common it is, it would probably be easier to ask for more resources and training regarding approaching and working with these cases”.

The lack of statistics on online sexual violence cases impedes the development of adequate resources, including child protection assessment tools and forensic interviewing protocols. Respondents expressed that more data and knowledge about online child sexual violence are needed to be able to meet the needs of the victims and the caregivers.

(1b) Previous research: What forms of online child sexual violence do practitioners at Barnahus encounter?

A previous report asked Barnahus in Croatia, Finland, Iceland, Ireland, Norway, Sweden, and the UK about different aspects of online child sexual violence and the type of cases they encounter. Common cases experienced by Barnahus included children depicted in sexual abuse material, nonconsensual sharing of

⁶ Collecting statistics is also tricky for other reasons. Some concepts are also used in legal definitions. There might be situations where one profession uses a concept according to its legal definition, while another profession might prefer to move away from that concept due to perceived problematic aspects. Thank you to a consultee for pointing this out.

intimate images, grooming, and some cases of live-streamed child sexual abuse (Promise Barnahus Network, 2021). The need for data collection for these cases was one central conclusion of the report.

(2a) How do practitioners' experiences of cases of online child sexual violence differ from managing other forms of sexual violence?

Harder for the practitioner to meet and approach victims of online sexual violence

Many survey respondents noted that one of the biggest challenges approaching cases of online child sexual violence is that the abuse is not always as apparent as other forms of sexual violence:

"(...) one point of view that seems worth mentioning is that compared to other CSA [child sexual abuse] cases, online cases more often involve victims who are not aware of being victims or unaware of that images of them have been created or distributed."

"Normally with children who do not identify themselves as victims..."

"Sometimes they do not perceive themselves as victims."

Trying to support and talk about the violence becomes more difficult if the practitioner struggles to convey what has happened, or if the victim minimises or even denies what happened. It was mentioned that in these cases, when the practitioner struggle with talking to children about what happened and the severity of the event, the practitioner must be careful "in the way we approach both children and adolescents and their caregivers". Others experienced cases where the victim seemed to be in love with their offender. In these cases, careful planning is needed to bring the information about the sexual violence to the child's attention in a child-friendly way and make sure support is available if needed "one needs to step away from the regular protocol and try to meet that child where it is which can be difficult sometimes.". Many described how they often, at the beginning of the contact, used psychoeducation, specifically related to sexuality and new technologies to start the conversation. Practitioners – through informing children about consent and how online violence can be harmful – aim to validate the child and provide information that helps normalise the situation. They also want to make sure the children know how to stay protected and safe in the future and ensure that they know how to seek help if needed.

Relatedly, several respondents expressed that in general, online sexual violence is often not considered as severe as other forms of sexual violence and they are more prevalent:

"Correctly identifying the people involved, getting the message through that even if the abuse happened online, it can be as severe as contact cases..."

"Children are so familiar with online sexual violence that they don't even recognize that it's wrong".

"In cases of sexual abuse of children online, it is difficult for children to understand the content and seriousness of what happened."

It can be challenging for practitioners to address online sexual violence and ensure that the severity of the abuse is recognised, even when it occurs online. Children's familiarity with online environments can desensitize them to the seriousness of sexual violence, making it harder for them to realize that what they experienced was abuse. Practitioners might struggle to convey the impact of the abuse, particularly if offenders used manipulation, coercion, or grooming, which are often subtle and difficult for a child to recognize.

Caregivers: How could this happen?

Practitioners often face challenges in helping caregivers comprehend what has happened⁷ Feelings of uncertainty and confusion were common: "I don't understand why this happened. We've discussed online safety, and I always ask about their online activities and if anyone has approached them inappropriately." The shame and guilt experienced by the caregivers can contribute to and exacerbate the child's feelings of guilt and shame.⁸ This can happen even though they are very supportive and want to help and support their child.

"(...) parents find it difficult to accept what happened, and children are restricted from using social networks. This complicates the relationship between children and parents."⁹

"I get the feeling they [the parents] feel ashamed of having ended up in this situation. They feel like bad parents because their child got abused online."

Practitioners find it hard to explain, both the severity and the potential consequences of online sexual violence which can result in victims not getting the immediate support they need for a healthy recovery.

⁷ During a consultation session with project partners, one consultee mentioned that peer-to-peer violence is a substantial part of the online child sexual violence in their Barnahus. Another consultee mentioned that parental attitudes about the offence might be affected by whether the offender is a peer. Unfortunately, we did not collect any data on this.

⁸ The importance of supporting parents will be discussed in Section 5b.

⁹ This quote should be considered in light of children's social lives largely happening online when they reach a certain age.

"The need for intervention is addressed with the entire family. Caregivers often believe that their children are unaffected since there was no physical contact." (survey respondent)

Some caregivers might not grasp the importance of initial support, and other caregivers decline help from child protection services as the topic is considered 'taboo'. If the online violence had already occurred, caregivers were not always motivated to make changes to prevent the behaviour from happening again; the connection between child protection and internet safety skills wasn't always clear.

Additional psychological challenges for the victims

Online child sexual violence results in additional psychological challenges for the victims. Being victimised online often result in added long-lasting consequences for the child due to the spread of pictures and videos on the internet. The consequences of the material being 'out there' on the internet can be hard to comprehend and can affect the victim's ability to benefit from therapeutic intervention and support. Survey respondents reflected on the uncertainty of how widespread the material is and who can interact with it:

"Nonphysical contact trauma, the threat is not "in" the room. We need to work with the fear children have regarding the possible distribution of sexual images, infinitely"

"There is sometimes even more guilt and shame since the child was not in the same room as the perpetrator (at least not in all cases). Children often feel more responsible, especially for self-generated images."

"They are also very affected because the images appear occasionally, and someone tells them they have seen them. There are very long victimisation processes due to the blackmail suffered by the victims. These cases have a severe impact."

In trauma treatment, which often occurs six months to a year after disclosure, the potentially ongoing sharing of the material online adds additional complexity. One interviewed therapist mentioned that: "We need more knowledge and different therapeutic tools to be able to work with trauma treatment under these circumstances." Many therapists recognised that they need to work harder in the treatment process to address and help children and adolescents overcome feelings of shame, guilt and insecurity to help them share their experiences. It was also remarked that it can be harder to trace the abuser, which potentially exacerbates these feelings.

Removing the images is not something that sufficient resources are allocated towards and most of the professionals interviewed didn't know where to turn to get help with this.

The challenge of providing support

In discussions during the interviews, therapists working in child psychiatry, Barnahus coordinators, and caseworkers from the social services described that it was hard to find a good approach in the meetings with victims and their caregivers to get the buy-in for crisis support and other therapeutic interventions:

“They [child victims] seem to feel like they should know what to do, so they are more hesitant to accept support (...).”

“They [child victims] seem more uncomfortable to talk about what happened and the caregivers are often not experienced in having contact with authorities.”

Coordinators and therapists said that it’s important to be able to give support and psychoeducation to victims and caregivers to enable them to understand possible consequences and trauma symptoms related to online sexual violence. Therapists also noted that feelings of guilt and shame often are the primary reasons why victims and caregivers are hesitant to seek help for the family, or their child’s trauma symptoms. Some mentioned that it was often difficult to have an open conversation about online sexual violence and its consequences with caregivers, and gave the following reasons why:

“I think that they feel like they should be able to handle this on their own.” (interviewee)

“These parents are often inexperienced in accepting support”. (interviewee)

“The caregivers and victims don’t understand why they should be in contact with social services. I believe they think that we only work with families with severe problems and that we do not provide victim support.” (interviewee)

Working with sexual violence cases can be more demanding if the practitioner must view any potential abuse material. Practitioners noted that seeing the material was more disturbing and stressful than listening to the child telling their story.

This section has highlighted several key differences and challenges for practitioners when dealing with victims of online child sexual violence. Many of these challenges come from the general lack of familiarity and training regarding online sexual violence.

2b) Previous research: How do practitioners' experiences of cases of online child sexual violence differ from managing other forms of sexual violence?

The three major themes outlined in the previous section have been reflected in previous research. First, it is often harder for practitioners to explain to the victims that they have been subjected to violence (see for example Hamilton-Giachritsis et al., 2020; Jay et al., 2022). Second, there is, in general, a lack of knowledge and understanding about these cases and online risk more broadly (see for example Hamilton-Giachritsis et al., 2020; El-Asam et al., 2023). Third, cases of online child sexual violence pose additional challenges for the victims, including but not limited to, self-blame, loss of control, and the fear that these pictures will be on the internet indefinitely (see for example Gewirtz-Meydan et al., 2018; Hamilton-Giachritsis et al., 2017; Joleby et al., 2020; Brown 2023¹⁰).

It is important to note that children are not a homogenous group, and some groups of children run a higher risk of online harm. This includes, for example, children with learning disabilities (Good & Fang 2015), and both gender and sexual orientation can influence certain online risks (see for example Savoia et al. 2021; Thorn 2023). For more info about children and online sexual risk, see the evidence review of Bryce et al. (2023).¹¹

Korkman (2024) has addressed some of the differences for professionals in investigative interviewing who work with cases of online sexual violence. There is often more evidence, including photos and chat logs, in cases of online sexual violence. The investigative interview, therefore, is often focused on gathering more information about the abuse, rather than determining whether the event took place. Korkman also mentions a few additional factors – ethical considerations – that interviewers need to consider in cases of online child sexual violence, such as whether to demand children to tell their stories when there is adequate evidence.

Previous research has also identified other ways practitioners experience a difference in handling these cases. One key difference is that practitioners feel that the children know more about technology than they do. This inverse knowledge balance creates uncertainties for the practitioners (see for example Martin 2014; El-Asam et al., 2023; Slane et al., 2021). For one thing, Qualye et al., (2023) highlight that the lack of joint conceptual resources between the practitioner and the victim impedes practitioners' abilities to ask questions to understand children's experiences.

¹⁰ Brown summarises existing research on child sexual abuse in online contexts.

¹¹ Thanks to a consultee for pointing this out.

Other studies have highlighted that practitioner experience contact sexual violence has a higher priority than online child sexual violence. The level of priority is reflected in professionals' beliefs where some consider these cases to be less urgent. On the organisational level, it is evidenced by the fact that other trainings are prioritised (Quayle et al., 2023; Hamilton-Giachritsis et al., 2020).

3) How do practitioners perceive multidisciplinary cooperation in cases of online child sexual violence?

A variety of responses were given on how multidisciplinary coordination works in cases of online child sexual violence. Some described it as a “very good experience”, others felt “it is not working well”, and views in between: “mostly works well” and “it's okay”.

Among those who believed that multidisciplinary cooperation works particularly well in these cases, one factor mentioned by many is that, in the criminal justice process, the child's testimony is not the only evidence of the sexual violence. Often, there is additional evidence available, such as digital records, which helps support the case and ease the burden on the child:

“As it is judicially based on more evidence, the child's testimony is not the only evidence, and it is a simpler process”. (survey respondent)

“It's proven to be crucial. The best example of multidisciplinary and interagency collaboration is the round tables. The roots leading children to sexual abuse online can lie deep and require a broad approach.” (survey respondent)

The second quote suggests that the characteristics of online sexual violence cases require victims to be assisted from multiple sectors which makes interagency cooperation even more crucial.

Challenges inherent to multidisciplinary teamwork were also mentioned, including delays in case flow and one survey respondent suggested that the lack of understanding among frontline professionals can negatively impact the support provided to children by the multidisciplinary team. But there were also specific issues related to the features of online child sexual violence cases:

“In the beginning, it could have worked better with more detailed protocols outlining how to show evidence to children during the investigative interviews, specifying things like the use of Ipads. More collaboration with the police would also have been better.” (survey respondent)

An additional challenge that these cases pose is the following. In some countries, the police responsible for investigating cases of online violence belong to a separate police unit, with no formalised connection to Barnahus. There are currently no policies for how to manage online sexual violence cases in

Barnahus. Police secrecy rules and the absence of interagency collaboration guidelines lead to difficulties in information-sharing and collaboration. For example, the lack of information makes it challenging to prepare for meetings and tailor approaches to individual cases:

“(...) very difficult to communicate with caregivers who are unaware of the situation when I lack crucial details. This hinders building trust and it's even challenging to communicate with the child...” (interviewee)

Similar experiences were shared by a practitioner working in the US. during a consultation session with project partners on a draft version of this document. Cases of online child sexual violence involve law enforcement, which is not typically part of their multidisciplinary team, and this has created a conflict, particularly surrounding forensic interviewing when evidence is available since law enforcement tends to be more offender-focused. Similarly, one European practitioner said that knowledge of online child sexual violence is considered separate expertise by a special crime unit in their country. In their work, it has been important to recognise their expertise and at the same time have the child's best interest in mind regarding the forensic interview.

A related issue is that in some countries and regions, victims of online child sexual violence are not part of the Barnahus target group, which creates challenges for the Barnahus staff. It impedes their ability to properly work on these cases and their role is limited to providing advice and support to the police:

“They [the police] have started booking their hearings here with us, but we still don't have the coordination in place (...) we do not officially have these cases as part of our target groups. The contracts and policies need to be updated so we get the official mandate to work with cases of online sexual abuse”. (interviewee)

“We rarely have the police interviews planned, so there is no time to plan or organise so that all the staff connected to the Barnahus rooms get to meet the kid and family when they come.” (interviewee)

The second quote suggests that since this group of victims is not part of the Barnahus target group, it is harder to plan and ensure that the child and their caregivers receive comprehensive support. Several coordinators believed that everyone, including the police, would benefit from having the same personnel, rules, and guidelines as other forms of child sexual violence:

“I think it would be much easier to help caregivers feel less ashamed and therefore more inclined to accept support if we had the opportunity to prepare our meetings and meet them during their initial contact with the police.”

One coordinator mentioned that the police in their district had initiated cooperation and chose to conduct the forensic interviews at Barnahus in cases of online sexual violence:

“(…) the police have decided to interview victims of online sexual violence at our Barnahus. It was a decision taken by the police. We can now meet this group of victims, and even if we don’t have the same preparation as in other cases, there is a lot we can do.”

Barnahus is seeing an increasing number of cases that have online elements. In cases that are categorised as cases with “an online element”, other forms of violence are first identified, and only later are the online elements discovered. In a similar way, cases that are classified as “online” often involve other forms of violence, but the online elements are the first to be identified. Put differently, the order of the detection can, in some cases, determine whether it falls within Barnahus' target group and by extension, the support a victim can receive.

An interviewed Barnahus coordinator noted that medical personnel rarely encounter victims of online sexual violence, since such cases are seldom referred to Barnahus. While the coordinator did not provide specific reasons for the lack of medical referrals in cases of violence with an online element, they speculated that it could be a misconception that online sexual violence is not as serious as other forms of sexual violence. However, the coordinator acknowledged that victims of online sexual abuse are sometimes forced to harm themselves, emphasising the serious consequences of such abuse. Relatedly, in the survey, one respondent answered:

“Professionals working in health care rarely face online sexual abuse victims. Therefore, they have less knowledge and different attitudes [about these cases] compared to other professionals”.

No previous research outlining multidisciplinary cooperation in cases of online child sexual violence was found.

4a) How prepared do practitioners feel to meet victims of online sexual violence and their caregivers in these cases?

Many practitioners reported that, in their experience, they and other professionals have less knowledge and readiness to meet and support victims of online abuse and their caregivers, compared to other forms of sexual violence.

Practitioners struggled with their approach and interacting with victims and caregivers, and they felt they lacked the conceptual resources to inform without shaming:

"(...) What bothers me most when I meet these caregivers and victims is that I feel like I'm not as professional. I feel insecure about what to say and what action to take. I believe this is a combination of two factors: the lack of information I possess before the meeting and the struggle I have with formulating myself properly, without adding shame and/or guilt. This last aspect is especially challenging when I need to ask questions about how they got in contact with the offender."
(interviewee)

"When the caregivers are judging and asking the victim why and how this could happen, that they have discussed the issue and don't understand why this occurred, it's really hard. How do I validate the caregivers in that situation without invalidating the victim". (interviewee)

Specific types of online cases were described as harder than others, with examples provided examples of cases involving self-generated child sexual abuse material, where professionals failed to understand the abuse and withheld any support efforts.

"Professionals often feel outdated and sometimes blame victims for generating the images".

It was emphasized that there is a lack of specialist knowledge and limited access to experts. Some professionals expressed concerns about the general understanding of what constitutes a crime or abuse in the context of online sexual violence. Many also expressed that professionals are less familiar with the consequences of online sexual violence and often lack updated knowledge about the evolving language and lingo used in digital applications, which makes them feel outdated. This knowledge gap might contribute to fewer cases of online sexual violence being reported to the police. Survey respondents considered the consequences of this knowledge gap. Some aspects that were mentioned were victim-blaming and the inability to grasp the seriousness of the cases.

It was also noted by some of the respondents in the survey, that although technological aspects can make cases more complex, it is still the same general working methods, principles, and approaches:

"As psychologists, we are updated on the latest research regarding PTSD (and other disorders) in relation to online sexual violence..."

"We use the same resources for all types of sexual violence, and we believe that there is no difference in what is useful for different forms of sexual violence."

Some of the interviewed professionals were worried that the victims and caregivers don't get what they need to understand what they have been through and what help they can get to heal.

4b) Previous research: How prepared do practitioners feel in meeting victims of online sexual violence and their caregivers in these cases?

Studies have asked practitioners working with children how confident they are in identifying and managing cases of online child sexual violence compared to other forms of sexual violence.

Some of these papers have concluded that practitioner exhibits no significant difference in their confidence level for these cases compared to other forms of sexual violence cases. Lindenbach et al (2023) compared Canadian Child Advocacy centre workers' beliefs in their abilities for cases of grooming, luring, sexual abuse, and child sexual abuse imagery. The practitioners reported having equal trust in their abilities in handling victims of grooming, luring, sexual abuse, and child sexual abuse imagery. This suggests that there is no perceived difference in their abilities to handle online sexual violence. For similar findings, see Carmo & Manita (2023).

Other studies have shown that professionals doubt their competencies when dealing with cases of online child sexual violence. Hamilton-Giachritsis et al., (2020) reported that:

“(..) it was notable that many respondents were at a loss to identify additional support needs of victims of this form of CSA [child sexual abuse] and ways to meet them; this did not reflect a lack of desire to support victims, but rather a lack of knowledge and confidence to know how best to act.”

Slane et al., (2021) investigated child protection workers and child mental health services workers and concluded: “professionals worry about their compromised effectiveness and confidence in how to best approach these cases [cases of self-produced sexual images], as well as their lack of clarity about the appropriate roles of the various sectors that should be responding.” For more findings showing that practitioner exhibits less confidence in their abilities when handling online child sexual violence cases, see for example Dimitropoulos et al., 2022; von Weyler et al., 2010; Martin 2014; Martin, 2016; British Association of Social Workers, 2013; Lau-Zhu, Anderson, & Lister (2023).

Bond and Tyrell (2018) demonstrated that police officers have a limited understanding and do not trust their abilities in investigating cases of “revenge pornography” or nonconsensual sharing of intimate images (for more research on police, see also Zvi & Bitton, 2020; Flynn, Powell, & Hines, 2021; Dodge & Spencer, 2018)

Two general themes emerge from previous studies of how professionals conceptualise online child sexual violence-related concepts. First, there is a lack of understanding of how technology “systemically impacts” abusive practices. Several papers have mentioned that practitioners displayed a limited understanding of the broader impact of technology, and instead focus on specific

types of cases (see for example Quayle et al., 2023; El-Asam et al., 2023; El-Asam et al., 2021; Hamilton-Giachritsis et al., 2020). Second, practitioners and organisations understand online child sexual violence-related concepts differently and there are no agreed-upon definitions (see for example Martin, 2014; Hamilton-Giachritsis et al., 2020; Schmidt et al., 2023). However, the fact that practitioners and organisations conceptualize technology-assisted sexual abuse differently is not given that there are no agreed-upon definitions of the concept of child sexual abuse (Schmidt et al., 2023). Even among researchers, there is no consensus regarding how to define the concept of child sexual abuse (Lange et al., 2020).

5a) What recovery and prevention resources are used?

Practitioners have experienced that tailored forms of psychoeducation both for children and caregivers, as well as trauma-focused cognitive behaviour therapy (TF-CBT), are effective in supporting victims of online sexual violence and their caregivers:

“We work with TF-CBT and add the Psychoeducation phase. In the final phase of reinforcement of strategies, we incorporate the safe management of new technologies and social skills so that their social relationships are rich...” (survey respondent)

TF-CBT was the most common form of therapeutic intervention mentioned, and a few pointed out that there is research showing it to be effective for chronic trauma symptoms.

Prevention activities have also proven to be successful. These activities include developing children’s social skills and programs aimed at making caregivers aware of their children’s online activities. It’s helpful if children and caregivers are willing to discuss topics related to sexual boundaries, online threats, and online safety. Survey respondents noted:

“In cases of online sexual abuse, we have noted the importance of prevention work, both with children and their parents. It’s important for parents to be aware of what their child is doing online, but also have the willingness to discuss topics related to the sexual boundaries and online threats with their child.”

“We work with online safety work to create an understanding of online sexual abuse. Parents work around online harm and sexual abuse. We also explore wider exploitation concerns and other harms, as well as safety planning.”

“Normally with children who do not identify themselves as victims, we begin working on psychoeducation related to sexuality and new technologies.”

The answers demonstrate that the respondents were not aware of any distinct evidence-based methods specifically dedicated to cases of online child sexual

violence. Many of the resources they use are resources developed for other forms of abuse and neglect and they have been adapted for cases of online child sexual violence.

5b) Previous research: What recovery and prevention resources are used?

These findings correspond to previous research. Canadian Child Advocacy Centres applied the same treatment for cases of child sexual abuse and child sexual abuse imagery. The most common treatment form was trauma-focused cognitive behavioural therapy (TF-CBT). Art therapy and general supportive counselling were also used (Lindenbach et al., 2023). Several papers have pointed out that there are no evidence-based therapy interventions dedicated to victims of online child sexual violence (Schmidt 2023; Bucci et al., 2023) and there are no distinct treatment interventions for online child sexual violence compared to other forms of sexual violence.

The risk assessment tools for investigating online child sexual violence have been criticized for being insufficient and too broad: “Participants pointed out that most assessment tools used did not contain digital concerns but focused instead on emotional issues and that there is limited routine inquiry regarding online risk”. (El-Asam et al., 2023. For similar findings, see (El-Asam et al., 2021; Schmidt et al., 2023).

Some training programs for assessing digital risk have proven efficient. Bond & Dogaru (2018) evaluated a multidisciplinary training program for assisting victims and their caregivers when dealing with online cases. 31% reported being “confident” or “very confident” before the training and 84% when the training was completed.

Previous research has pointed out the importance of providing holistic support to families in cases of (sexual) violence and ensuring that their needs are met, including non-offending caregivers, especially in cases of intrafamily violence. One reason: the non-offending caregiver can more effectively support the child. By providing support to non-abusing family members, children can be relieved of the responsibility for protecting the emotions of family members (see for example Warrington et al. 2023_a).¹²

Peer support has been noted as a helpful resource for victims of sexual abuse and can offer additional help which is distinct from what professionals can offer. For example, it can enable victims to focus on things other than distressing thoughts. Friends are also ‘more available’ to the victims in the sense of not being

¹² Peer-support groups for parents whose children have been subject to online child sexual violence are currently being developed in the context of project 2KNOW <https://cbss.org/projects-cbss/2know/>

limited by working hours. (Warrington et al. 2023_b). In addition, peers can also actively facilitate seeking professional help.

6a) What resources do practitioners feel are needed?

One theme that permeated both the survey and the interviews was that practitioners felt that there was a lack of adequate resources, methods and strategies for addressing challenges connected to online child sexual violence.

“There is always a need for better resources to support different interventions. More funding in the system could support the development of different approaches, methods, and prevention work, including various courses for specialists and parents.”
(survey respondent).

“There is a lack of all kinds of resources: money, humans, tools, and methods.”
(survey respondent).

Trainings were repeatedly mentioned as a key resource to develop. This included educating investigative interviewers and police on approaches to present evidence to children during investigative interviews in a supportive and validating way, to enhance the buy-in for further support and interventions when necessary, as well as training programs targeting professionals’ overall approach to meeting victims and caregivers to increase their confidence and knowledge about online issues and violence.

“More training to professionals, especially investigative interviewers in presenting evidence, like pictures and videos, to children during the investigative interview.”
(survey respondent)

“For employees at Barnahus, as well as professionals in other agencies, it is desirable to educate specifically about the sexual abuse of children online, provide more information, correct and adequate answers, support, and efforts”. (interviewee)

“Knowledge and tools how to talk to children about online sexual abuse.”
(survey respondent)

Additionally, it was mentioned that fact sheets and information about online sexual violence should be provided to caregivers and victims at the first contact.

Another recurrent theme from the survey was early prevention activities, both for children and caregivers:

“Psychoeducation of the parents, open discussion and naming the risks for children from kindergarten to schools. Early prevention.”

“It is also necessary to increase children’s safety education.”

“Information to children and families about online abuse and how to stay safe and keep others safe. Better approaches to stop the further spread of the images or materials is important.”

To sum up this section, the practitioners brought up the need for the development of resources for a wide range of interventions. These include early prevention strategies, crisis intervention, therapeutic interventions tailored to online sexual violence cases, and more. The professionals displayed an openness to learn and improve their skills to meet victims of online sexual violence more effectively.

6b) Previous research: What resources do practitioners feel are needed?

Practitioners experience that they lack pertinent training for managing with cases of online child sexual violence (Hamilton-Giachritsis et al., 2020; Carmo and Manita, 2023; Martin 2014; Dimitropoulos et al., 2022; Schmidt et al 2023; Martin, 2016; Binford, 2023). Lindenbach et al., 2023 demonstrated that child protection workers in Canadian child advocacy centres have less training in online violence compared to other cases. Bond and Tyrell (2018) found that 94.7% of police officers and staff had no formal training in conducting investigations into revenge pornography and concluded that this fact “strongly suggests further guidance and training is needed on how to conduct an investigation of this nature is necessary.”.

As outlined earlier, previous research has concluded that current risk assessment tools for identifying online sexual violence do not adequately cover the online aspect (Schmidt et al., 2023; El-Asam et al., 2021).

Dimitropoulos et al., (2022) conclude that further research on effective treatment methods for sexual violence are needed: “(...) it is unclear whether evidence-based therapy for sexual abuse (e.g. trauma-focused cognitive behavioral therapy ...) is the preferred option for other forms of sexual maltreatment like CSAI [child sexual abuse imagery]”. Slane et al., (2021) highlighted a need for more specific tools and protocols to aid intervention in cases of self-produced sexual images (SPSI).

Conclusion

Research suggests a worldwide increase in cases of sexual violence with online elements, and Barnahus across Europe has seen a growing number of these cases. This report has examined professionals in multidisciplinary teams' attitudes toward supporting victims of online child sexual violence. The results were categorised into six overall themes, formulated as questions.

Respondents highlighted a lack of efficient data collection for these cases. Continuing to categorise all cases under broad terms as "child sexual abuse" impedes the development of new resources. Reliable data and information are essential for understanding the extent of online sexual violence and developing customised resources for online cases.

Many respondents called for the need to integrate victims of online child sexual violence into the Barnahus target group and, by extension, integrate the specialised police unit. A consequence of child victims of online child sexual violence not being included in the Barnahus target group is that these children do not receive the same support as other child victims of sexual violence. These children sporadically encounter medical staff and rarely receive medical evaluations. However, as some interviewees expressed, online harm can involve physical harm, either caused by perpetrators or self-inflicted. Ensuring that these children are evaluated medically is therefore key in offering a complete response to the abuse. Another consequence of child victims of online violence not being included in the Barnahus target group is that professionals working with these cases struggle with information sharing due to a lack of interagency agreements.

Moreover, there is no definite distinction between cases of online sexual violence and other forms of sexual violence. Cases overlap: some sexual violence cases have an online element, and some forms of online sexual violence have contact aspects. It is simply not feasible to draw a sharp line and say these cases count as online child sexual violence and these count as sexual violence cases. *How* the case is classified might depend on factors such as which aspect was identified first. However, the order in which aspects were identified is irrelevant and should not affect the support a victim receives.

Another recurring theme was the need to develop more resources and guidelines for managing these cases. Respondents called for better tools covering all aspects of the Barnahus support: forensic interviewing protocols, customised child protection assessments for online cases, crisis support and therapeutic interventions, and guidance that can assist in communicating with children and caregivers.

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Implementing the Barnahus Quality Standards throughout Europe

A series of PROMISE projects supports Europe to adopt the Barnahus model as a standard practice for providing child victims and witnesses of violence rapid access to justice, protection, and recovery. We undertake this work to fulfil the vision of a Europe where all children enjoy their right to be protected from violence.

A Barnahus provides multidisciplinary 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 that prevents (re)traumatisation. With the formal support from national authorities, our initiatives provide 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 phase of PROMISE projects (2015-2017) set European standards and engaged a broad network of professionals. The second phase (2017-2019) promoted national level progress towards meeting the standards and formalised the PROMISE Barnahus Network. The third phase (2020-2023) delivered University level training and case management tools, established a European Competence Centre for Barnahus, and is taking steps toward an accreditation system for Barnahus. Ongoing projects focus on specific themes, responding to the needs for data, tools, and competence building as expressed by Barnahus staff and their stakeholders around Europe.

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