



Psychosocial and medical interventions of children affected by online sexual violence/online child sexual abuse (OCSA)



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- Introduction
- Definition OCSA
- OCSA $\leftrightarrow$ CSA
- Health Psychosocial Interventions
- Trauma Informed Care
- OCSA and medical consequences and interventions
- Documentation
- Take home message



PROMISE ELPIS

Why focus on online child sexual abuse?

October 2024 - UNICEF report on sexual child abuse:

Girls and Women:

- 650 million girls and women
- 370 million experienced contact (e.g. rape, sexual assault) and non-contact (verbal and online) sexual abuse
- 280 million non- contact abuse only

Boys and Men:

- 410 to 530 boys and men who experienced contact and non-contact sexual abuse
- 170 to 220 million non-contact abuse only



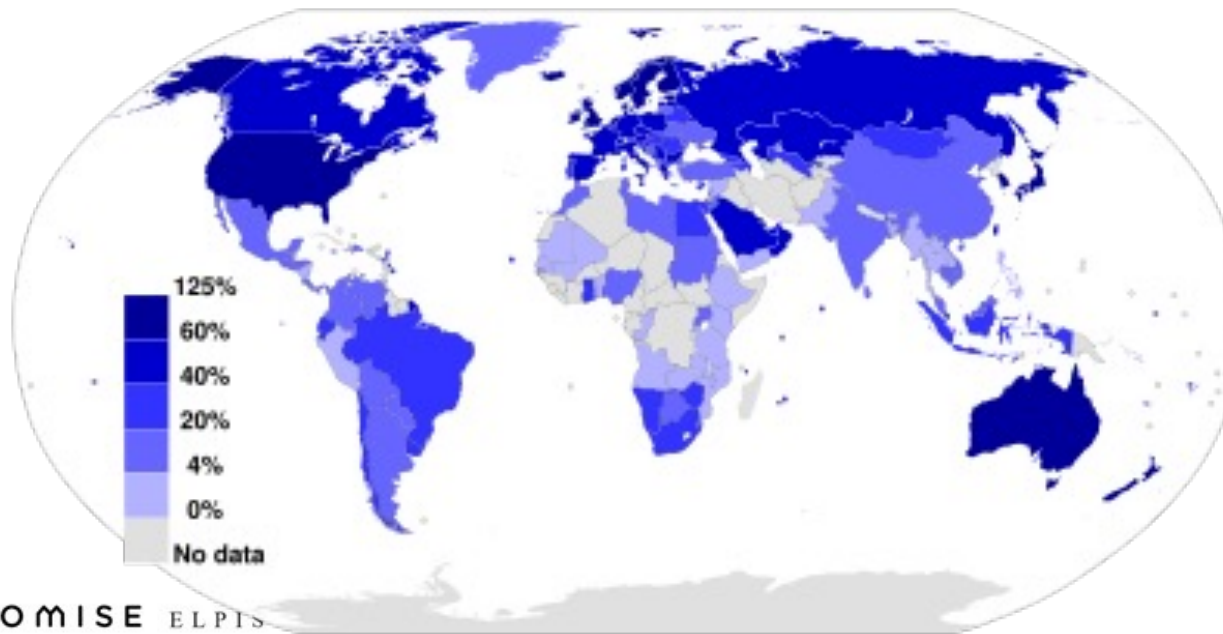
One in five girls/women and one in seven boys/ men experience non-contact sexual violence during childhood — including online abuse.

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Why focus on online child sexual abuse?

- 2017:
 - More than half of the global population has access to the internet
 - a third being children (Greijer & ECPAT International, 2017)
 - increase in high income countries (Kardefelt-Winther et al., o. J.)

2015:



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Why focus on online child sexual abuse?

- **2023:**

- NCMEC "CyberTipline" reporting office recorded:
- a particularly high incidence of sexualized online abuse against young children
- 2,401 cases showing children between the **ages of 3 and 6** (National Center for Missing & Exploited Children, 2024)

- **Germany:**

- Since 2019 numbers of cases of sexualized abuse in which online technology was an integral part of has tripled.
- The number has risen from 12,262 to 45,191 reported cases in Germany (Bundeskriminalamt, 2023)
- **41%** of the children are between **7 and 10 years** old,
which is an **increase of 25%** compared to 2022 (Unabhängige Beauftragte für Fragen des sexuellen Kindesmissbrauchs, 2024).

Online Child
Sexual Abuse
is a topic we
need to focus
on



PROMISE ELPIS Charité

development of protocols

- **Interviews:**
 - Needs general
 - in connection to psychosocial and medical protocol
 - Overlap with deliverable voices of professionals
- **Systematic Literature review**
 - Underlines need for protocols
- **Official guidelines** not focused on Online child Sexual abuse



<https://de.freepik.com>



<https://www.istockphoto.com/de/grafiken/fragezeichen>

What is Online Child Sexual Abuse „OCSA“?

Definition Children:

United Nations:

convention on the rights of a child -
Article 1

“a child is a human being
below the age of 18 years”,



"Convention on the Rights of the Child" . General Assembly Resolution 44/25 of 20 November 1989. The Policy Press, Office of the United Nations High Commissioner for Human Rights.

Online Child Sexual Abuse (OCSA)

Definition

- Luxembourg Guidelines:
 - use of information and communication technology (ICT) to sexually abuse children
 - includes ICTs to facilitate child sexual abuse (CSA) (online grooming)
 - includes also ICT to share and thereby repeat CSA committed elsewhere (e.g. images)

(Interagency Working Group on Sexual Exploitation of Children. (2016))

Terminology OCSA

Cyberbullying

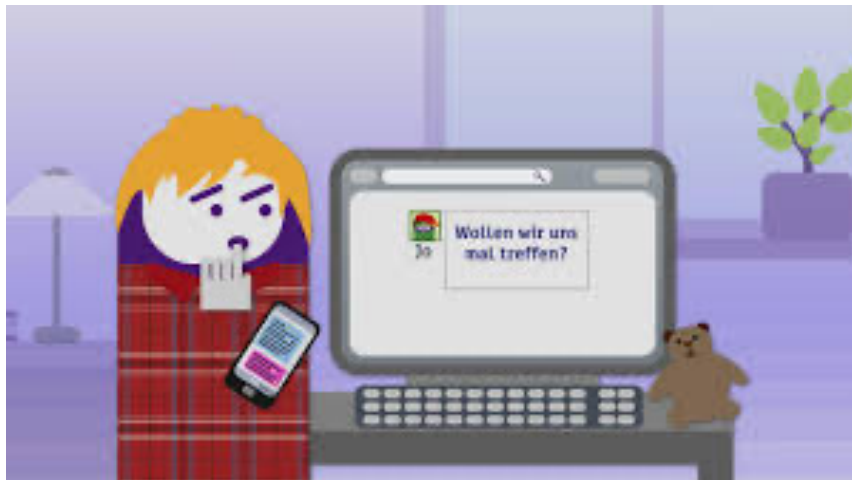


<https://digitale-schule.blog/unterrichtskonzepte/cybermobbing-vorbeugen-kostenfreies-unterrichtskonzept-zum-schulmessenger/>

- Aggressive behaviour and messages
- Hate speech
- Cyber Aggression

Terminology OCSA

Cyber-Grooming



<https://www.zdf.de/kinder/logo/logo-erklaert-cybergrooming-100.html>

- Online initiation of sexual assaults may occur online or offline

Terminology OCSA

Non-consensual Sexting



<https://www.bee-secure.lu/de/news/was-ist-sexting/>

Non-consensual

- Sending and exchanging sexually explicit images of people without informed consent or pressured

Terminology OCSA

Gender Based Violence



<https://www.bwin.org/de/cms/news-72/mobilize-to-stop-gender-based-violence-1271>

- Violence based on a person's biological or social gender
- Criticism, Hostility, Threats, Punishment, Censorship as a consequence of expressing opinions

Terminology OCSA

Cyber-Stalking



<https://www.shutterstock.com/de/search/cyber-stalking>

- Obsessive online pursuit

Terminology OCSA

Sexual Extortion



<https://www.persus.de/2023/06/21/sextortion-2/>

- perpetrator threatens the victim with the publication of nude photos or videos of the victim

Terminology OCSA

Pretending to be in a romantic relationship (Loverboy)



<https://www.act1212.ch/menschenhandel/loverboys>

- Pretending to be in a romantic relationship
- create emotional dependency
- leading to prostitution and exploitation

Terminology OCSA

non-consensual Cybersex



<https://www.altalex.com/documents/new/2017/05/11/new-addiction-do-cyber-sex-tra-sociologia-devianze-a-profilii-criminogeni>

Non-consensual

- Online communication with sexual intent
- including sexual acts in e.g. live streaming

RISK Graphic

Sexual Exploitation and Abuse

https://ecpat.de/wp-content/uploads/2023/08/Instrument_Riskassessment-EN.pdf



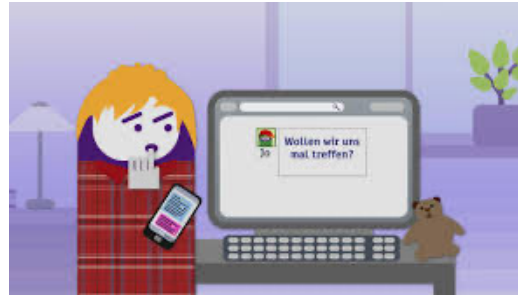
Cyber-Stalking



Gender Based Violence



Sexual Extortion



Cyber-Grooming



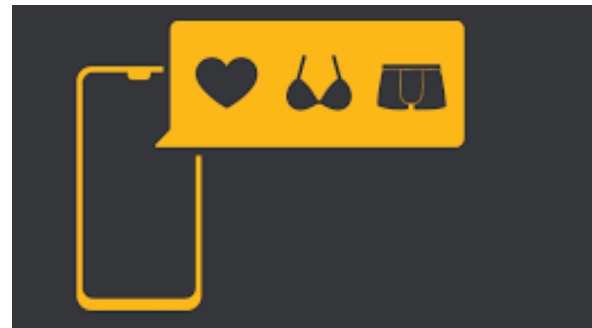
Cyberbullying



Pretending romantic relationship



non-consensual Sexting



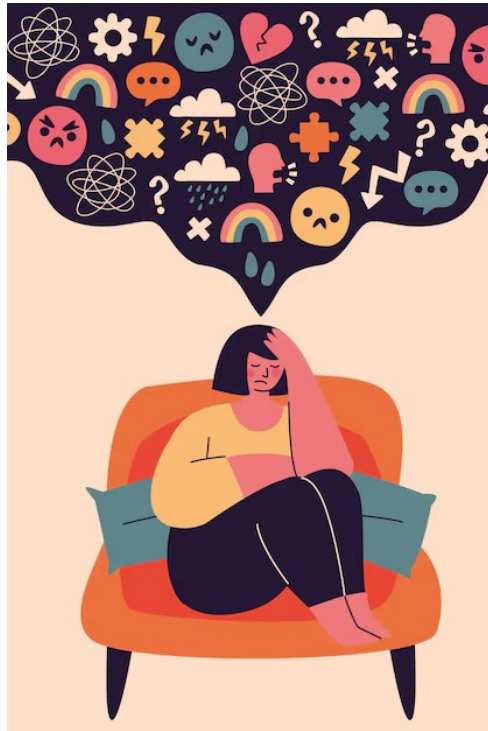
non-consensual Cybersex



But why is it important?



Because it impacts our health



Health

General

- state of complete:
 - physical, including sexual
 - mental
 - social well-being
- capability to function in the face of changing circumstances



(World Health Organization, 2008)

Sexual Health

Defintion

WHO 2006:

- “a state of physical, emotional, mental and social well-being in relation to sexuality;
 - it is not merely the absence of disease, dysfunction or infirmity.
 - Sexual health requires:
 - a positive and respectful approach to sexuality and sexual relationships,
 - the possibility of having pleasurable and safe sexual experiences: free of coercion, discrimination and violence.
- For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”
 - Sexual development happens digital and analog



Adverse Childhood Experiences (ACE)



- original ACE study 1995 to 1997
- Two waves of data collection
- Over 17,000:
 - a physical exam
 - confidential questionnaire about childhood experiences
 - current health status
 - behavior

ACE

For each study participant, a stress value was thus obtained (ACE score)
between 0 and 10 points.

Experiences of:

- 1.) physical abuse
- 2.) Emotional abuse
- 3.) Sexual abuse
- 4) physical deprivation
- 5) emotional deprivation

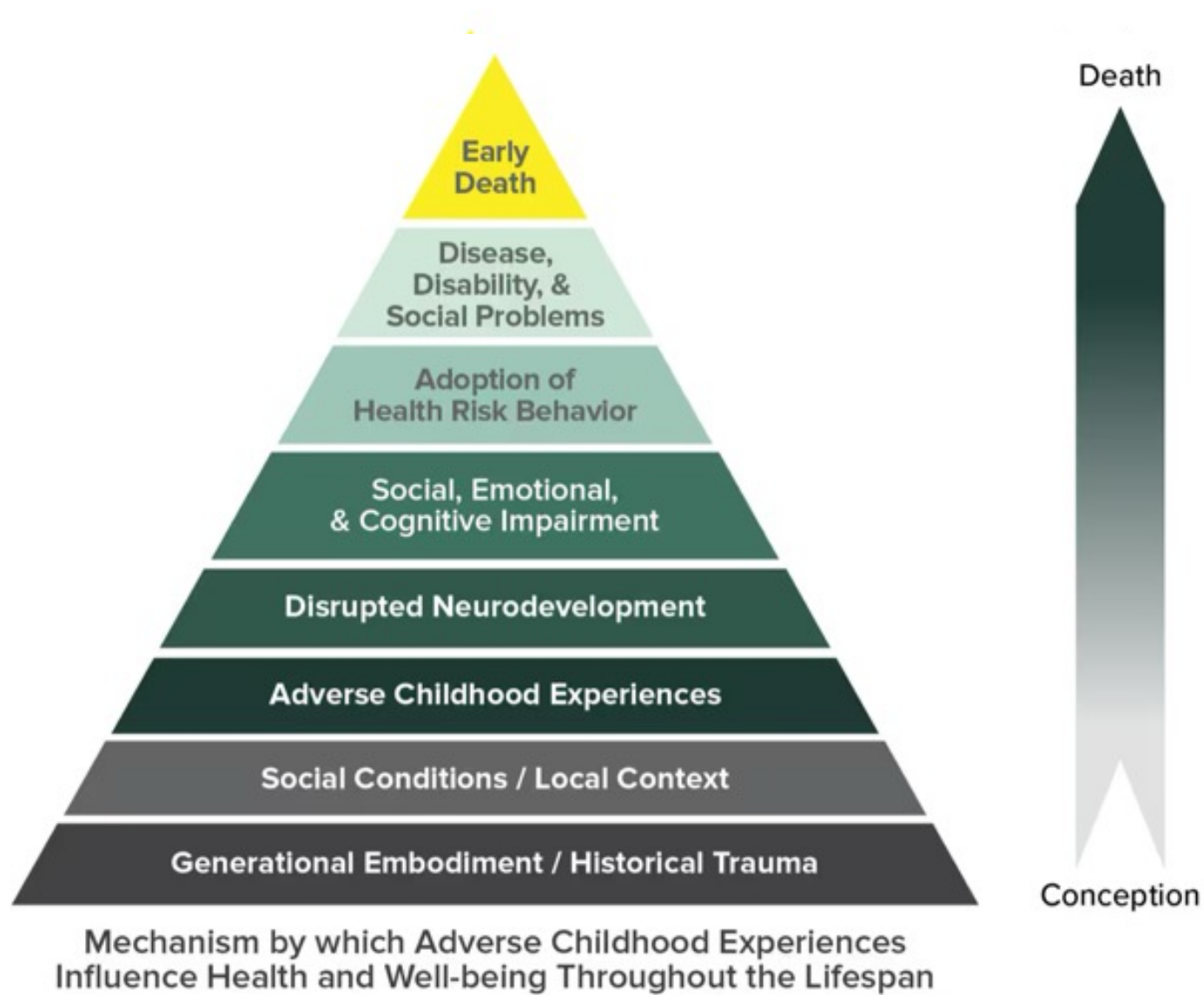
Growing up in a household with:

- 6.) an alcoholic or drug user
- 7.) Crime
- 8.) Mentally ill parent
- 9.) Domestic violence
- 10.) Loss of a parent or sibling

ACE

- 2/3 an ACE (76%)
- 12.7% more than 4 ACEs
- **dose-response relationship** between ACEs and negative health over the course of life
- More than 4 ACEs:
 - 4 times more likely to suffer from depression
 - 12 times more likely to attempt suicide
- **People with more than 6 ACEs have a 20 years shorter life expectancy**

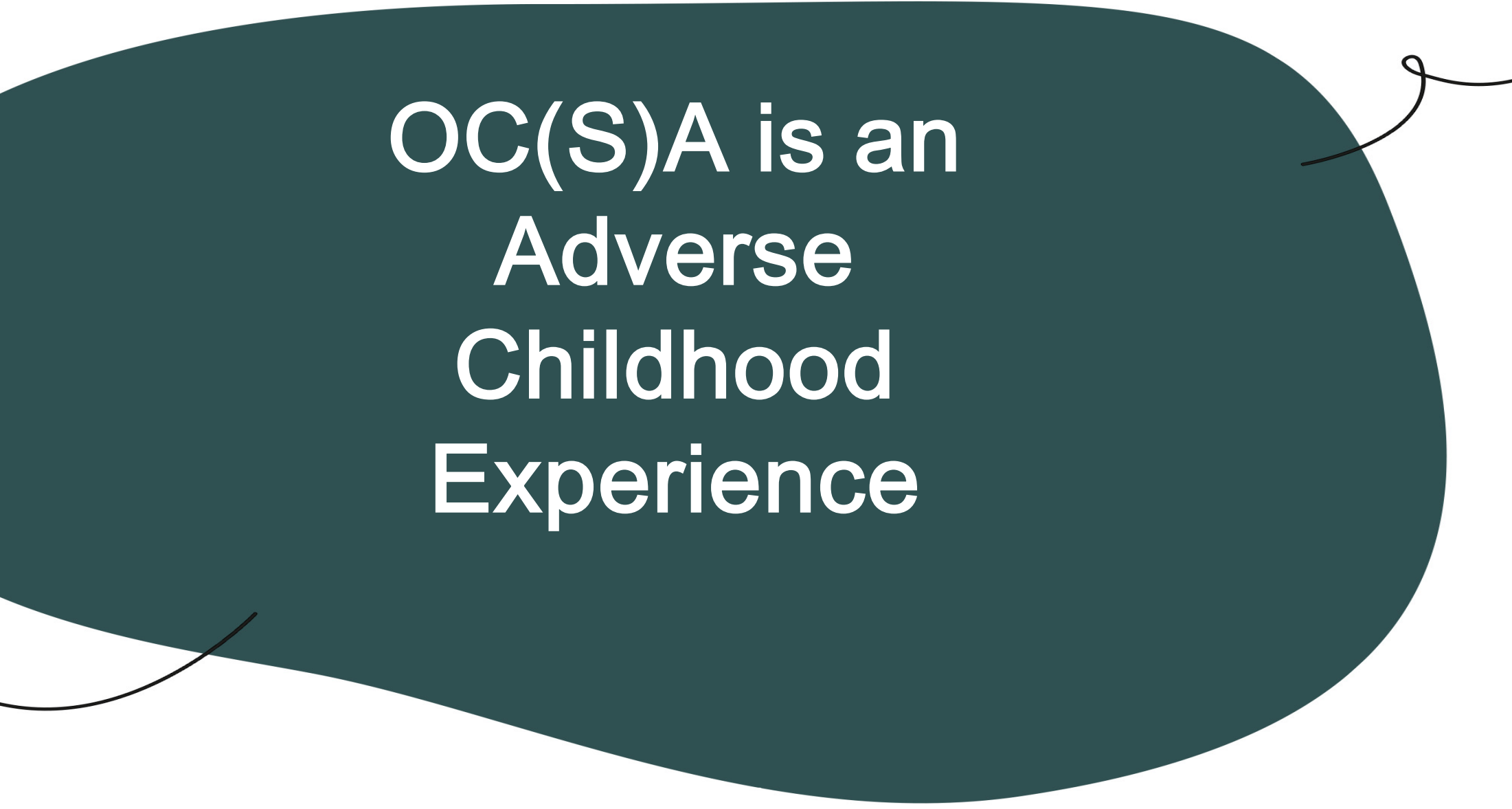




Impact of OCSA:

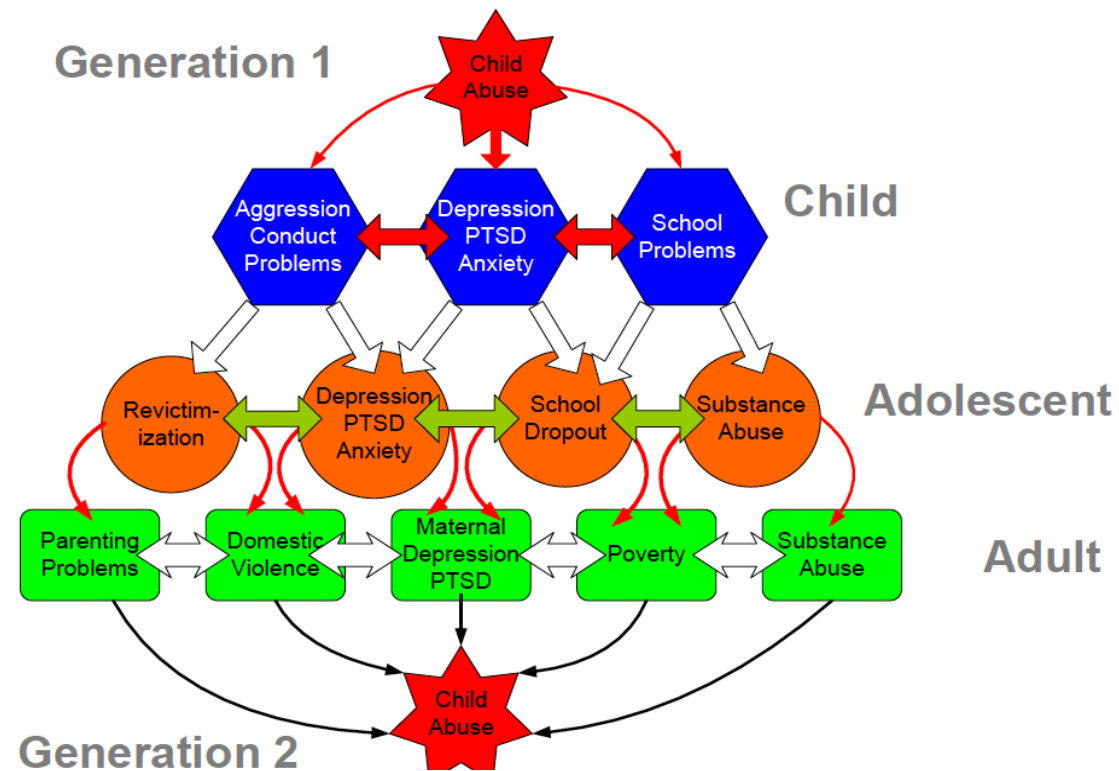
Children that are victimized online
can have as severe and even worse
trauma symptoms
than children victimized outside the
internet

(Joleby et al., 2020)

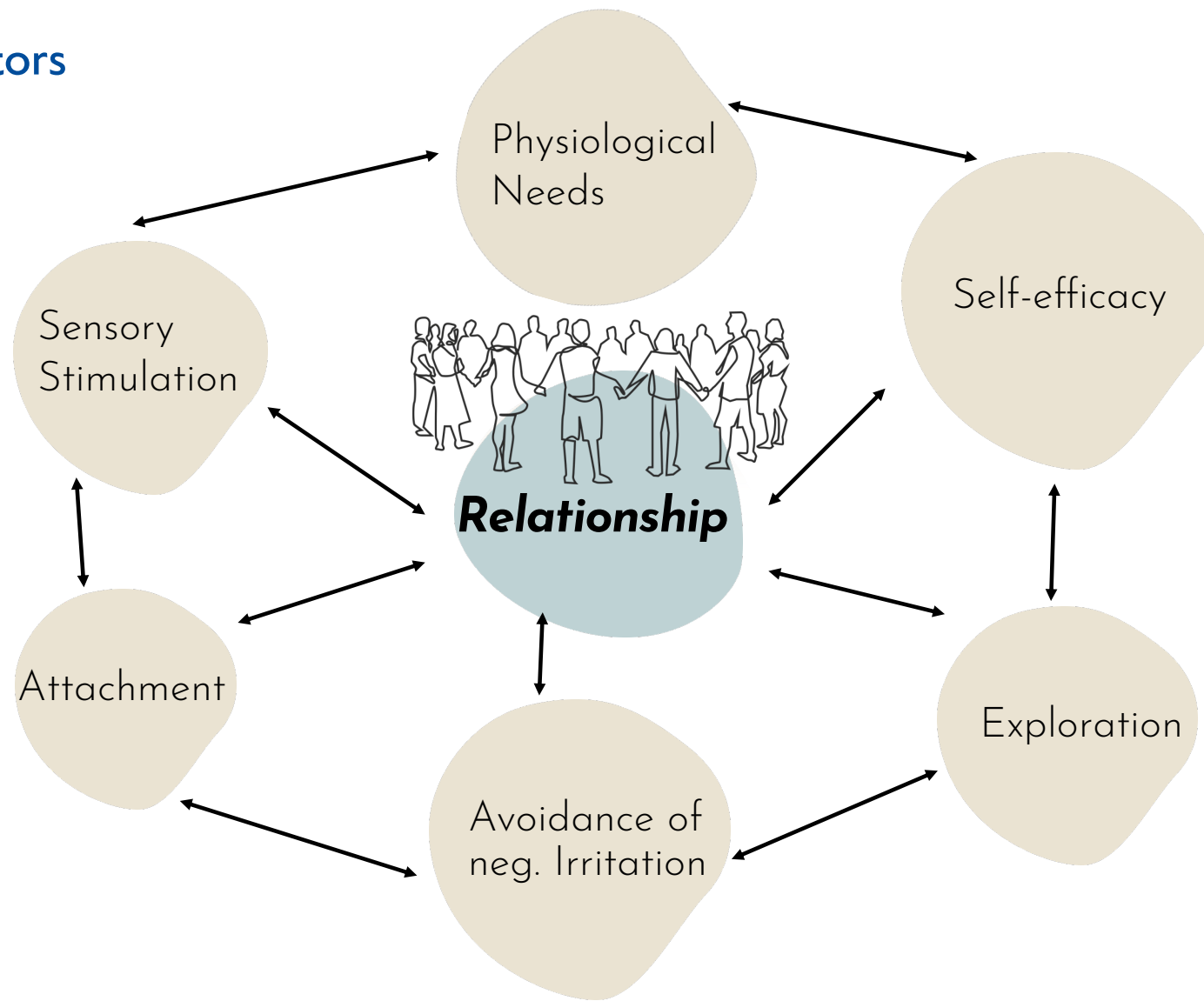


OC(S)A is an
Adverse
Childhood
Experience

How ACES Cross Generations



Social Riskfactors



Systematic Literature Review by Menhart et. al.

Very little research regarding:

- what type of initial and immediate psychosocial and medical support in cases of OCSA are needed
- and what is effective

WHO recommends: Psychosocial Interventions

Definition:

- Interpersonal or informational activities, techniques(WHO)
- Psychological or social actions
- Aim to bring change in psychological, social, biological, and/or functional outcomes (Dua et al., 2011)
- Evidence is limited due to the diversity of the offered programs and circumstances.



<https://de.freepik.com>



- Trauma informed care & trauma sensitive approach can be part of psychosocial interventions
- Non-psychopharmacology
- Don't have to be administered by a trained psychotherapist or counsellor (World Health Organization, 2008)
- The aim is to support resilience, trauma-healing and avoid re-traumatization

What is Trauma?



- ICD 11:

- an extremely threatening or horrific event or series of events
- Causing distress in almost any one

- DSM V:

- Exposure to actual or threatened death, serious injury, or sexual violence
- causes threat to the integrity of the person or others

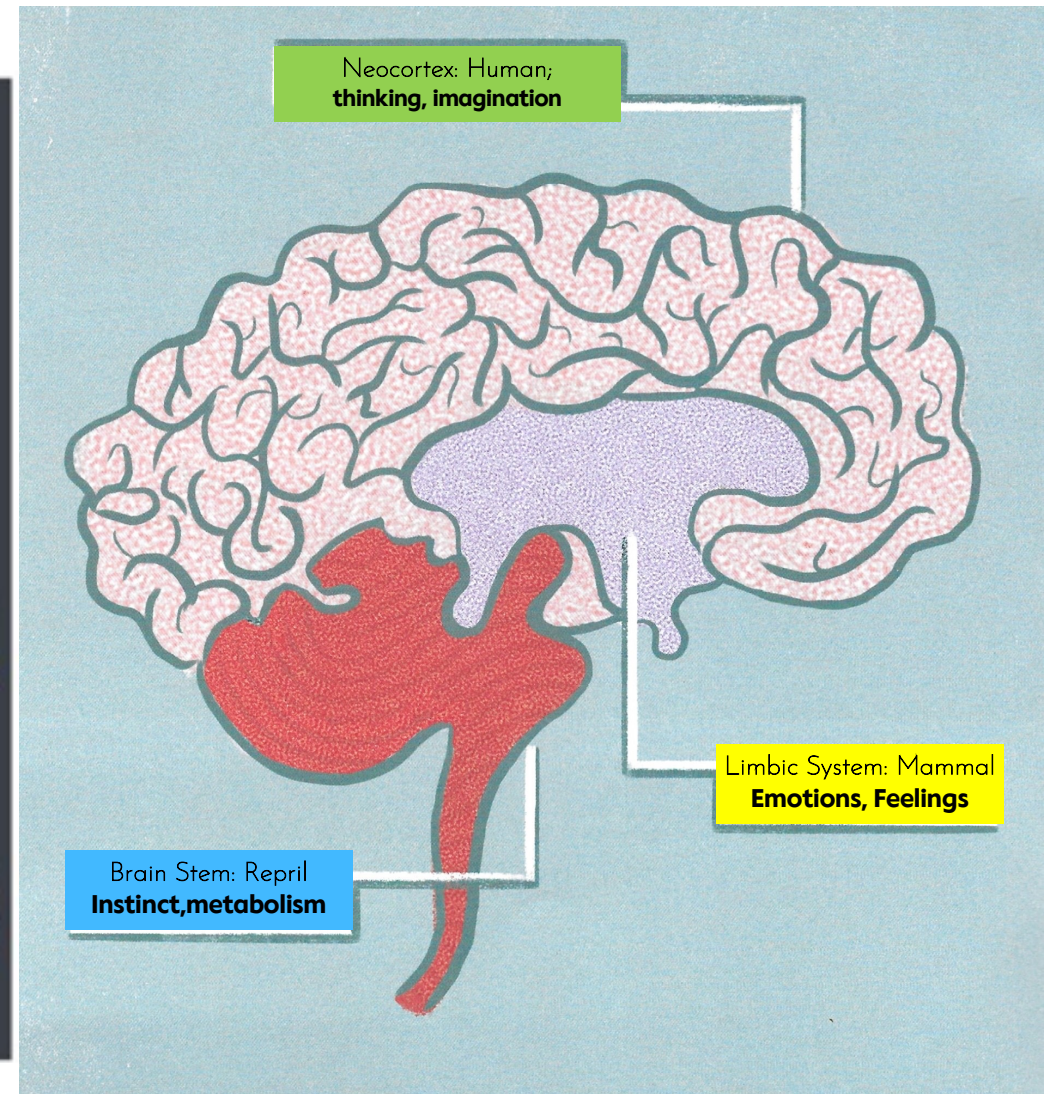
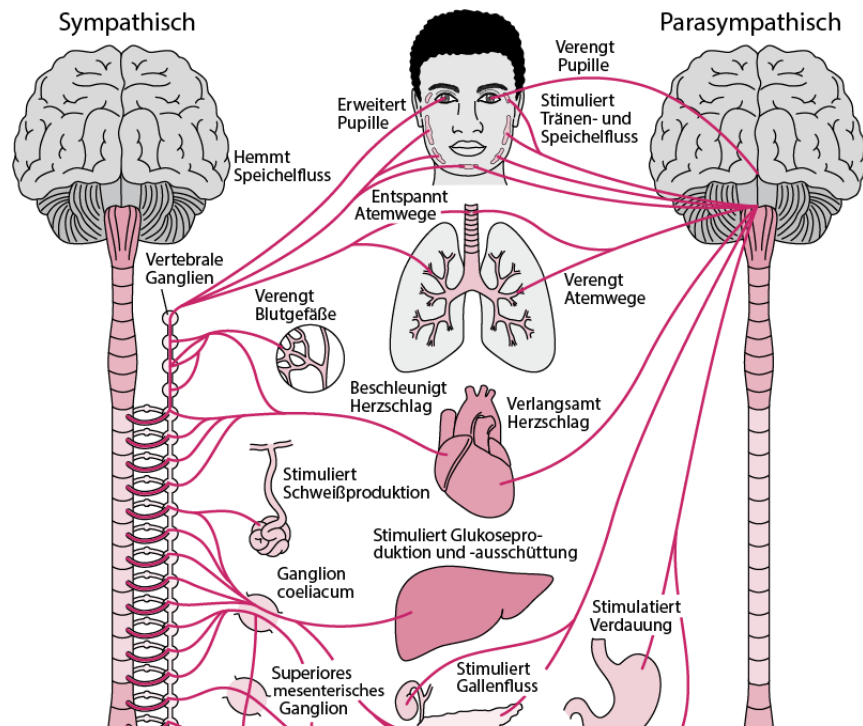
Stein, D. J., McLaughlin, K. A., Koenen, K. C., Atwoli, L., Friedman, M. J., Hill, E. D., Maercker, A., Petukhova, M., Shahly, V., van Ommeren, M., Alonso, J., Borges, G., de Girolamo, G., de Jonge, P., Demyttenaere, K., Florescu, S., Karam, E. G., Kawakami, N., Matschinger, H., Okoliyski, M., ... Kessler, R. C. (2014). DSM-5 and ICD-11 definitions of posttraumatic stress disorder: investigating "narrow" and "broad" approaches. *Depression and anxiety*, 31(6), 494–505. <https://doi.org/10.1002/da.22279>

Psychological Trauma

Definition

„Vital discrepancy experience between threatening situational factors and individual coping capabilities, which is accompanied by feelings of helplessness and defenseless abandonment, resulting in a lasting shake-up of self-understanding and understanding of the world.“

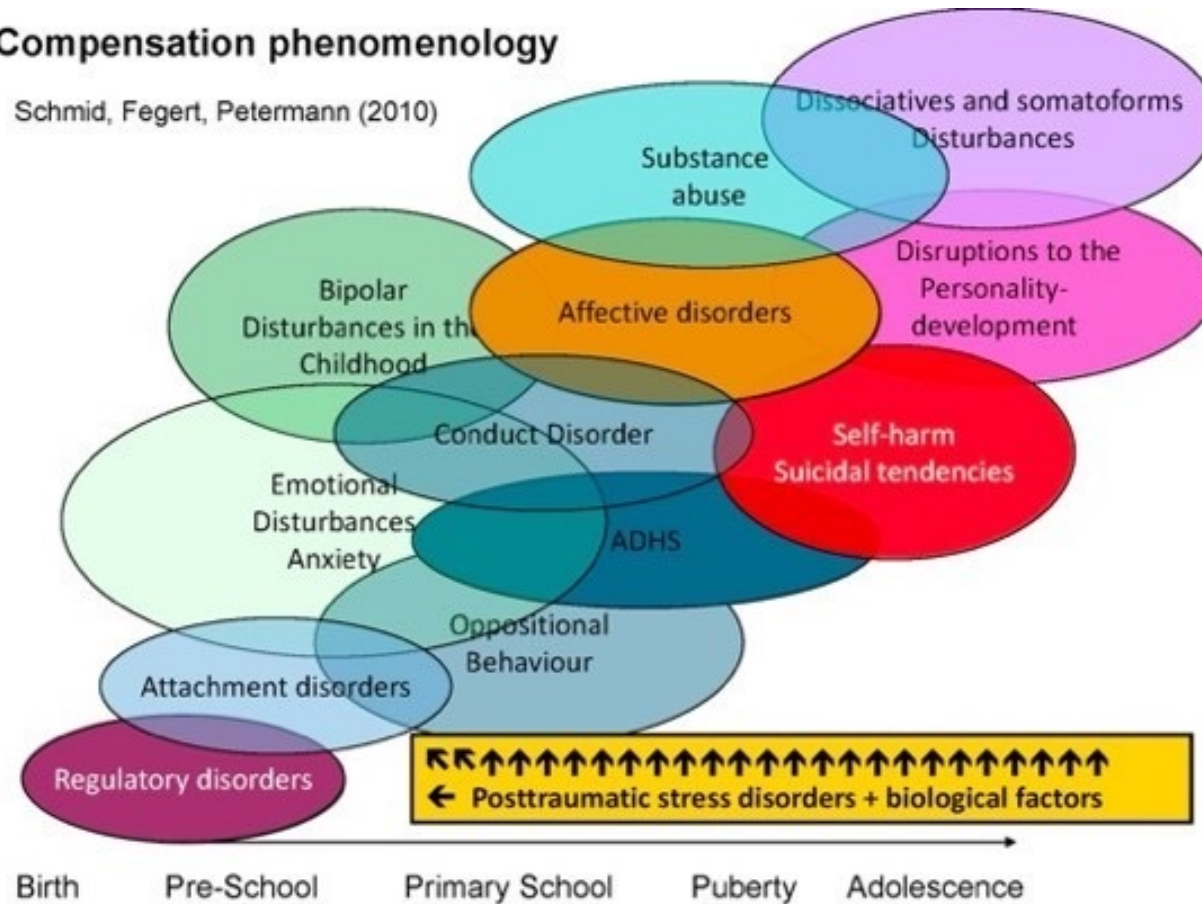
Stress and the body



Effects of Trauma:

Compensation phenomenology

Schmid, Fegert, Petermann (2010)



(Felitti et al., 1998; Schmid et al., 2010)

Psychosocial Intervention and Trauma

What

- **Trauma informed care:**

- Frame work
- Supports trauma survivors
- Not limited to a specific group of professionals

- **Trauma specific interventions:**

- Clinical interventions
- Focused on trauma related symptoms
- Individual and group
- Includes crisis intervention and Trauma focused therapy

Recommendation from EU gender based violence survey:

- **All professionals** working with humans should be empowered to use a **trauma sensitive approach**
- Not just social and psychological professionals

<https://fra.europa.eu/en/publication/2024/eu-gender-violence-survey-key-results>

Trauma Informed care – Trauma Sensitive Approach

Resilience

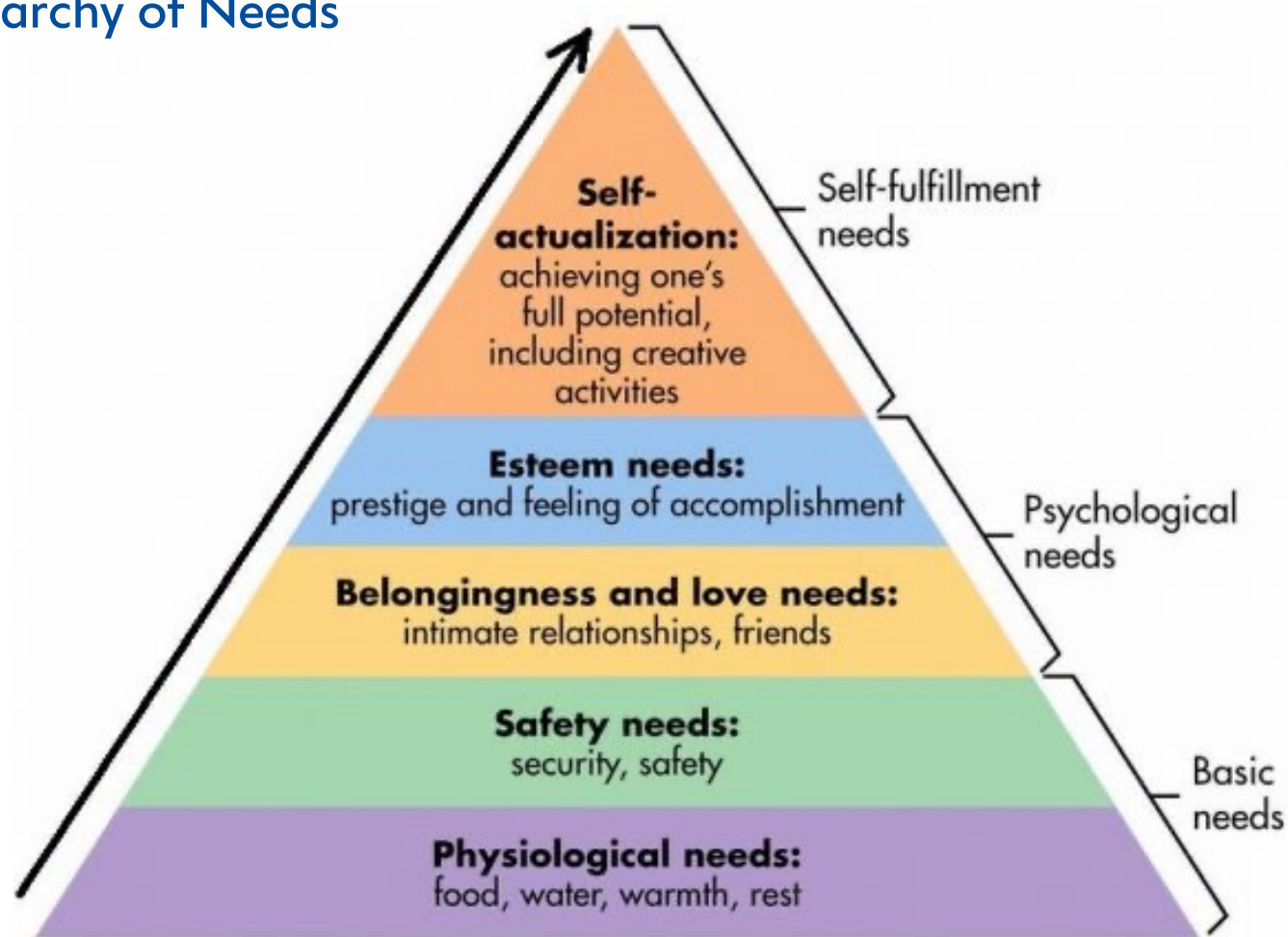
Seven Factors Promoting Resilience

- Locus of control (who, where. How long, stop signal)
- Self-disclosure (“You are the expert about yourself”)
- Group feeling, feeling as survivor
- Experiencing own strategies, resources (how did you find the courage to talk to me – to a stranger)
- Altruism, Prosocial behaviour
- Ability to see meaning in trauma and future
- Social interaction (day to day activity, psychosocial interventions, support groups)

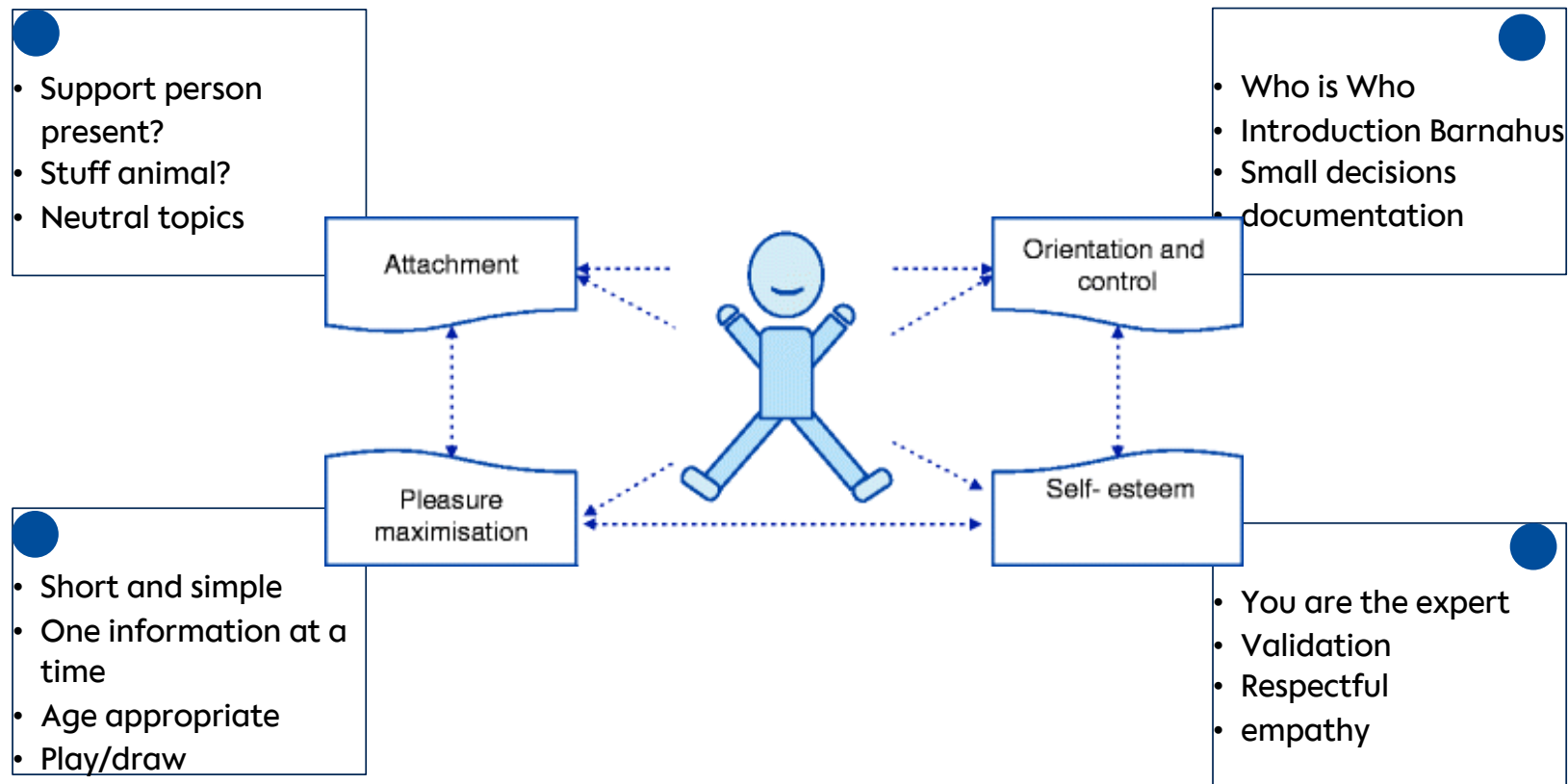


<https://www.deutschesinstitut.it/stehaufmannchen-das/>

Maslow's Hierarchy of Needs



Trauma Informed Care



Trauma Informed Care

4 Rs

1) Realisation:

→ traumatic experiences, incl. OCSA

2) Recognition:

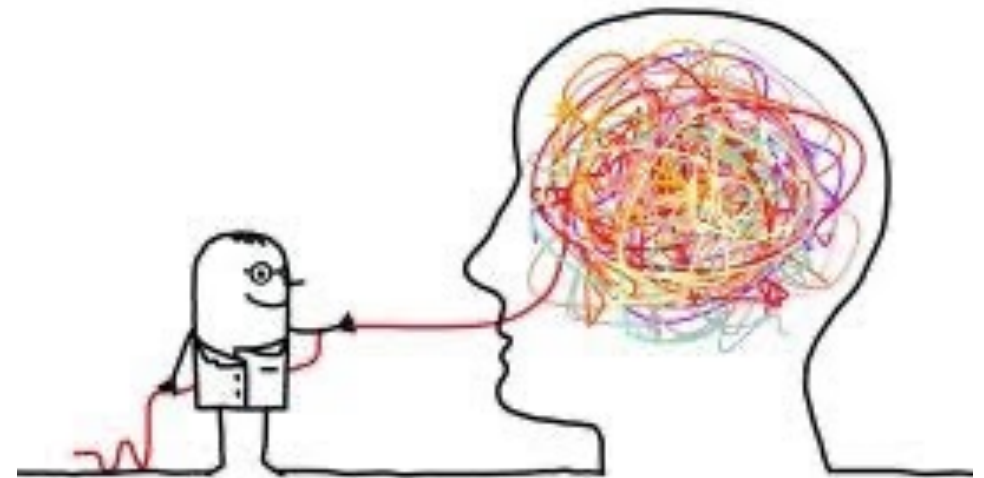
→ Symptoms of Trauma: physical, emotional, cognitive

3) Responding

→ talking
→ Respect
→ Resources
→ Team

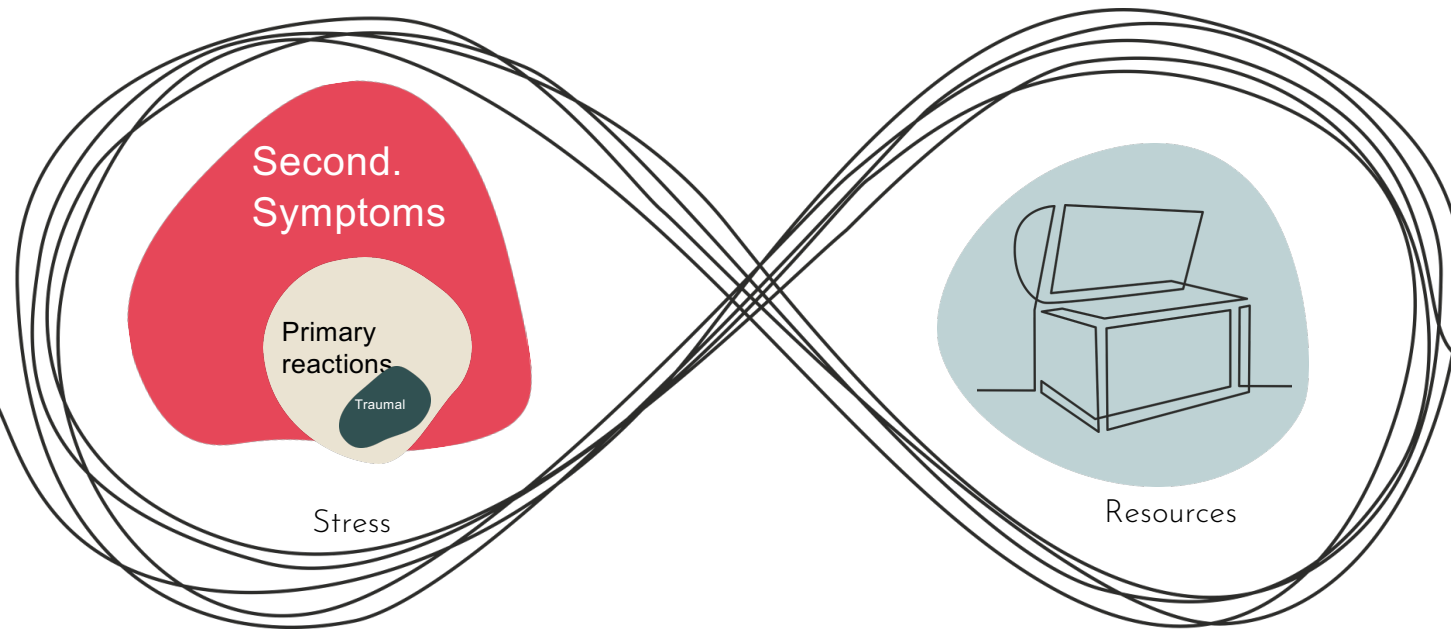
4) Avoiding Re-Traumatisation:

→ Consent
→ Trigger – Cameras, nice humans



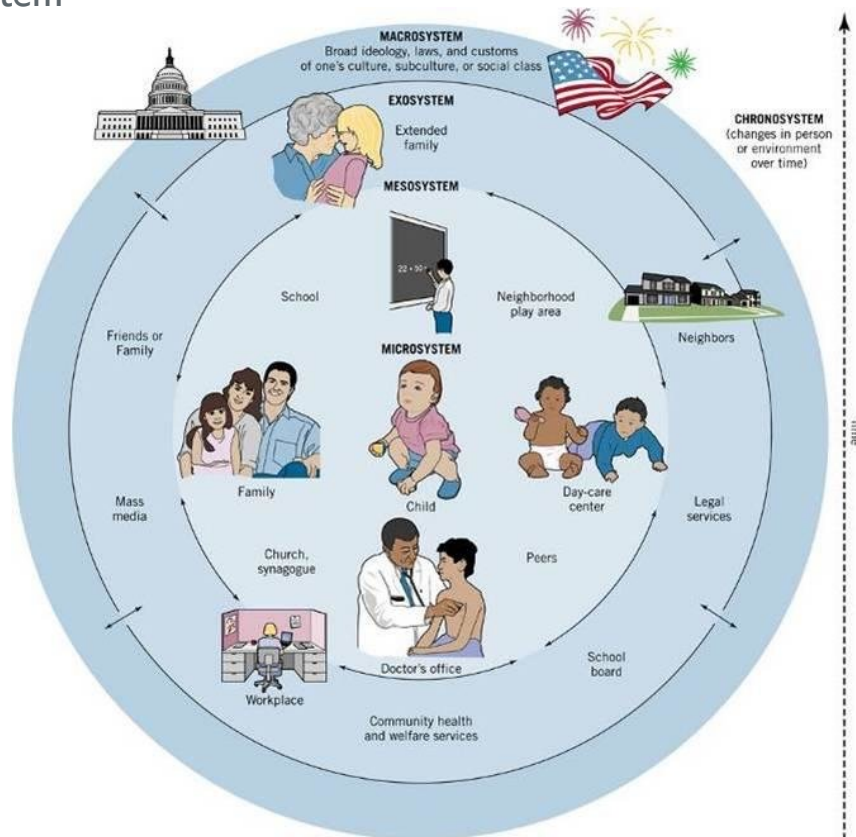
Trauma Informed Care

Ressourcen



Trauma Informed Care

System



https://www.researchgate.net/figure/Example-graphic-of-ecological-systems-theory-Adapted-from-How-Children-Develop-pg_fig1_305281203

Children part of many systems

- OCSA impacts the system
- Systems can be a stressor
- Systems can be a resource
 - Keeping familiar day to day structure: school, time with friends, extracurricular activities
- Address possible feelings of shame or guilt in connection to systems knowing or finding out about (O)CSA.

systems affected:

- information
- support

Trauma Informed Care

Care givers

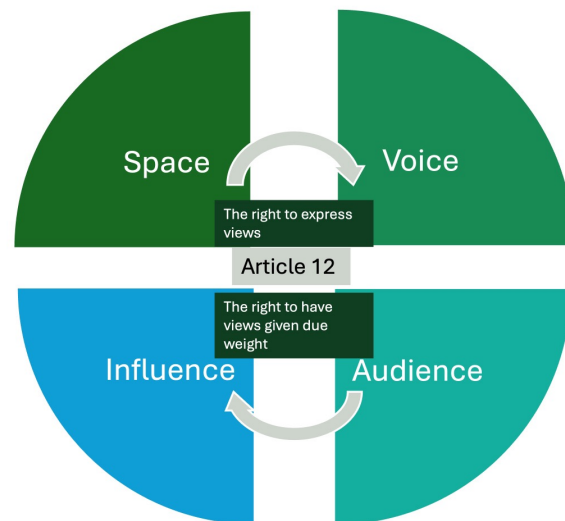
- The younger the child the more important is a stable non harming care giver.



- (A) stable care giver(s) IMPORTANT
- Care givers often negative emotions caused by OCSA:
 - tried to educate their child about the risks and rules in the digital world
 - Weren't aware that even a child learning laptop has safety loops
- Need psychoeducation and validation next to us taking care of the child.
- Child in focus
- General approach of child participation is essential

Trauma Informed Care

Child Partizipation



Article 12 of UNCR :

- Children must be given:
 - a safe, inclusive space
 - the opportunities to form and express their view.
 - must be facilitated to express their voice
 - the audience must listen to
 - they must be acted upon, if appropriate.

Trauma Informed Care

OCSA

General:

- Trauma informed care/trauma-sensitive approach
- Strengthen resources
- Be empathic but not manipulative
- Avoid suggestive question
- Give information to child about digital rights



<https://www.theroyal.ca/events/best-practices-trauma-informed-care>

Trauma Informed Care

OCSA



Children's rights are also part of the digital world

includes:

- Access to media
- Freedom of thought, conscience and religion
- Right to privacy
- Protection of violence and exploitation



Trauma Informed Care

Intervention:

- No psychological debriefing
- Crisis intervention should be offered
- Acute trauma confrontative therapy
- Trauma confrontative therapy



Psychological Interventions



<https://www.google.com/imgres?q=anxiety%20inside%20out>

- If symptoms are increasing during the **first weeks**:
 - Crisis Intervention
 - acute psychotherapy interventions (World Health Organization, 2013)
- **Test** to identify level of stress/impact:
 - Child Report of Post-traumatic Symptoms (CROPS) and Parental Report of Post-traumatic Symptoms (PROPS) (Greenwald & Rubin, 1999)
 - Child Revised Impact of Event Scale (CRIES)

Trauma Specific Interventions

Information

Crisis Intervention Protocol

- Deliverable Promise ELPIS
- Includes:
 - diagnostic
 - psychoeducation
 - emotion regulation skills



<https://amiquebec.org/crisis-caregivers/>

Standard 8:

Trauma Focused Therapy:

(e.g. Tf-CBT, EMDR)

- Acute Trauma Focused Therapy
- and Long Term Trauma Focused Therapy

Why medical -
when the abuse
happened/happens
online?

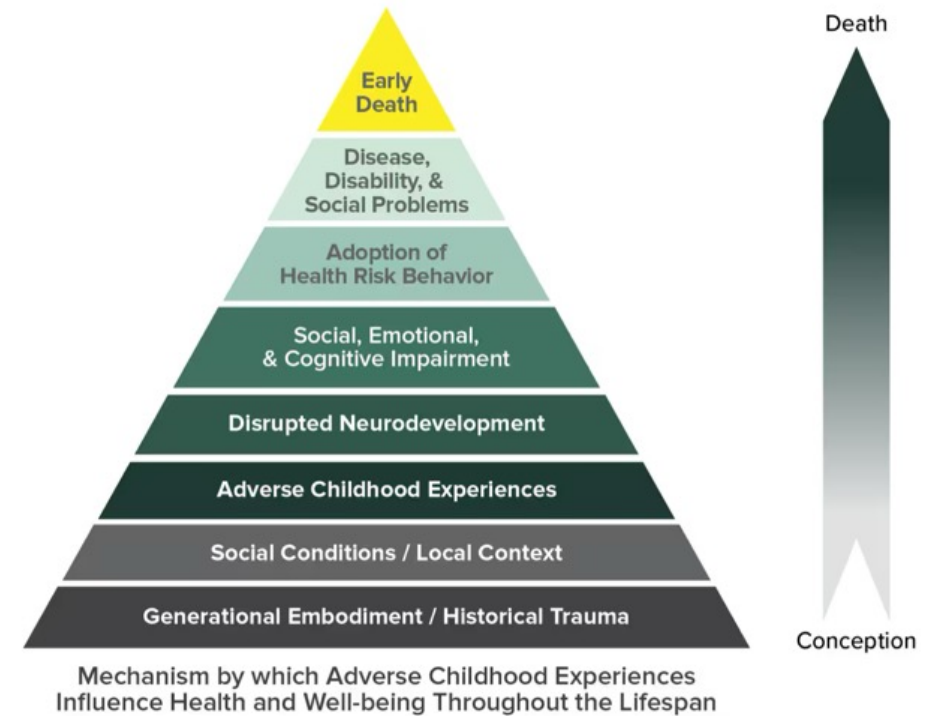


<https://www.vectorstock.com/royalty-free-vector/medical-examination-vector-12487150>

OCSA - medical

OCSA:

- can cause somatic symptoms



OCSA - medical

OCSA:

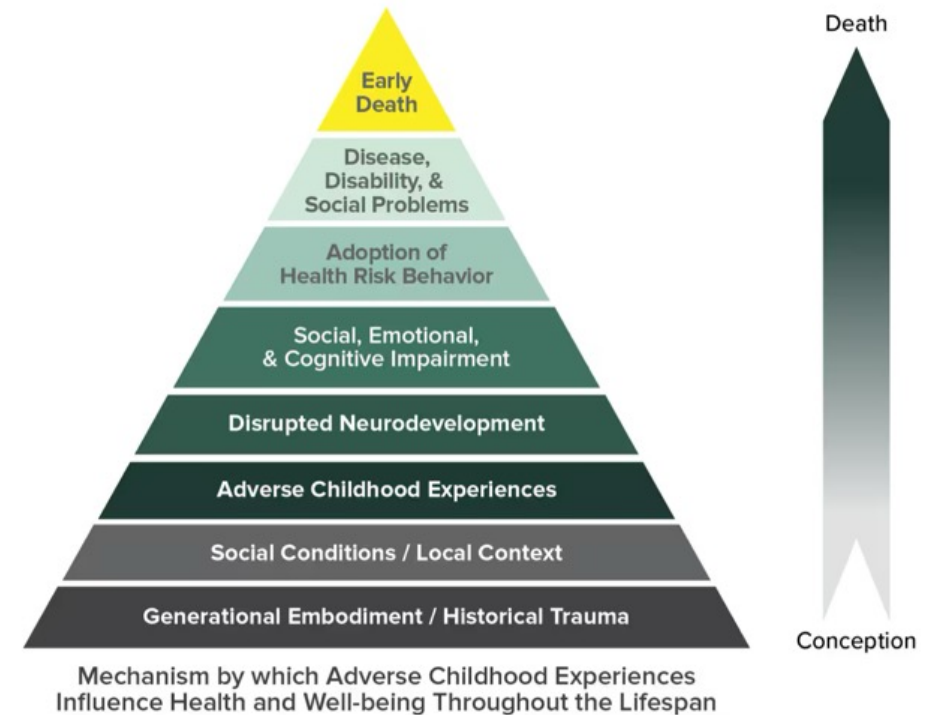
- Can cause somatic symptoms
- Can involve:
 - Harmful and risky behaviour
 - Self harm
 - (sexual) self manipulation



OCSA - medical

OCSA:

- Can cause somatic symptoms
- Can involve:
 - Harmful and risky behaviour
 - Self Harm
- Can lead to mental health problems including somatic illnesses (Eating disorders, self harm, suicidal ideations)
- Can be connected to other forms of abuse and neglect - ACEs seldom come alone
- Can cause impacted on sexual health
- Can lead to hands-on CSA



OCSA - medical

Purpose

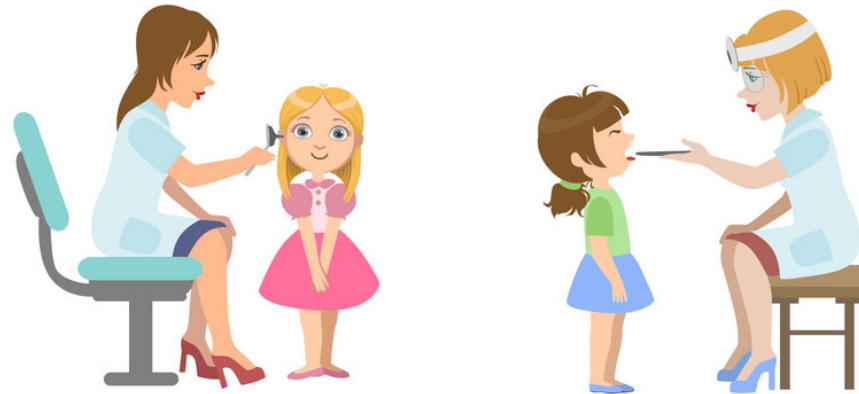
Examination:

→ Documentation ,

Assessment

→ Treatment

→ Prevention



OCSA - medical

Guidelines



Three globally high quality rated
Guidelines for CSA:

- WHO
- Moldavia
- Germany (AWMF)

- All three:
 - structured approach
 - don't focus on OCSA

OCSA - medical

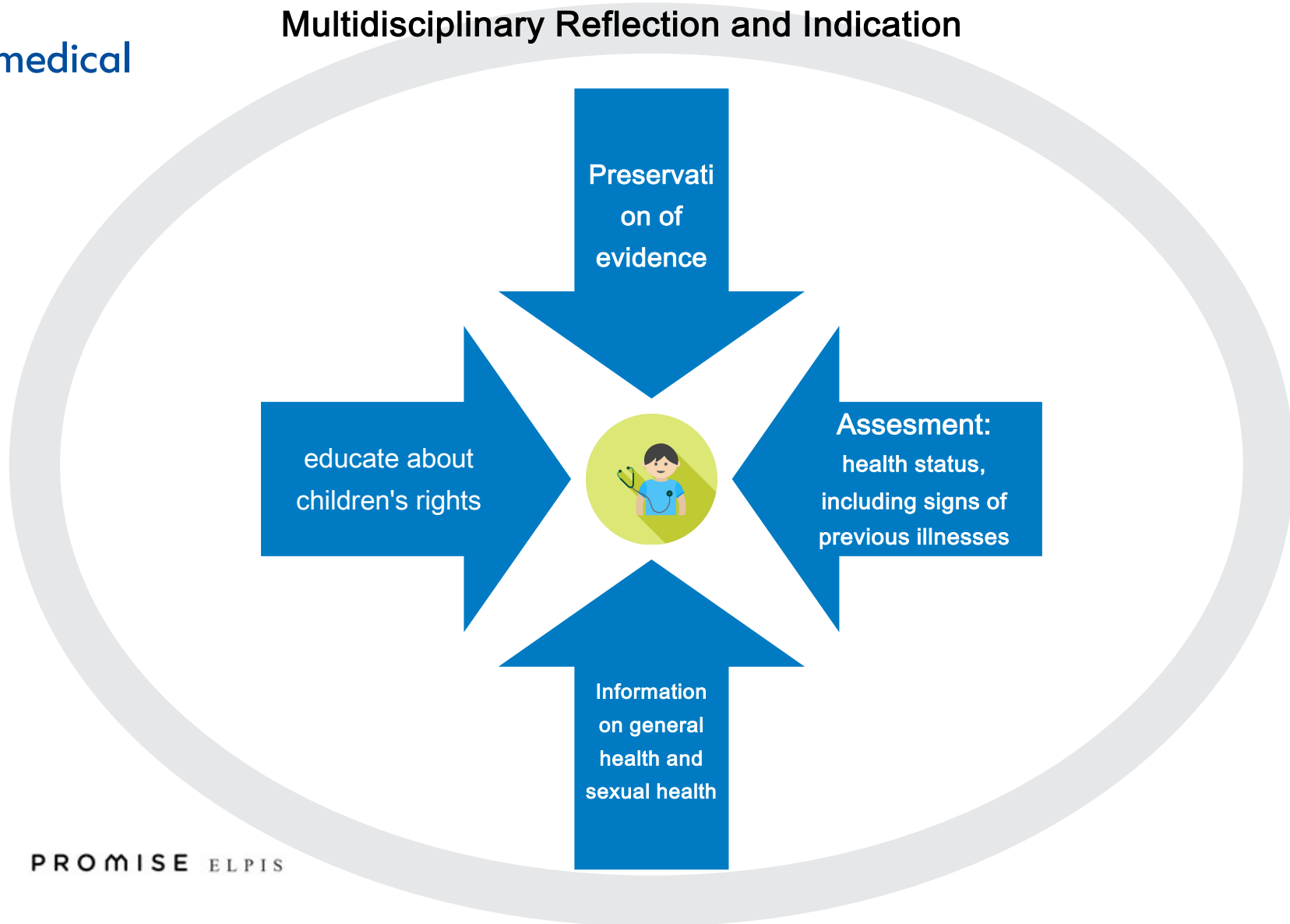
Indication for examination

- OCSA and CSA should be assessed before any examination!
- Like with CSA – the **necessity**, **relevance** and **urgency** of an examination needs to be assessed.
- Decision for a medical examination needs to be made on a multiprofessional basis:
 - Forensic
 - Somatic
 - Psychological

OCSA - medical

Purpose

Multidisciplinary Reflection and Indication



OCSA - medical

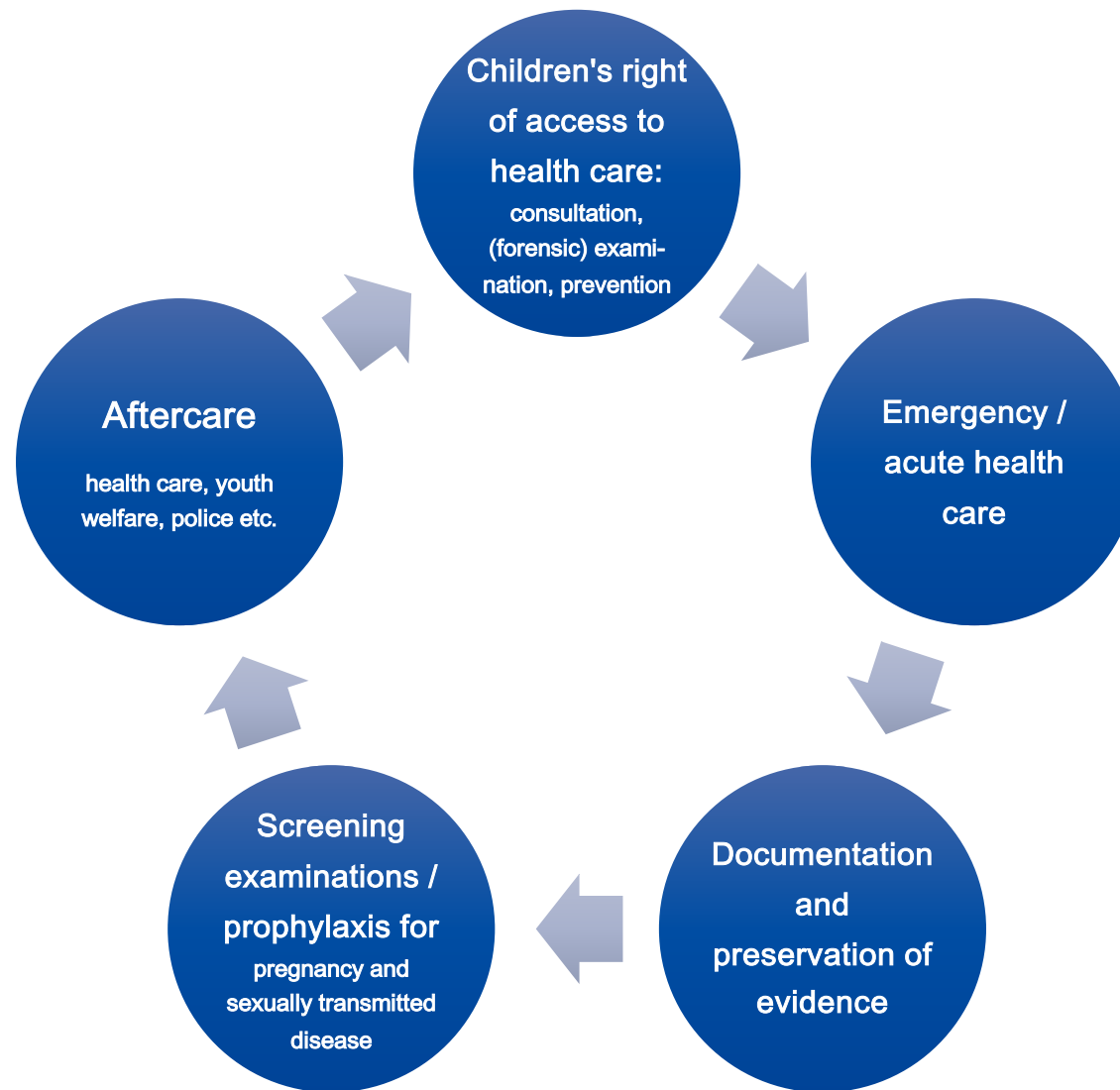
General

- No examination without **consent**
- Examination with another **adult present**
- Explaining **age appropriately** what will be done throughout whole procedure
- Information on **Children's rights**:
 - access to health
 - counselling
 - benefit of knowing and being instructed about their own (sexual) health
- Information about the **implications** of positive or negative findings
- If possible, only **one examination**
- **Avoid suggestive questions**
- **Trauma sensitive** approach

Be aware of OCSA related **triggers**:

- digital devices (e.g. (video)camera, video colposcope)

OCSA - medical



OCSA - medical

Indication for examination

Examinations of children and adolescents where sexual abuse is suspected.			
Has there been an occurrence with or without sexual assault**?			
Examination	Time since (last) sexual assault		
	<24 hours	24 hours to 7 days	>7 days
Full body examination	Must	Must	Must
Comprehensive anamnesis	Must	Must	Must
Structured anamnesis**	Must	Should	Should
Anogenital and/or paediatric gynaecological examination with the aid of video colposcope	Must	Should	Can
Examination for sexually transmitted diseases	Must	Should	Should
Pregnancy test (girls in childbearing age)	Must	Should	Should
Search for traces (DNA, semen, sperm)	Must	Should	Should (refers only to clothing, bed sheets, etc.)
Forensic interview (4 – 18 years)	>24 hrs.	Should	Should
Assessment of the psychological state	>24 hrs.	Should	Should

For every individual case: Assessment by a multi-disciplinary team	
- Anogenital and/or paediatric gynaecological examination with the aid of video colposcope - Examination for sexually transmitted diseases - Pregnancy test (girls in childbearing age) - Search for traces (DNA, semen, sperm) - Forensic interview/structured questioning (4 – 18 years) - Assessment of the psychological state	What incident has occurred? - Check necessity & relevance - Determine point in time & sequence

Attention: Consent!
No examination is performed against the will of the children or adolescents.
The consent of minors capable of giving consent or of the primary caregiver must be provided.***

Analysis of all findings
Is it possible to confirm or invalidate the suspected case?
Determine further course of action.

*Criteria for a sexual assault

- Contact with the genitals, semen, blood or saliva of the perpetrator
- struggle that took place, that could have left the skin or blood of the suspected perpetrator on the victim's body
- possible contamination on clothing or body of the victim

**e.g. P-SANE (see Annex 2)

***Note "Medical treatment of minors after sexual violence without involving the parents" (2018)



Don't forget to use common sense – even with guidelines.

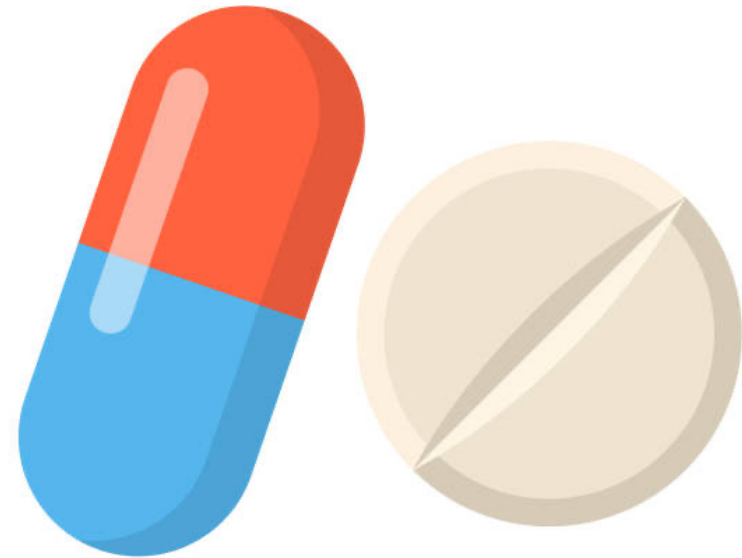
Whenever a conscious multidisciplinary consideration beyond guideline recommendations is made, be aware of a thorough documentation!

OCSA - medical

Treatment:

Prophylaxis Medication:

- Consider:
 - national guidelines
 - regional prevalences
- Consider:
 - HIV prophylaxis
 - emergency contraception
 - If pregnant → abortion should be offered
 - treatment of gonorrhoea, chlamydia and syphilis
 - Hepatitis B and/or HPV vaccination



<https://www.istockphoto.com/de/grafiken/tablette>

OCSA - medical

Treatment:

Psychopharmacology:

- In current guidelines - no recommendation for medication in connection to acute stress reactions
- Benzodiazepines - contraindicated, (impair storage in long-term memory)
- Sedative antidepressants - severe sleep disorders



<https://medworksmmedia.com/resources/psychopharmacology-101/psychopharmacology/>

OCSA - medical

Treatment:

Transfer to further
specialized medical services
if necessary



<https://www.medicalnetworks.de/ueber-uns.html>

OCSA - medical

Evidence and documentation

Evidence

- Collection storage and analysis of forensic evidence (“Rape Kits”)
 - vaginal, anal and oral swabs
 - stained skin should be tested for blood, sperm, and evidence of semen
 - hair samples
 - evidence from linen and clothing



OCSA - medical

Evidence and documentation

Documentation:

- Structured documentation of findings
 - physical
 - verbal (word-by-word)
 - emotional state of child
 - discrepancies to care givers information
- Record conversations
(CAVE: camera can be a trigger)

The documented conversation is in some cases,
the **only documented statement**
and should therefore be at the highest possible level.

OCSA – medical and psychosocial

Evidence and documentation



in OCSA cases:

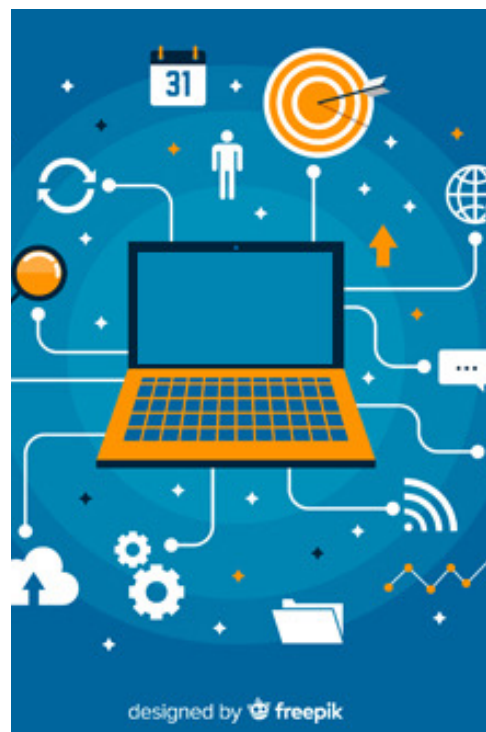
- Digital material could be available
- Could be distributed on an ongoing basis
- Continuation of sexual abuse on the internet
- Endangering the feeling of security and control
- Victims often feel or experience **susceptibility to blackmail**
- Victims often feel **shame and guilt**

Digital Material

Evidence and documentation

Digital Material - can include:

- (deepfake) videos
- pictures,
- chat messages
- Emails
- social media posts
- audio recordings
- Screenshots
- fake profiles
- streaming content
- cloud-stored files
- gaming communication
- forum or darknet content
- memes or GIFs
- hacked or leaked private content
- AI-generated content



Digital Material

Evidence and documentation

Laws

- Handling:
 - different laws in different countries
- **Mandatory** to find out what rules are active in your country.

CAVE:

In some countries saving the digital material of so called child pornography as screenshot is punishable

What to recommend:

- Take notes on:
 - **what** (action)
 - **when** (date)
 - **where** (platform)
 - **who** (knowledge about possible offender)
 - **how** (contact, content)
- safe emails, screenshots
- safe receiving device
- hand it over to police as soon as possible.

Digital Material

Evidence and documentation

Police:

- Early involvement in connection to documentation of material
- To create a feeling of control
- Investigative measures
- Further hazard control



Take home Message

TAKE HOME

- OCSA <-> CSA
 - OCSA is one of the ACEs
 - Children's rights also apply in the digital space
 - Avoiding retraumatization, strengthening resilience
 - OCSA needs multi-professional care and clarification
 - Health care must keep OCSA and its consequences in mind
-
- Trauma-informed care is **an attitude** - not bound to any single profession – but to all!

AVATAR Case Examples

Videos can be found on the platform.



Reccomendations and further informations

No intend to be exhausative

- <https://report.cybertip.org>
- <https://takeitdown.ncmec.org/resources-and-support/>



Thank you!



Dr. Astrid Helling-Bakki
Dr. Kerstin Stellermann-Strehlow