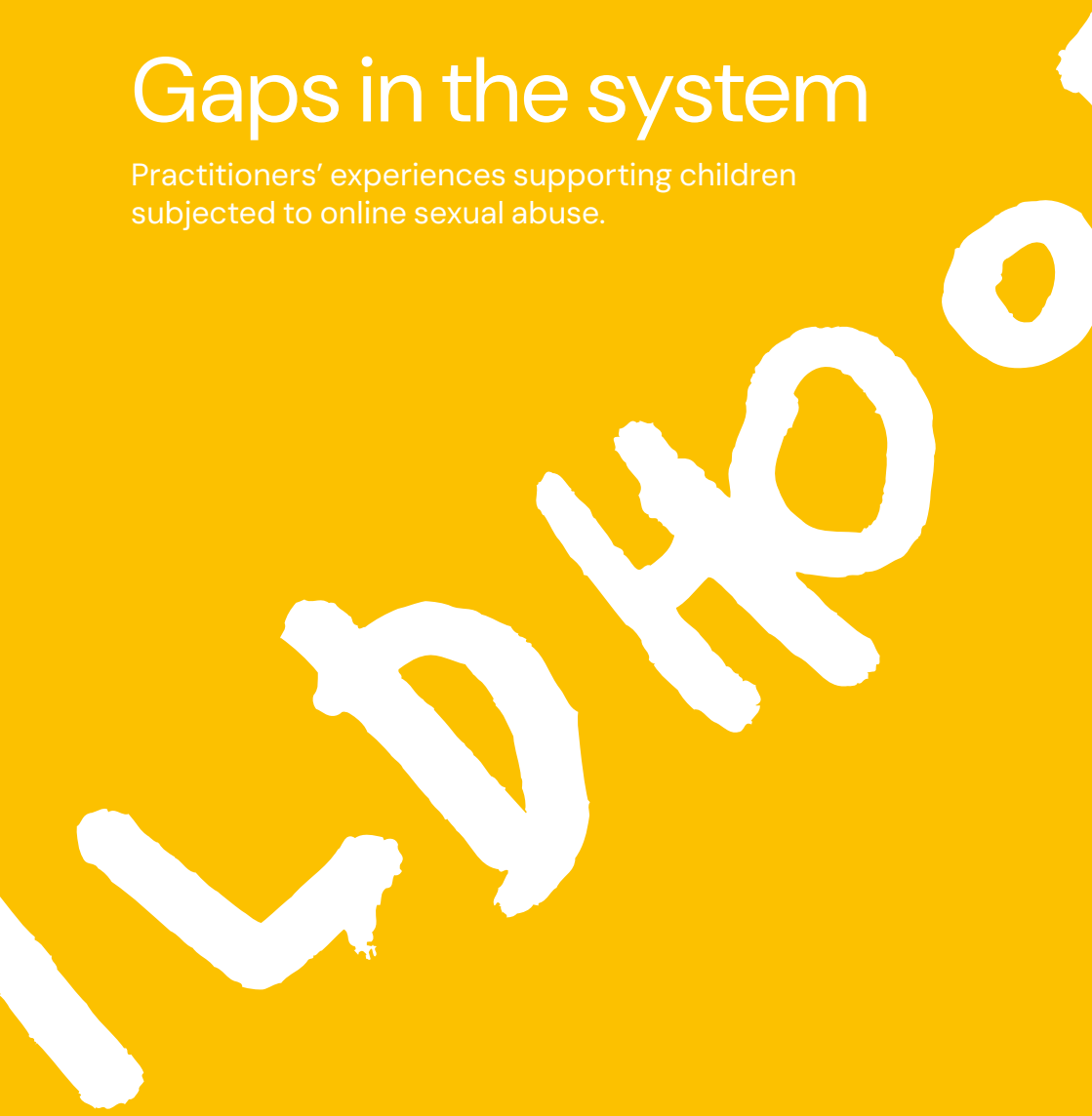
REPORT

Gaps in the system

Practitioners' experiences supporting children subjected to online sexual abuse.



CHILDHOOD

WORLD CHILDHOOD FOUNDATION

FOUNDED BY H.M. QUEEN SILVIA OF SWEDEN

Publisher: World Childhood Foundation
Graphic design: Bon Relations
Print: Åtta45
Year: 2025
www.childhood.org

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World Childhood Foundation

World Childhood Foundation works to prevent sexual abuse against children. With knowledge, funding and networks, we empower ideas and innovation that protect children in Sweden and internationally. We support innovative projects, contributing to long-term systemic change, while at the same time improving the lives of individual children here and now.

OUR THEMATIC AREAS

We work in the following three thematic areas: Child supportive relationships and environments, Child safety online and Child focused respons to abuse.

Child supportive relationships and environments

Child safety online

Child focused response to abuse

Within these areas, we focus on where the needs are the greatest and where our expertise and experience can make the biggest difference by:

- **Inspiring and developing new approaches,** and strengthening and disseminating proven methods to help children and families at risk.
- **Contributing to long-term systemic changes** that strengthen children's rights and protection.
- **Initiating, running and supporting strategic actions** with potential, often in partnership with grassroots organizations.
- **Investing in innovative ideas** and helping establish new organizations.
- **Creating and strengthening networks** between initiatives, organizations, and other child rights actors.
- **Shining a light on and investing** in issues and areas that few are talking about, and even fewer are working on.

Our origin

World Childhood Foundation was founded in 1999 by HM Queen Silvia and is a religiously and politically independent, private foundation. Read more about our work at childhood.org

Stella Polaris

The Children's virtual defense force

Childhood's Stella Polaris is a four-year project that aims to coordinate, encourage, and intensify AI-related initiatives to combat child sexual abuse. By bringing together actors in Sweden with different competences, we enable closer interaction between police, prosecutors, and child rights actors on the one hand and AI experts, programmers, researchers, and technology companies on the other. By doing so, we accelerate the development and utilization of useful AI solutions in the fight against child sexual abuse. Stella Polaris is funded by the Swedish Postcode Lottery.

Foreword

Children are born explorers. They explore their surroundings, discover new interests with boundless curiosity, and form relationships and experiences that shape them for life.

Children test boundaries and take risks, both online and offline. It is the responsibility of the adult world to ensure that children can explore these boundaries in an environment and at a pace that suits their level of maturity.

Our societies have gradually been child-proofed to ensure that children are as safe as possible at home, on the roads and at school. But when it comes to the place where most children spend a large part of their lives - the digital environment - we have not kept up. The rapid pace of technological advancements have opened up entirely new ways for children to explore the world, themselves, and relationships. However, this leap in technology has also introduced new risks—and it is painfully clear that society has yet to adapt.

One aspect that makes online child sexual abuse particularly severe is the immense feelings of guilt and shame it induces in children. This may be due to their perceived involvement with the perpetrator in some way. It is also linked to the fear that images and videos could be shared with others they know. Many of these children are aware that they have engaged in something they were explicitly warned against by parents and other adults. What is particularly disheartening is that we still have not found a way to talk to children about online risks without assigning blame or responsibility to them—despite this knowledge having existed for decades, as highlighted in Linda Jonsson's previous research.

Despite knowing that online sexual abuse affects an alarming number of children and that the trauma they experience is often just as severe, if not worse, than physical abuse, online child sexual abuse is still frequently treated as something "different." As if it is not a real form of abuse. As if it is not equally serious.

Since 1999, the World Childhood Foundation has fought against all forms of child sexual abuse, including online child sexual abuse. By funding groundbreaking research and innovative technological solutions to reach and support children at high risk, as well as to prevent offenders from acting, we contribute to making the digital environment safer for children in Sweden and worldwide. This report continues that legacy and provides critical

"We hope that this report will highlight systematic shortcomings in support for children subjected to online child sexual abuse."

Paula Guillet de Monthoux
Secretary General, World Childhood Foundation

insights into how practitioners can better support victims and their families. An important conclusion is that these children require specialized skills and treatment—but at the same time, they should not be excluded from existing support structures for children who have experienced abuse outside the digital sphere.

We hope that this report will highlight systematic shortcomings in support for children subjected to online child sexual abuse.

Equally important is to showcase good examples along with the knowledge that exists about the differences between online and "offline" abuse. In cases that have gone to police interview, the police often have to take disproportionate responsibility for social support to children and parents – a responsibility that extends far beyond the interview itself - as other services are absent.

Paula Guillet de Monthoux
Secretary General, World Childhood Foundation

Executive summary

The number of children subjected to online child sexual abuse is increasing. All forms of child sexual abuse are serious, but when abuse occurs in the digital sphere, there are specific factors that practitioners should be aware of. For example, in these particular cases there are often chat logs, pictures, films and other documentation present.

Some children may feel that they are to blame, while others do not experience significant guilt but may feel shame or other emotions. Many are also concerned about what will happen to the material that exists and whether it will spread beyond their control.

National and international studies have shown that affected children often suffer severe psychological distress and must receive appropriate support.

This report examines the support and treatment received by children who have been subjected to online child sexual abuse, and by their families, from practitioners after the abuse has been discovered. It also explores what practitioners see as the distinct characteristics of online child sexual abuse compared to other forms of abuse.

In total, 28 child forensic interviewers from the Swedish police and child and adolescent psychiatric clinicians were interviewed about their experiences.

The study's overall findings indicate that online child sexual abuse affects children and their families in diverse ways, with impacts on individual, family, and group levels. Children have different needs for support and assistance, which must be assessed on a case-by-case basis.

While the interviewed practitioners demonstrated high levels of knowledge and expertise, they also expressed a need for more training, adapted working methods, and more structured inter-agency collaboration.

The report shows that children exposed to online sexual abuse are not necessarily interviewed at any of the country's Barnahus, that multidisciplinary consultations between involved authorities or services are uncommon in certain parts of the country, and that psychosocial support before and after a disclosure is largely handled by police officers themselves without the involvement of other practitioners. Social services or child psychiatry are rarely involved, which increases the

risk that children do not receive timely protection assessments, crisis support, or further interventions or therapeutic care if needed.

It is also noted that children are seldom offered medical examinations or care. The study's informants also emphasize the lack of inter-agency collaboration in cases of online child sexual abuse, which is problematic as such cooperation can be crucial in ensuring that children and their families receive the support they are entitled to and do not fall through the cracks between different services.

This study involved interviews with practitioners from the police and child and adolescent psychiatry, commissioned by the World Childhood Foundation. The results highlight, among other things, challenges in inter-agency collaboration. For a more comprehensive picture, staff in social services, healthcare and schools would also need to be included in the interviews. The study was conducted in Sweden, but the results would benefit from being compared and analyzed in relation to similar studies from other countries.

THE BARNAHUS MODEL

At Barnahus, children and young people under the age of 18 who are suspected of having been subjected to physical abuse or sexual violence receive support and assistance. At Barnahus, all key services—police, prosecutors, social services, pediatricians, and child and adolescent psychiatry—are present so that the child can receive a coordinated response and meet all involved authorities in one place.

The purpose is to create a safe and child-friendly environment where the child is in focus. At Barnahus, the practitioners collaborate on each case in so called multidisciplinary consultations to share relevant information, decide on necessary support interventions and ensure that the child's rights and legal support is validated. Barnahus exists in most parts of the country, but more are needed to ensure that all children have access to one. Today, there are 33 Barnahus in Sweden.

Author presentation

Linda Jonsson

Social work professional, senior lecturer and associate professor in social work at Marie Cederschiöld University

Linda Jonsson is a social work professional, senior lecturer and associate professor in social work at Marie Cederschiöld University. Her research focuses mainly on child victims of violence, with a particular focus on sexual abuse and sexual exploitation.

She has participated in several research projects on violence against children, including prevalence studies and studies where children and parents describe their experiences and the consequences of violence. In recent years, Linda has led and participated in several evaluation studies of interventions for children when exposure to violence has been suspected, including Origo's counseling support for young people growing up in an honor-related context (Jonsson, Svedin & Jenstav, 2024) and *After the child forensic interview* (Jonsson, Linell & Eriksson, 2024).

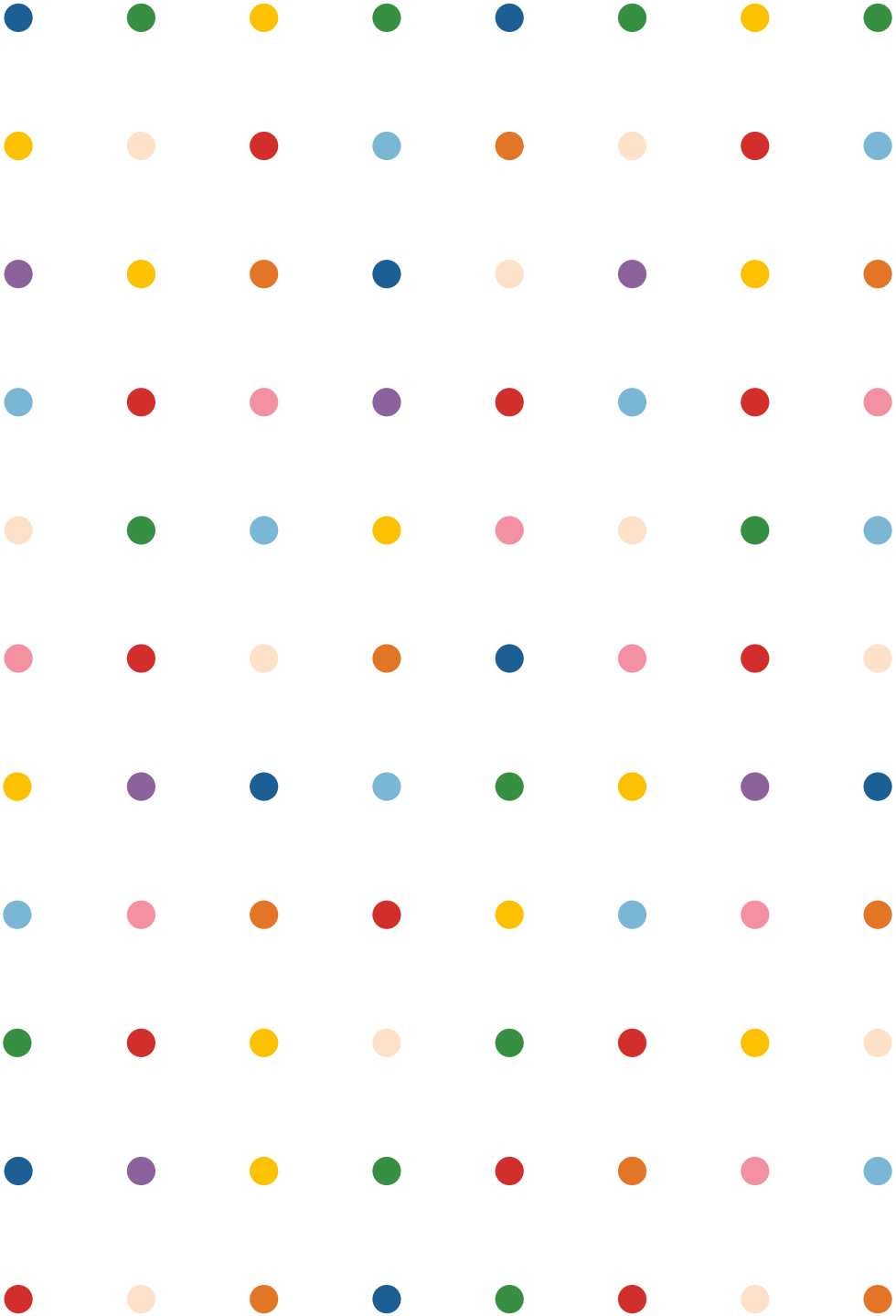
In the current study, Linda has had the primary responsibility and has also contributed to the appendix providing guidance for professionals working with children and families affected by online sexual abuse.

Anette Birgersson

Social work professional and licensed psychotherapist in cognitive behavioral therapy (CBT)

Anette Birgersson is a social work professional and licensed psychotherapist in cognitive behavioral therapy (CBT) with nearly 30 years of experience working with children and adolescents who exhibit sexual behavior problems and/or trauma, both in social services, outpatient care and in treatment homes.

Anette is a doctoral student at Marie Cederschiöld University and actively participates in research projects in Sweden, Europe and the United States, and trains practitioners and students in the assessment and treatment of harmful sexual behaviors.



Gaps in the system

Practitioners' experiences supporting children subjected to online sexual abuse.

1. Introduction

1.1 Background to the report

This report focuses on children aged 0–18 who have been subjected to online sexual abuse, and on what practitioners consider important when supporting affected children and their families. It also examines the support currently available to them, identifies areas where professionals need additional knowledge, and highlights gaps in the existing support system.

The report is based on a study in which researchers at Marie Cederschiöld University interviewed child forensic interviewers within the Swedish police force and clinicians within child and adolescent psychiatry about their experiences working with affected children and their families. The study was conducted as part of a collaboration with the World Childhood Foundation. The project took place from spring 2023 to autumn 2024.

This report is intended for professionals who work with children and young people who have been exposed to online sexual abuse. Hopefully, it will provide knowledge and guidance in supporting affected children and their families.

Throughout the report, we use the term "parents" to describe the adults responsible for the child. This includes other guardians and caregivers as well.

1.2 Children and exposure to online sexual abuse

Online child sexual abuse is increasing (Europol 2020; Finkelhor et al., 2024, Interpol & Ecpat International, 2018, Svedin, Landberg & Jonsson, 2021). Several studies and practitioners testify that this has become a bigger problem after the pandemic and is also connected to the fact that children and young people today have virtually unlimited access to the internet (see e.g. Europol, 2020; Svedin, Landberg and Jonsson, 2021).

According to the Swedish report Young People, Sex, and the Internet after #MeToo (Svedin, Landberg & Jonsson, 2021), all forms of sexual abuse against children have increased. This applies particularly to abuse between young people but also to abuse involving adults and children. We know that a significant portion of these offenses involve online grooming, sexually explicit chat conversations, and abuse images, with girls being the primary victims.

Recent reports indicate that children are also selling explicit material and being subjected to sexual exploitation on various online platforms (see, e.g., Donevan, Jonsson & Svedin, 2023). Additionally, there is growing concern about the impact of artificial intelligence (AI) on online sexual abuse against children, as new forms of exploitative material are being generated and disseminated.

Earlier studies have often excluded online sexual abuse against children, but a 2024 U.S. study included this category (Finkelhor, Turner & Colburn, 2024). The results showed a significant increase in overall prevalence, from 13.5% to 21.7%. In other words, the internet has become an integral part of the modus operandi of child sexual offenses, influencing how these crimes manifest themselves.

In 2021, a significant ruling in Swedish legal history was issued in Cases B 4072-21 and B 4645-2. The Supreme Court convicted two men of rape of a child, despite them never having met their victims in person (in the Court of Appeal, they had been convicted of aggravated sexual abuse of a child). Both cases involved similar circumstances where the perpetrators had contacted children under the age of 15 and coerced them into penetrating themselves while filming the act. In one of the cases, additional offensive and degrading elements were present.
The ruling gained widespread

attention and was significant in many ways, particularly because the court established that rape of a child occurring in a digital environment is comparable to physical-world offenses and should therefore be regarded as an equally serious form of sexual abuse against children.

It has long been established that sexual abuse against children is a serious issue with both short- and long-term consequences for victims, a fact recognized in research since the early 1990s (Kendell-Tackett, Williams & Finkelhor, 1993; Maniglio, 2009; Priebe, Hansson & Svedin, 2010; Murray et al., 2014; Rajan et al., 2021).

Based on research, clinical knowledge, and legal perspectives, there has been a common understanding that some forms of sexual abuse against children are more severe than others, at least at the group level. Among the most severe are cases involving penetrative sexual acts against the child (see, e.g., Fergusson & Mullen, 1999; Gilbert, Spatz, Widom, Browne, Fergusson, Webb & Janson, 2009; Svedin, Landberg & Jonsson, 2021).

The internet has become an integral part of the modus operandi of child sexual offenses, influencing how these crimes manifest themselves.

For example, Priebe & Svedin (2009) found that children subjected to sexual abuse involving any form of penetration by the perpetrator(s) (oral, vaginal, or anal) experienced worse psychological outcomes than those who had been exposed to non-contact abuse, such as indecent exposure, or sexual abuse involving physical contact without penetration.

The discussion on what constitutes more or less severe abuse remains ongoing. However, several studies suggest that it is not solely the act of penetration that determines the severity of the impact, but also other factors (see, e.g., Oddone Paolucci, Mark L. Genuis & Claudio Violato, 2001). Research on children exposed to online sexual abuse has shown that victims of such offenses exhibit equally severe symptoms as those who have experienced in-person abuse, meaning that even in cases where the perpetrator and victim have never met physically, the psychological impact can be just as profound (Hamilton-Giachritsis, Hanson, Whittle & Beech, 2017; Jonsson & Svedin, 2017; Jonsson et al., 2019; Svedin, Landberg & Jonsson, 2021). It is important to remember that trauma symptoms are more about the child's experience than about what others consider serious or not.

Today, most people understand that online sexual abuse can lead to severe consequences for affected children—socially, physically, and psychologically (Hamilton-Giachristis, Hanson, Whittle & Beech, 2017; Jonsson et al., 2019; Joleby et al., 2020a & b). It also appears to be extremely difficult for affected children to disclose the abuse, which means they are less likely to receive the support and assistance they need.

Many children carry strong feelings of guilt and shame related to the abuse (Joleby et al., 2020a & b; Donevan, Jonsson & Svedin, 2023). The few studies conducted on the effects of online abuse suggest that its psychological consequences may, in some cases, be even more severe than those resulting from physical abuse (Jonsson et al., 2019; Svedin, Landberg & Jonsson, 2022; Svedin, 2023).

Online sexual abuse requires that practitioners within the police, social services, child and adolescent psychiatry, and other relevant fields expand their knowledge and potentially adapt their support strategies, interview methods, treatment, and other working approaches. However, there is currently very little knowledge about practitioners' experiences in handling cases of online sexual abuse, what makes these cases unique, and how best to support affected children. Two international studies

(Hamilton-Giachritsis et al., 2021; Quyale et al., 2023) highlight the lack of knowledge among practitioners about what online sexual abuse entails and how to provide appropriate support to affected children and their families. Additionally, a recently published report from ECPAT Sweden (2024), in which affected children were asked about the support they received after online sexual abuse, describes the assistance from the police and social services as inadequate and uninformed.

In other words, there is a significant need among practitioners to learn more about online sexual abuse, the consequences it can have for affected children, and the approaches, support services, interview techniques, interventions, and treatment methods that can effectively help children and their caregivers.

One step in this direction is to build knowledge based on the experiences and working methods of practitioners who already work with and have encountered children who have been subjected to online sexual abuse. For this reason, we interviewed practitioners from the police and child and adolescent psychiatry regarding their work with children who have been subjected to online sexual abuse.

THE QUESTIONS WERE AS FOLLOWS:

- Who are the children you encounter?
- Are there specific aspects of online sexual abuse that differ from other forms of sexual abuse?
- Do child forensic interviewers and clinicians currently adapt their working methods in any way?
- What do child forensic interviewers and clinicians believe they need more knowledge about in relation to online sexual abuse?
- How does collaboration between authorities and other services function?

1.3 How we conducted the study

Interviews were conducted with 16 child forensic interviewers within the police and 12 clinicians who have worked, or work in child and adolescent psychiatry, all with experience in supporting children subjected to online sexual abuse.

The interviews were carried out between 2023 and 2024. The questions primarily focused on what practitioners considered unique (if anything) about working with children affected by online sexual abuse compared to other forms of sexual abuse. Additionally, they were asked about the types of interventions or support they provided to affected children and their caregivers.

The interviewed practitioners were recruited through the Swedish Police Authority's National Operations Department (NOA), and through the national network of professionals specializing in trauma-focused cognitive behavioral therapy (TF-CBT) or via groups for social workers and psychologists on Facebook. All participants were informed about the study, including the fact that their identities, locations, and any identifiable data—such as specific cases or legal proceedings—would be de-identified. They were also assured that they could withdraw from the study at any time.

The participating child forensic interviewers had conducted forensic interviews with at least 50 children and caregivers, while the clinicians had worked with fewer cases (between 1 and 10 children per person), but typically over a longer period.

The collected data was transcribed and analyzed based on specific research questions. The interviews were conducted by Linda Jonsson, Carolina Schillaci, and Malin Meissner, while the analysis and report writing were carried out by Linda Jonsson and Anette Birgersson. Linda Jonsson was responsible for the study.

The authors would like to thank all participants who generously shared their experiences in the interviews. The study was funded by the World Childhood Foundation, and the authors also extend their gratitude to Stiftelsen Allmänna Barnhuset and Brottsofferfonden for providing additional grants for continued research.

Ethical approval for the study was obtained under reference number Dnr 2023-08173-01.

2. Results

Below is a description of the experiences of the interviewed practitioners in working with children who have been subjected to online sexual abuse. They were asked to describe what was unique about working with these children compared to those who had experienced other types of sexual abuse. The text then outlines how practitioners reflect on what, if anything, is distinct about the work they perform and the interventions they provide. The experiences of child forensic interviewers are presented first, followed by those of the child and adolescent psychiatry clinicians.

2.1 Who are the children encountered by the practitioners?

Both the interviewers within the police and the clinicians at child and adolescence psychiatry stated that children who have been subjected to online sexual abuse form a heterogeneous group, though they observed some common patterns.

They primarily worked with girls, and most cases involved teenagers, although many had also encountered younger children from around the age of eight.

> *"Yes, it's mainly girls. Occasionally there are boys and some children with gender-diverse identities, but primarily, it's girls." (Child forensic interviewer, interview 11)*

Both interviewers and clinicians noted that it was difficult to determine how representative the children they encountered were, as only a small fraction of children who experience abuse report it, leading to police interviews or therapeutic interventions. However, they described meeting children from various socioeconomic backgrounds and life situations.

> *"I would say it's a relatively mixed background, but you never know about the selection bias. [...] Most of the children we've met have come from an average middle-class background [...] and I think most have been ethnically Swedish, but I suspect that has to do with selection—who actually ends up in child and adolescence psychiatry's specialized units and who receives care." (Clinician, interview 7)*

Most children were described as facing various challenges, and many had prior experiences of vulnerability, such as different forms of violence, bullying, and social exclusion. Many struggled with poor mental well-being.

> *"I would say that it's [...] all types of children from all social backgrounds. But absolutely, the children who maybe [...] don't have it easy, who have already been exposed to this kind of crime before, and who perhaps [...] have reached a point where they don't care anymore and already feel so terrible that engaging in risky behavior becomes self-destructive. Some harm themselves by having more online contacts than they should or by not reporting abuse to the same extent. I would say they are especially vulnerable." (Child forensic interviewer, interview 13)*

The children often had psychosocial difficulties, such as challenges with risk assessment, emotional regulation, impulse control, and interpreting social situations. Many practitioners also suspected that neurodevelopmental disorders were overrepresented among the children they worked with, although not all had formal diagnoses.

The children were often perceived as lacking supportive adults in their lives. Their social difficulties could result in feelings of isolation and an inability to form meaningful friendships, which, in turn, made them more likely to seek validation and attention.

> *"A common factor seems to be that they are perceived as being quite alone, having had few social connections with peers for various reasons. [...] There's often a lack of closeness and support, a perceived absence of secure relationships with parents. Some also have school difficulties, absolutely. Learning disabilities. In some cases, bullying or borderline bullying, but more often, I'd say, clear signs of loneliness or struggles in social interactions with peers." (Clinician, interview 15)*

The children often struggled with boundaries, impulse control, and understanding consequences. This combination was seen as a particular vulnerability factor, increasing their risk of being subjected to online sexual abuse and making it harder for them to disclose their experiences afterward. Many of the children were described as highly active online, frequently chatting and sharing images with different people.

In many cases, their contact with the perpetrator began as seemingly mutual interaction, where they believed they were talking to a peer or someone their age. However, the tone of the conversation later changed, becoming threatening and frightening. The children often felt manipulated and deceived. Some children were described as engaging in high-risk behavior, actively seeking out contacts they knew could be harmful. These children used online interactions as a form of self-harm.

> *"There are, like, both these younger kids who are kind of more clueless, and then the older ones who have really been tricked online and*

Many of the children were described as highly active online, frequently chatting and sharing images with different people.

thought they were meeting someone their age or thought they were talking to a peer, and then either got abused digitally, so to speak, or agreed to something, or, like, actually met up with someone thinking it was a peer and then got abused. But then there are also those who have been through all sorts of stuff and maybe have self-harming behaviors where it's become part of a more active thing where they seek out risky situations and all that. So there's a really big range."
(Clinician, interview 12)

2.2 Who are the perpetrators?

The perpetrators were most often boys of the same age or adult men. In most cases, it was unknown males who made contact, but sometimes it was someone the child had known before. In some cases, the perpetrators were peers of the same gender. Female offenders were rare.

> *"The most common have been men, adult men, but on the younger end of the spectrum. It's hard to say on a group level, but somewhere around younger men between 17–18 and 30. The kids I've met who have been subjected to severe sexual abuse, it's usually been by someone they didn't know at first. And in several cases, you can see that there have been previous convictions, and then you see that these are people who have been really active, grooming a large number of children and then managing to make contact and abuse some or a smaller number of them." (Clinician, interview 7)*

"I would say that it's [...] all types of children from all social backgrounds."

Child forensic interviewer, interview 13

2.3 In what ways are the children vulnerable?

The online sexual abuse of children was described as having significant variation in both character and content. The interviewees compared these abuses with those that occurred physically and noted that they can differ in terms of context and approach.

Abuse could range from children being encouraged or manipulated to send images or videos of themselves undressed, to being forced under threat to perform sexual acts on themselves or others.

> *"Online abuse is just as varied as offline abuse. So, it's everything from very young children who have ended up in a situation that they absolutely cannot defend themselves from to those who resemble assault. For example, a stranger threatening and pressuring to do something, ranging to those who are in relationships. Either in such relationships that are created online or relationships that you have had outside. Then teachers, acquaintances or so, who start to seek you out online and start to create a relationship there. So there really is a whole, just as big a range as outside the net." (Clinician, interview 10)*

> *"It can be from sexual assault to rape, which is what happens when ... And then there are movies where you may have done things to yourself. Or with objects, animals. Yes, there is a wide range." (Clinician, interview 9)*

The way contact was initiated varied depending on the platform and forum used, as did the children's age and developmental level. For younger children, contact often occurred via gaming sites, where perpetrators pretended to be of similar age to build trust and become friends. The initial dialogue was often experienced by the child as nice, positive, and equal, but the relationship thereafter escalated and gradually changed to where the person became more demanding and sometimes threatening in how they requested images. These images, which were sometimes taken in a state of undress, could then be used as blackmail material to pressure the child to send additional images or perform sexual acts on themselves or others.

For teenagers and older children, the relationship with the person who abused them online was sometimes perceived as romantic or equal, like a friendly contact. When questioned by the police, some children found it difficult to understand that they had been

victimized, as they perceived the relationship as voluntary and equal, even when the person who abused them was much older.

> *"We spoke with a girl here last week, who... she was completely convinced that she was in a relationship with a boy who was 15 years old, who lived in Tokyo. They have daily contact several hours a day. [...] Unfortunately, his camera is broken so she has never seen him, but he has seen her.*
>
> *[...] The parents are having major problems now, because she becomes completely furious when they turn off the internet to prevent her from staying up all night. And she is completely convinced. And it was as I said to her, I cannot say that he is not who he says he is, but my experience says that he is not... The parents have raised the alarm about this and contacted social services because she is refusing to go to school and so on."* (*Child forensic interviewer, interview* 14)

"She was completely convinced that she was in a relationship with a boy who was 15 years old, who lived in Tokyo. They have daily contact several hours a day. [...] Unfortunately, his camera is broken so she has never seen him, but he has seen her."

Child forensic interviewer, interview 14

2.4 What is typical when it comes to online child sexual abuse

THREATS

The interviewees described that children often felt threatened to do things they did not want to do. Initially, the contact, as described above, could be positive but then the children felt forced. This, the interviewees argued, can lead to unique consequences in online sexual abuse, although it can occur in other sexual crimes as well.

> *"Yes, then when [the perpetrators] have received this first image, it usually just flips like a pancake, that 'if you don't send more now, I will send this to your entire school, I will send it to your mom, dad. You live at this address, they are called this and your little brother is called that.' [...] Some are really smart then and just run to their parents immediately and just say 'look'. But some have actually committed serious abuse on themselves where they are made to insert one thing and another." (Clinician, interview 12)*

SHAME, GUILT AND FEAR

When we asked participants about what they perceived as distinctive for online sexual abuse, almost all highlighted that children feel significant guilt and shame about what happened. Although feelings of guilt and shame are common in sexual abuse in general, participants believed that these feelings to a greater extent affected children who had been subjected to online child sexual abuse.

Participants described how the children were often manipulated to perform various acts and were put in situations they could not escape from. One example mentioned was a perpetrator who pretended to be a girl of the same age and sent pictures of "herself" that actually depicted another child. Through this, he created trust and then asked the child to send their own pictures, which became the beginning of an escalating and increasingly threatening situation. The child was ashamed afterwards and did not want to tell anyone, just wanted to forget what had happened.

Children who had been subjected to online sexual abuse were often described as feeling deep shame about what occurred, a feeling of having lost control, and an intense fear of what could happen if what had happened was revealed. Many felt threatened and were uncertain about how they could get out of the

situation. This fear was reinforced by worry that chats, images, or videos would be spread further, or that the perpetrator would physically harm the children or their family.

> *"They have deep shame and guilt. Are terrified that it will get out." (Child forensic interviewer, interview 2)*

NOT BEING ALLOWED TO TALK ABOUT WHAT HAPPENED AT THEIR OWN PACE

Something that stands out in cases of online sexual abuse was that there was documented material in the form of images, videos and chat logs, etc. These could be used as evidence that something had happened. But the evidence could also cause problems for the children, by making them feel forced to talk about things they had been subjected to that they really didn't want to talk about. Knowing that someone else had read or seen their conversations also increased the children's sense of shame.

> *"They don't get to decide over their own narrative, and that's a difference. They decide what they want to say of course, but not really when" (Child forensic interviewer, interview 4)*

CHALLENGES TO COLLABORATION

Collaboration among the authorities and services that should be involved in cases of online child sexual abuse does not currently function effectively. These children and their families are, in most parts of the country, not an integrated part of Barnahus activities. The lack of coordination among relevant services means that children and their caregivers do not always receive the same support as other children who have been victims of crimes.

> *"These children don't have the same rights as other children who've been victims of crimes. They don't get multidisciplinary consultations, and rarely is anyone besides the police involved." (Child forensic interviewer, Interview 9)*

The absence of clear routines and policies for handling cases of online child sexual abuse results in working methods varying greatly depending on individual professionals. This means that affected children receive very different kinds of support and interventions across the country. Consequently, some children seem to fall through the cracks and do not receive the support they need. The lack of coordination results in some children missing essential interventions, complicating their recovery.

> *"We don´t get to know about that many children. It's the social services' responsibility to coordinate, but it doesn't work very well, not with us anyway." (Clinician, interview 6)*

In most cases, the children were interviewed in places other than Barnahus, and multidisciplinary consultations among different actors were often missing. This complicated efforts to obtain a comprehensive picture of the child's and family's support needs. Practitioners interviewed in the study emphasized the importance of strengthening collaboration among services and implementing clearer routines to ensure children receive appropriate interventions. They argued that effective cooperation would enable police officers to focus on their primary responsibilities, while social services and child and adolescent psychiatry could ease their burden by assuming greater responsibility for protection needs and psychosocial support.

> *"It would be nice with a better and clearer division among us authorities. Because these cases are different than domestic violence cases." (Child forensic interviewer, interview 14)*

To meet the specific demands posed by online child sexual abuse cases, there must be increased emphasis on collaboration, clear guidelines, and a more structured use of the Barnahus model. This would ensure that children who are victims of online child sexual abuse receive the necessary support and protection, while also facilitating the work of professionals handling these complex cases.

"These children don't have the same rights as other children who've been victims of crimes. They don't get multidisciplinary consultations, and rarely is anyone besides the police involved."

Child forensic interviewer, Interview 9

2.4.1 Child forensic interviewers on what makes police work different in these cases

THE INVESTIGATIVE PROCESS

The interviewers described that the actual interviews were similar to interviews conducted for other types of crimes involving children. However, they highlighted differences in both how the investigation itself unfolds and the surrounding circumstances.

Something that several practitioners emphasized was that, unlike in cases of domestic violence where children are often picked up from preschool or school, in these cases children often come accompanied by their parents. The crimes usually come to the police's attention because the parents have reported them, or because the police have found images or video material featuring the child during other investigations. Consequently, parents are involved early in the investigative process, and the interviewers need to talk with and support parents in handling crisis reactions when bringing the children for interviews.

The approach to the interview could also differ depending on whether children had disclosed to their parents themselves about what had happened, if parents reported the crime against the child's wishes or without their knowledge, or if the police had discovered the crime independently.

Some children did not know, or could not understand, why they were being interviewed and found it difficult to grasp what the interviewer was asking about. These circumstances created challenges in the investigative process—for instance, it was difficult to ask open-ended questions to gather information without leading when the child was unsure of which situation the interviewer referred to.

> *"Because in online child sexual abuse cases, the child interview is often supporting evidence, because then we have technical evidence that is the main evidence and you need to relate to and be aware of that. In an ordinary domestic violence case, we have the child interview as the main evidence. Then we may not have anything else. That's why it's so important that we are incredibly open, not leading and not suggestive. Yes, and that's really important to know to be able to relate to how to present evidence." (Child forensic interviewer, interview 2)*

Child forensic interviewers described different strategies for presenting evidence during interviews with children. Some emphasized the importance of allowing the child to speak at their own pace and to avoid initially revealing too much about the evidence. They felt that this approach could create a safer environment and promote the child's willingness to open up on their own initiative.

However, if a child was unwilling to talk, had difficulty recalling events, or denied sending pictures, some interviewers felt it could help to mention that the police already had access to chats, images, or other documentation. The goal was to reduce the child's anxiety and signal that they didn't have to bear the burden of revealing everything themselves, providing reassurance that someone already knew what had happened. At the same time, several interviewers expressed skepticism about this approach, pointing out the risk of making the child feel pressured or influencing their narrative, which could compromise the quality of the interview and the child's sense of safety.

> *"Yes, I think it's important that if it's not the case that the children themselves have submitted information but that we have actually found it, then I think they should know, for example, that we have found a chat between you and this person, and we want to talk to you about it, because we think you may have been the victim of a crime. And sometimes it's been the case that you've sat in interrogations with children and done that. They've sat there and did not want to talk about it or not felt safe to talk about it. And then we're like: "Well, we have this." That turns the whole thing into a suspect interrogation, and I really feel we can't let that happen. We have to create trust so that they actually want and dare to talk to us and not put them on the spot in any way." (Child forensic interviewer, interview 1)*

The interviewers described that the children's emotional states varied significantly during interviews. Some children were clearly affected by what had happened, while others seemed less troubled. A few children expressed a certain sense of satisfaction, for example, from having earned money by sending images, while others described feeling extremely distressed. Some expressed that they no longer wanted to live and had suicidal thoughts.

Some children appeared very nervous, and the interviewers explained that being at the police station was uncomfortable for these children, while others seemed relatively unaffected. Child forensic interviewers identified one common challenge: children often faced a significant barrier in daring to speak openly about their experiences. Many avoided opening up, not only to the police but also to their parents, further complicating the process.

> *"But I often feel afterward, when we're done, that they seem much safer and that it's been a relief for them to finally open up. [...] That they are a little more relieved when they leave." (Child forensic interviewer, interview 13)*

Interviewers explained that children's reluctance to speak was primarily due to feelings of guilt and shame over their experiences, but also because many felt scared of or threatened by the perpetrator.

> *"Many are probably afraid sometimes that [the perpetrator] will come to their home because that's often the threat... They often threaten that "if you don't send more, I'll come to your home". And there is a fear behind it that "will this person come to my home and kill my dad like they said?" (Child forensic interviewer, interview 12)*

SUPPORT FOR PARENTS/ CAREGIVERS

Many parents and caregivers reacted with shock upon learning what had happened to their children. At the same time, most parents were supportive and deeply concerned about their children. However, many expressed disappointment and surprise, as they believed they had prepared their children by discussing online safety and explaining the importance of not sending pictures or chatting with strangers. It therefore came as a significant shock that their children had still been so actively involved in contact with the perpetrator.

> *"Yes, I'd say most parents are shocked, and almost all of them say, 'But we've talked about this!' [...] 'Don't do this, don't do this, don't do this,' so when it does happen, the children definitely don't dare to tell. I feel parents have warned their children quite a lot." (Child forensic interviewer, Interview 1)*

Interviewers described that parents often seemed to lack insight into how central the digital environment is to children's everyday lives. Parents reacted in various ways upon learning their child had been victimized online. Some chose to confiscate or destroy their children's phones, while others expressed a certain relief that the abuse "only" occurred online and not physically. According to the interviewers, these reactions highlighted a lack of understanding of the significance of digital environments in children's lives and the complex dynamics of their online interactions.

Parents were also frequently described as having limited knowledge of what their children actually do online and how digital relationships and contacts develop. At the same time, many parents felt they had already done their best to prepare their children to avoid online dangers. Interviewers suggested this contributes to a conflict between the parents' perception of their own responsibility and their child's

vulnerability, complicating opportunities for open and supportive discussions.

> *"In the vast majority of cases, parents have no clue what happened. But they also have very little idea about what their children are actually doing online. So there's a bit of an absence of parental responsibility. [...] I think many parents are engaged, but they don't know how to handle their children's online lives. [...] Many of them probably need support. [...] Some just don't know; it turns into chaos about what to do. Some get angry and say, 'That phone has got to go.' [...] When I get the chance, I usually talk to the parents and say, 'Please don't do that. Instead, try to talk about this openly and about what platforms the kids are on, that they perhaps shouldn't interact with strangers, because that's how things can go wrong.' Because taking away the phone can sometimes be like isolating the child, saying they're not allowed to go outside and meet anyone at all. That can really worsen the whole situation. So as interviewers, we try to offer tips and guidance."* (*Child forensic interviewer, Interview 6*)

The interviews clearly revealed that police officers took significant responsibility for supporting and guiding parents on how best to manage the situation after what had happened. Child forensic interviewers actively worked to help parents respond in a way that wouldn't reinforce the children's feelings of guilt or risk damaging the relationship between parents and children. This included advising parents on how to talk to their children in a supportive and understanding manner rather than responding with criticism or blame.

COLLABORATION

The interviewers emphasized the importance of collaboration between authorities and services in cases involving online child sexual abuse, to ensure children do not fall through the cracks in the shared responsibility of these agencies. They highlighted that these children are particularly vulnerable to this risk because the violence they've experienced didn't occur within the family, often leading to an assumption that they already receive sufficient support from their parents.

Collaboration was generally described as functioning well in the few cases involving a Barnahus. At the same time, several examples of inadequate collaboration were highlighted, especially in contacts with social services and child and adolescent psychiatry. This resulted in children's needs not always being fully met or not receiving any interventions at all until they sought help themselves—sometimes a long time after disclosure.

> *"[...] I've had a multidisciplinary consultation in one of my cases where child and adolescence psychiatry clinicians sat in, didn't say a word, so maybe they had nothing to say. That's the only contact I've had with them and then social services,*

> *some social services never respond, so I've been sending SoL-14 reports for almost 2.5 years, they've never wanted to be involved, never given feedback on any child. I mean, we send SoL-14s when it's usually men who are suspected of child pornography offenses and have children, then I send a SoL-14 [...] but no, never, some social services have never gotten back to us." (Child forensic interviewer, interview 11)*

Several child forensic interviewers expressed a desire for consultations between services—such as social services, healthcare, and child and adolescence psychiatry—to occur more frequently. They felt that such consultations help create a clearer overall picture of the child's and caregivers' needs for support. In cases where consultations had actually occurred, both the child and family benefited, and it also enabled interviewers to focus on their primary tasks. By distributing responsibility for psychosocial support, the interviewers could concentrate on the investigation itself without having to assume responsibility for the child's and family's well-being.

> *"But I would say that there's definitely room for improvement. You really gain a lot from collaboration and consultations between services. It can be good for us to know more about the child, for example before the child interview, and if there has been previous contact or investigation. Like if there have been other issues, it's helpful for us to know [...]" (Child forensic interviewer, Interview 9)*

EXPLANATION OF SoL CHAP. 14

Everyone has a responsibility to notice and report when children are harmed. According to Chapter 14, Section 1 of the Social Services Act (SoL), certain professional groups working with children are required to report to social services if they suspect or become aware that a child is being harmed. The responsibility is personal and cannot be delegated.

The report can be made verbally or in writing, and it is the responsibility of social services to investigate the situation—the person reporting does not need to determine if actions are needed. For others who do not fall under the mandatory reporting obligation, there is a strong recommendation to report suspicions of harm to a child.

2.4.2 Clinicians in child and adolescent psychiatry about what is unique in the support and treatment interventions

WHAT BECOMES UNIQUE IN THE TREATMENT?

The interviewees described using the same treatment method for children exposed to online child sexual abuse as they would for children experiencing other potentially traumatic events presenting trauma symptoms. The most common method used was Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This treatment involves an initial stabilization phase, including psychoeducation, relaxation techniques, exploring emotions and emotional regulation, and understanding thoughts tailored specifically to the child's experiences. The exposure phase follows, where the child shares their experiences at their own pace. Finally, there's a consolidation phase focusing on how the family can sustain the improvements achieved through therapy. This treatment approach involves both the affected child and their parents.

For children who experienced online child sexual abuse, expanded psychoeducation was seen as particularly important. Besides foundational trauma and symptom knowledge, it specifically addressed the unique consequences of abuse in a digital environment. After initial trauma screening and psychoeducation, contact typically proceeded to trauma-focused support or therapy.

> *"It's really the same core principles, and I think the symptoms look very similar." (Clinician, Interview 7)*

What was perceived to be particularly special was the children's feeling and experience of their own complicity in the abuse, where several of the children felt that it was their own fault that they had been victimized. As a result, they often experienced greater guilt and shame surrounding the events.

Several interviewees also described challenges in addressing situations where children viewed all or part of the interaction with the offender as a romantic relationship. This applied even in cases where the child perceived the relationship as mutual, despite the perpetrator

not being who they claimed or being significantly older. In such cases, conversations could be complicated because the child might not link their symptoms to their experiences or refuse to acknowledge negative impacts from the interaction.

> *"What is more common in cases of online abuse is that the young person or child themselves feel that they have been active, that they perhaps initially think they have had a fling or a love affair or that they themselves have been interested or have been active themselves. I've had patients who were groomed online and then went and met a perpetrator, for example, and did it repeatedly and so on, so dealing with one's own guilt and also, as I said, the environment's perception of it, is usually a pretty big part of it because it's usually easier for that type of young person to be blamed [...] you often need to work with the issue of guilt in most sexual abuse, but in this case it becomes very clear, as it were."* (Clinician, interview 7)

Children subjected to online child sexual abuse were often described as experiencing a stronger sense of their own participation compared to children subjected to other forms of sexual abuse. This feeling of participation could become a major obstacle preventing them from seeking treatment or openly discussing their experiences. Clinicians also described feelings of shame and guilt as more pronounced, significantly impacting treatment work. Helping these children make progress required comprehensive, careful efforts to process these emotions.

> *"Most of them take on a huge amount of guilt, and I find it harder to break through that [...] it's more firmly set in their minds that it's their fault. [...] Even children and young people who've been victimized in person can think it's their fault, even when it's clearly absolutely not their fault... This group really stands out [...] usually it takes*

"Most of them take on a huge amount of guilt, and I find it harder to break through that [...] it's more firmly set in their minds that it's their fault. [...] Even children and young people who've been victimized in person can think it's their fault, even when it's clearly absolutely not their fault... This group really stands out [...] usually it takes longer before they can see that even if they were involved, it's not their fault."

Clinician, Interview 1

longer before they can see that even if they were involved, it's not their fault." (Clinician, Interview 1)

"You have to work a lot on the guilt and shame, the thoughts around it, in a way that you might not have to do as much with other traumas [...] We talk about cognitive interventions, and usually, once you've gone through the trauma narrative, when you've shared the whole story, it's as if those thoughts about guilt or about yourself somehow just disappear because you understand that 'OK, this happened to me, it wasn't my fault.' But I find this is harder with these patients [...]. Like, they can understand intellectually that 'No, it wasn't my fault,' but it's harder to accept [...] and change how you think about yourself afterward [...] and what you have to do [...]." (Clinician, Interview 1)

Another aspect highlighted by participants was the explicit fear among both children and their caregivers about images or videos being spread further. This anxiety made many experience the trauma as ongoing rather than over, because the threat of continued exposure was constantly present. Several participants pointed out that this impacted trauma treatment, making it difficult to help the child process events if parts of the traumatic experience might still be occurring. This unique aspect of online child sexual abuse requires treatment adaptations to manage the ongoing sense of vulnerability and concern about continued exposure.

"Well, trauma treatment largely involves trying to think that what happened was then, and now is now, and now I'm safe, it's over. It was terrible, but not so awful that it can't be spoken about—it was serious and difficult, but that was then. But when it's actually ongoing in this sense, it's very hard to reach that state of feeling it's over. Instead, it's ongoing in some way. So, if we talk about post-traumatic stress, you might almost question if it's really post-traumatic when it's still actually ongoing [...]. Or if this is more acute stress with an ongoing stressor? And I think that shows in treatment outcomes—that treatment is less effective when you can't reach a sense of 'Now everything's okay, it's over." (Clinician, Interview 9)

However, most clinicians did not experience significant difficulties because of this. They felt able to successfully move forward with treatment, provided they spent enough time understanding how potential ongoing dissemination of material affected the child in the present.

CHALLENGES IN TRAUMA TREATMENT FOR CHILDREN EXPOSED TO ONLINE CHILD SEXUAL ABUSE

The majority of clinicians described that children often experienced significant psychological distress before receiving support or beginning treatment. Examples included children exhibiting high school absenteeism and other avoidance behaviors, as well as those suffering

from depression, severe anxiety, and self-loathing.
Many children also displayed symptoms of Post-Traumatic Stress Disorder, such as recurring flashbacks, difficulties concentrating, and emotional regulation issues. Younger children commonly exhibited developmental delays or various behavioral problems not previously present before the abuse.

> *"On a few occasions, I've encountered children referred for depression or anxiety, but during assessment, it emerged they'd been subjected to online child sexual abuse and had severe trauma symptoms. Without having exact proof, I feel like I've seen several cases where it only emerged later or in another [treatment context] [...] that they experienced something online but never reported it, and that's actually why they feel bad, not the reason they initially sought help." (Clinician, Interview 12)*

It became clear how crucial it is to perform a thorough psychiatric evaluation of the child, focusing not solely on the online-related abuse. Many children had experiences of other potentially traumatic events that sometimes impacted them even more or at least as much as the online abuse. It was also pointed out that some children were no longer significantly impacted by the abuse, especially if they had received appropriate support and care immediately following disclosure. In those cases, trauma treatment or further interventions were unnecessary.

> *"But I've also met children where it wasn't such a big deal. They might be angry or upset that it happened but don't really feel harmed, and then maybe it's because not so much actually happened. It could've been someone trying to make contact or that they showed themselves naked on a webcam or something, which is uncomfortable but doesn't necessarily have serious consequences. Or they've experienced so many other things that this particular event becomes minor in the bigger picture." (Clinician, Interview 10)*

Several clinicians had also encountered children who did not themselves feel they had difficulties or trauma symptoms. They usually attended therapy only because their parents or caregivers were worried.

> *"Some parents are completely convinced the child must be suffering terribly and that it will affect their entire life. Sometimes the treatment becomes more about helping the parents move forward rather than the child." (Clinician, Interview 12)*

Many clinicians found it challenging to provide psychoeducation about the abuse, as they feared it might reinforce the children's feelings of guilt and shame. There was also a concern that children who did not yet experience these feelings might begin doing so as a consequence of the conversations. Furthermore, some clinicians described difficulty discussing the issue of image dissemination, especially if the child hadn't raised the issue themselves. Clinicians expressed caution not to burden the child

"Some parents are completely convinced the child must be suffering terribly and that it will affect their entire life. Sometimes the treatment becomes more about helping the parents move forward rather than the child."

Clinician, Interview 12

further by introducing aspects the child may not previously have reflected upon.

> *"It's really difficult if the child themselves doesn't think it's a big deal, if the parents have almost dragged them there. But at the same time, you're worried it might catch up with them later. I try to talk about consent and perhaps how they'd think if a friend were in their shoes. If they aren't experiencing guilt or shame or feeling bad, you don't want to say something that makes them feel worse.*
>
> *Usually, you can talk about prevention, like how it shouldn't happen again, knowing who they're chatting with, or understanding where the pictures might end up. And then you have to see where that leads. I've had someone who ended treatment without actually undergoing it, even though I really think she needed it." (Clinician, Interview 12)*

It can be challenging to assess and begin treatment when the child initially perceives no need for help. In some cases, children might have felt validated by the contact and failed to understand the potential long-term consequences, such as images or material being shared. Clinicians emphasized the importance of offering children the opportunity for trauma screening, as symptoms and difficulties can often emerge or become more pronounced later.

> *"Another reason some don't feel particularly bad initially is that they haven't perceived it as abuse. The children typically don't feel terrible right away because, in a sense, it's something they willingly participated in, or maybe they even liked this person. The more they understand the consequences, the severity, and their own vulnerability, the worse they might feel.*

> *Many times, they mainly feel bad because they already know it was wrong, they've crossed boundaries, and their parents explicitly warned them against it, but they still did it anyway. Those feelings often make them feel worse, perhaps more than the abuse itself. But it varies greatly depending on what kind of abuse it was. Usually, though, it's the parents who feel worst at the start."* (Clinician, Interview 6)

A particularly challenging group mentioned were young girls who had been very active in communication with the perpetrator and appeared strongly driven by the attention they received. Their vulnerability was assessed as equally severe as others, but more difficult to address because their personal motivation to maintain the relationships was strong. These girls often valued the short-term rewards of feeling seen and appreciated over long-term risks and consequences. Given the constant accessibility of the digital environment, breaking this pattern became even more difficult. Helping them reflect on and understand potential future consequences proved particularly challenging.

> *"It becomes kind of driven, almost compulsive. Their phones constantly ping, 'ding ding ding ding,' all the time, and each ping is someone who wants their attention, and that's really difficult to compete with and break. So they often become very difficult to treat in outpatient care, and might more commonly end up in residential care settings."* (Clinician, Interview 13)

MEETING THE CHILDREN'S CAREGIVERSE

Nearly all participants in the report emphasized the central role of guilt and shame in interactions with both children and caregivers. Additionally, these feelings were often clearly tied to reactions from the surrounding environment—particularly from parents. The parents' views and responses when discovering their child had been victimized online significantly influenced the child's well-being.

> *"[...] Especially with this kind of abuse, there's so much shame involved; it's really difficult to talk about. More difficult than talking about other abuses, I think. Because of the shame and also because of adult reactions—parents who might have blamed their kids or, yes, even the child's own feeling that they've done something wrong, or that others see them as wrong."* (Clinician, Interview 5)

Most clinicians emphasized that caregivers typically did not intend to blame their children, but some comments still negatively impacted them. Examples included statements like: *"But we've talked about this!"*, *"I told you to always come to us if..."*, *"I thought you said it was easy to block people you didn't want to talk to."* and *"But you know it's dangerous to send pictures online."* (Clinician, Interview 12) These remarks often intensified children's feelings of guilt and shame, even if that was not the parents' intention.

The children's feelings of shame also contributed to their reluctance to share the whole truth about their online experiences with parents.

Another challenge identified was that caregivers rarely had full insight into what actually occurred, complicating the clinicians' ability to work effectively with both children and parents together.
The children's feelings of shame also contributed to their reluctance to share the whole truth about their online experiences with parents.
This lack of openness created barriers to effective treatment and parental support.

> *"What I see as the biggest difference is that parents rarely know what actually happened in cases involving online abuse, making it harder to work with parents [...] Children feel so much shame that they typically don't want their parents to know, making cooperation between children and parents harder. You have to work intensively on communication so parents understand how their children feel. Children often hide their emotional state from their parents, and the threshold for starting to talk openly is high, so we need to address this a lot. Of course, this happens in other treatments too, but here I feel there's even more of it. And these police investigations often involve many children and are very extensive, taking a long time to complete, meaning confidentiality remains high for a long period. So parents don't know details for a long time, complicating the treatment process. But then we have to focus more on symptom relief."* (Clinician, Interview 15)

TF-CBT treatment includes joint participation of both parents and children, based on research indicating better treatment outcomes and long-term maintenance when parents actively engage.
The treatment offers psychoeducation for parents, increasing their understanding of trauma and its symptoms. Parents also gain insight into how trauma symptoms affect their child and receive practical tools to strengthen their relationship and improve communication.
A vital component is helping parents support their child in preventing similar situations from occurring again, fostering open dialogue rather than resorting primarily or exclusively to punitive measures.

Participants described how parents often initially reacted by punishing their child, such as confiscating mobile phones or restricting internet usage, rather than trying to understand their child's online behavior or discussing their needs and creating a supportive environment. Such reactions risked intensifying the child's guilt and shame and could damage the parent-child relationship.
Therefore, treatment aimed to equip parents with constructive and supportive approaches.

> *"Yes, usually when it comes to child sexual abuse, it's extremely important for parents to participate and understand. When it works really well, you can involve them so they hear what the child has experienced and can talk about it.*

> *But this requires caution, to avoid causing them further harm. You might think parents should be strong enough to handle this since they're parents, but not everyone can. Sometimes you need to protect them. Many parents I've met have completely broken down, gone on sick leave, and needed their own support [...] Some parents are fantastic and offer great support to their children. But I've also seen parents who respond with blame and punishment, cutting off internet access, restricting contact, which can reinforce the idea that it's the child's fault. So, a critical part of parent-focused therapy is discussing how they relate to their child now that this has happened." (Clinician, Interview 10)*

Creating a sense of safety within the family was described as a central aspect of treatment, becoming even more critical in these cases. Part of therapy involves providing parents with tools to enhance communication with their children. The parental component focuses on helping caregivers adopt a more open and engaged approach to their children's lives in digital environments.

More specifically, treatment encourages parents to proactively discuss their children's online activities, who they're communicating with, and to show genuine curiosity about their children's digital lives, as this often leads to improved communication. By fostering dialogue based on genuine interest and understanding rather than control and restrictions, parents could contribute to a safer relationship and reduce the risk of similar incidents in the future. These conversations were also considered essential for enhancing a child's sense of security and familial support.

> *"We do a lot of work on opening things up, like sitting next to your child, asking them to show you things, exploring with curiosity—'What do you do online? Who are your friends? Can you show me? Can I join you?' Because many adults don't do this. When children use the computer, tablet, or phone, adults often don't know—they think, 'Oh, they're just playing.' But what exactly are they playing? What's Discord? Who are they talking to there? Opening up this insight, keeping doors open when they play, going in and looking around, seeing what's happening—and doing it without judgment. Be curious, ask questions, but don't judge. This openness makes it easier for kids to come talk if something difficult happens in the future." (Clinician, Interview 13)*

"Some parents are fantastic and offer great support to their children. But I've also seen parents who respond with blame and punishment, cutting off internet access, restricting contact, which can reinforce the idea that it's the child's fault."

Clinician, Interview 10

COLLABORATION

For treatment to be effective, a safe and protected home environment for the child was essential. Collaboration between different authorities and services was emphasized as crucial for ensuring this protection. However, it emerged that collaboration in cases of online child sexual abuse was often less structured and occurred less frequently compared to other crimes against children.

> *"[...] But I think one weakness has been that, because these cases involved online abuse, social services didn't always engage even though it might have been reported. I think this is because there wasn't an obvious need for protection, since the perpetrator isn't within the family. But at the same time, support can still be very necessary, particularly parental support, like how parents should think about protection. The protective aspect isn't simple, especially given that it's hard to live without smartphones and internet today—I certainly can't either. This makes protecting oneself from perpetrators or re-victimization very challenging. I think more effort could be made by social services to offer parental support, not necessarily to investigate the child's need for protection from the parents, but rather to prevent future abuse or similar incidents."* (Clinician, Interview 7)

Additionally, in many municipalities, it was noted that children subjected to online child sexual abuse were interviewed in locations other than Barnahus, which was considered detrimental for the children. The lack of cooperation with Barnahus meant that

multidisciplinary consultations and interventions for these children often did not occur. This was seen as problematic, as it resulted in children not always being identified and supported by appropriate services, risking them missing out on necessary and appropriate support.

> *"I think there's less collaboration around these children. Sometimes they are interviewed at Barnahus, which means they do have the right to receive support from us, but... they don't come to us very often. That's my main concern—that we don't meet these children very much, despite working every day with violence and sexual abuse. They're investigated by the police's online child sexual abuse group, who aren't based here with us, so they might not get identified in the same way, and no one might consider that they could benefit from our support. So, I don't know—I hope many of them receive support elsewhere, maybe at a support center. [...] But we know that very few come to us, and that worries me a bit." (Clinician, Interview 12)*

The structural weaknesses in collaboration regarding children exposed to online sexual abuse highlight the importance of strengthening cooperation among police, social services, child and adolescent psychiatry, and other support services. Improved collaboration could ensure these children and their families receive necessary support and protection, while also allowing police resources to remain focused on investigative tasks.

ADVICE FOR OTHER CLINICIANS

To effectively support children exposed to online sexual abuse, study participants stressed the necessity of a solid understanding of trauma and its effects. They emphasized the importance of understanding violence and trauma, particularly in children, and recognizing how symptoms can manifest and develop. To adequately address the needs of these children, the importance of using evidence-based methods was also highlighted.

> *"And of course, you need trauma knowledge—knowledge about violence and traumatization. A solid grounding in that, understanding how it manifests, recognizing symptoms, and how they develop. I also think clinicians need to be grounded in a clear method to stay focused, to help guide the child forward. Knowledge about evidence-based approaches is crucial." (Clinician, Interview 15)*

Clinicians were also asked about important considerations for an initial meeting with a child who had been exposed to online sexual abuse. A common recommendation was to explicitly reduce feelings of shame and guilt from the outset by normalizing the experience. By normalizing and explaining to the child, *"We meet many children who had experienced similar things..."*, clinicians believed the child would feel safer opening up. Finally, clinicians emphasized

combining psychoeducation about trauma with an empathetic and normalizing approach, enabling children to feel secure and acknowledged in the therapeutic process.

> *"I would emphasize initially normalizing it—particularly if there's a lot of guilt and shame—without expecting the child to immediately open up in detail during the first meeting. Instead, say something like: 'We meet many young people who've experienced this. It happens often.' Often, they feel like, 'How could I be so stupid?' or 'It's only me.' […] So, I'd advise putting more effort into clearly emphasizing how common these experiences actually are, particularly in the first session." (Clinician, Interview 11)*

"I hope many of them receive support elsewhere, maybe at a support center."

Clinician, Interview 12

3. Discussion and conclusions

In this report, you've read about the experiences of child forensic interviewers within the police force and clinicians within child and adolescent psychiatry in meeting children and their families who have been victims of online child sexual abuse.

Altogether, it represents meetings with many hundreds of children and families. Interviewers typically met a higher number of children, while clinicians saw fewer children but over a longer period of time. The report captures many stories and important observations; however, it's crucial to note that these findings are based on the experiences of the 28 individuals interviewed and are not necessarily representative or "typical."

The interviewed professionals described meeting affected children from diverse backgrounds and who had been subjected to various forms of online child sexual abuse. Primarily, they had encountered girls who were usually victimized by boys or adult men. In some cases, girls or women were the perpetrators, but this occurred less frequently. The finding that girls more often become victims of online child sexual abuse, and men more frequently are perpetrators, aligns well with previous research (see e.g., Finkelhor et al., 2023). Interviewers described perpetrators sometimes as someone the child knew, but more often as unknown individuals.

Online child sexual abuse includes several forms of abuse, varying in nature and perpetrated by individuals of different ages and genders. However, a certain type of abuse may more frequently come to the attention of police and clinicians within child and adolescent psychiatry, particularly cases where children are victimized by an adult previously unknown to them. In prevalence studies, the perpetrator is often a male peer who is known to the child, especially in cases concerning non-consensual sharing of nude images (see Finkelhor et al., 2023; Jonsson & Svedin, 2017).

Online child sexual abuse varies in nature and context, and similarly, affected children seem to form a heterogeneous group (compare, for example, Finkelhor et al., 2023; Hamilton-Giachritsis et al., 2021; Jonsson & Svedin, 2017; Joleby et al., 2020a & b). In line with previous research, the interviewees identified some typical characteristics among the children they had met. They described that children often had prior experiences of potentially traumatizing events, such as violence or bullying, indicating they were polyvictimized (cf. Hamilton-Giachritsis et al., 2021; Jonsson & Svedin, 2017; Joleby et al., 2023). Interviewees also felt that the children they

encountered appeared lonely and lacked supportive people around them. Even if there were many people in a child's social network, they were perceived as lacking supportive adults and close friends (e.g. Jonsson & Svedin, 2017).

The professionals interviewed suggested that children's previous victimization and lack of supportive relationships increased their vulnerability and risk for online sexual abuse. The children were often described as having various vulnerabilities, including psychosocial difficulties, poor risk assessment abilities, difficulties with emotional regulation, poor impulse control, and challenges reading social situations.

There were also reflections that some children may have disabilities or neuropsychiatric diagnoses. Several studies confirm that children with disabilities are generally at greater risk of online abuse, including but not limited to sexual abuse (see, e.g., Emerson et al., 2021; Lusky-Weisrose et al., 2025). However, it's important to note that symptoms of ADHD, for example, can often resemble or be mistaken for post-traumatic stress (PTSD) symptoms (Fjord & Conner, 2009; Wendt et al., 2023).

Therefore, every affected child must undergo thorough assessment for trauma symptoms, potential diagnoses, and how these interact and influence the child's well-being and functioning.

The interviews also revealed that children could feel threatened by the perpetrator and experienced significant guilt and shame around what happened. This made it particularly challenging for children to talk about their experiences and affected their ability to receive support. This observation is crucial regarding professionals' responsibilities toward affected children, as it may influence both the interview situation and treatment.

Given that children may live under ongoing threats from perpetrators, this must also be considered in interventions by social services and the police. Additionally, the interviews revealed that children didn't always have the choice of when to speak with a professional, and at times they could not tell their stories at their own pace due to the presentation of evidence. Other studies involving affected children have also shown similar results. (see, e.g., Hamilton-Giachritsis et al., 2021; Jonsson & Svedin, 2017; Jonsson & Landberg, 2021; Joleby et al., 2020a & b).

One finding not previously emphasized as clearly—at least not in Swedish literature—is the lack of collaboration between services when children are victims of online child sexual abuse.

Several studies confirm that children with disabilities are generally at greater risk of online abuse, including but not limited to sexual abuse.

This was described as one of the biggest current problems, as affected children risk not receiving the support they need and have a right to. Interviewed child forensic interviewers and clinicians also highlighted unclear role divisions among professionals, creating uncertainty about their own responsibilities and expectations from other agencies. Even when children were interviewed at Barnahus, collaborative consultations, common in cases of interpersonal child sexual abuse, typically did not take place across most parts of the country. The need for professionals to gain deeper knowledge about online sexual abuse, adapting their work methods, has been emphasized in several recent studies (see, e.g., Hamilton-Giachritsis et al., 2024 & Quayle et al., 2023). Quayle et al. (2023) conducted focus groups with 25 professionals supporting

youth victims of online sexual abuse, describing significant challenges, including generational gaps in technology use, organizational obstacles, unclear referral paths, and insufficient training. Thus, both this study and international literature suggest that professionals today "*know some things but have areas to improve on*," as one interviewer described.

For children and their families to receive the support they have the right to, clear guidelines and well-developed organizational structures ensuring support is provided are essential. Results from this report show that while some parts of the country have effective structures, in other regions, affected children remain unrecognized by law enforcement, social services, psychiatric care, or general medical services.

This is alarming. Yet, interviewed professionals demonstrate strong commitment and a desire for better conditions and opportunities to work in structured, collaborative ways, using evidence-based and adapted approaches in the future.

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Appendix

What is unique about online child sexual abuse – and what needs to be done?

For many years, **Linda Jonsson** and **Anette Birgersson** have worked with children who perpetrate or are subjected to online child sexual abuse in various ways. Linda has conducted research and written scientific articles and reports, while Anette has trained, supervised staff, and treated patients. Together, they have had countless discussions about the consequences of online sexual abuse. They have exchanged ideas with thoughtful colleagues, read and reflected on what this form of abuse means for victims, perpetrators, family members, and the professionals who encounter children and young people when abuse has been disclosed.

What makes online child sexual abuse different becomes clear when we examine the consequences across different contexts. This appendix summarizes key points that are useful to know when encountering a child who has been exposed to online child sexual abuse. It is based on the combined experiences of professionals and is intended as a tool to increase awareness and contribute to a deeper understanding of the consequences for those affected.

To fully understand the consequences of online child sexual abuse, the issue needs to be described through multiple perspectives and contexts:

- Children and young people
- Family and social networks
- Professionals
- Society and the public
- The digital environment

The child's context

Children and young people

- Sense of participation
- Desire for validation
- Passivity
- Control

Family and social networks

- Guilt and shame
- Lack of awareness
- Abuse taking place at home
- Blame placed on the child

Professionals

- Managing shame and guilt
- Ongoing trauma
- Evidence and legal process
- Reactions from others
- Lack of interagency collaboration

Society and the public

- Stigma
- Guilt
- Generational gaps
- Collaboration
- Increased awareness

The digital environment

- Dissemination of material
- Loss of control
- Culture of digital silence
- Generational gaps
- Artificial intelligence

CHILDREN AND YOUNG PEOPLE WHO ARE SUBJECTED TO ONLINE CHILD SEXUAL ABUSE

Children and young people who have been subjected to online child sexual abuse are affected in multiple ways by their experiences. They often carry a heavy burden of guilt and shame, especially if they feel they were in some way involved in the incident. This feeling is often intensified by the fact that they were manipulated or tricked into participating. Many also report a sense of lost control when their images or stories no longer feel like their own. The potential digital dissemination of the material can make the abuse feel ongoing rather than something that has ended.

Consequences for children and young people affected by online child sexual abuse:

- **Sense of involvement:** Children and young people feel guilty for having been active in the communication—writing to or engaging with the person who abused them—even if they were manipulated or tricked. They often feel they should have known better or stopped it sooner.
- **Validation – Positive attention:** Many feel ashamed for having appreciated the attention, or even liking or being in love with the person who abused them—especially if they knew, deep down, that the situation wasn't good for them.
- **Passivity – "I didn't stop it":** Many feel guilt and shame for not telling anyone or trying to stop what was happening when they realized it wasn't okay.
- **Control – Not owning their story:** When chat conversations and images have been saved, it can make it harder for the child to speak from their own perspective. They may be afraid of misremembering or feel ashamed that someone else has read their conversations or seen the images—making it even harder to talk about.

What needs to be done to properly support them?

- **Create a safe environment:** Children need to feel safe in order to talk about abuse. Professionals should actively work to reduce guilt and shame by assuring children they are not alone, normalizing their experiences, and offering support.

- **Provide tailored psychoeducation:** Children need to understand what online abuse is and how it can affect them physically, emotionally, and socially. They also need tools to manage their reactions and protect themselves online.

- **Focus on symptoms and emotional regulation:** Trauma-informed care helps children process feelings of guilt and shame, while also building strategies to manage their well-being. It increases the likelihood that they will seek help when needed and helps promote safer online interactions in the future.

FAMILY AND SOCIAL NETWORKS OF CHILDREN WHO HAVE BEEN VICTIMIZED

Parents and other caregivers of children who have been exposed to online child sexual abuse face many challenges. Many feel guilt and shame over not having discovered what was going on, even though they had often tried to guide their children about online safety.

Parents may feel helpless when they realize that abuse occurred in their own home—sometimes even while the whole family was present. These feelings, combined with a lack of understanding of the digital environment and children's online lives, can lead to reactions that inadvertently place blame on the child and reinforce feelings of shame.

Consequences of online child sexual abuse for caregivers and the child's network:

- **Guilt and shame:** Caregivers and people close to the child may feel guilt and shame that the child was victimized despite their efforts to guide them about online safety.
- **Lack of awareness – Not knowing:** Parents often have limited insight into their children's digital lives and may not understand the scope of what has happened. This can lead to feelings of shame, guilt, and sometimes frustration over not noticing any warning signs or acting in time to prevent the abuse.
- **Abuse taking place at home:** Parents may feel ashamed and guilty that abuse was able to take place in their home—sometimes even while they were physically present. Many may feel like they've failed as parents.

Parents may feel helpless when they realize that abuse occurred in their own home—sometimes even while the whole family was present.

- **Blaming reactions from caregivers and close network:** Reactions from caregivers or close relatives can unintentionally reinforce the child's sense of guilt. Common responses—such as confiscating the child's phone or restricting internet access—often increase the child's shame rather than providing support.

What needs to be done to improve support for children and young people?

- **Parent education:** Parents need help understanding the digital world—its risks and benefits—and how to talk openly with their children about their relationships and activities online.
- **Strengthen communication:** After abuse is disclosed, caregivers need immediate support to process their own emotions and to learn how to support and communicate with their child about what has happened. They also need guidance on how to manage the child's digital environment during the investigation or treatment period, and in the long term.
- **Relieve parental guilt:** Professionals need more knowledge about how to educate and support parents in helping their children without placing blame—on the child or on themselves.

PROFESSIONALS WHO WORK WITH CHILDREN, YOUNG PEOPLE, AND CAREGIVERS

Professionals working with children who have been subjected to online child sexual abuse face several unique challenges. This includes practitioners within the police, Barnahus, social services, and child and adolescent psychiatry. Children's guilt and shame related to their perceived involvement often make it harder to get them to open up and talk about their experiences. A lack of knowledge about the digital environment can leave professionals feeling uncertain. The fear that images and videos might continue to spread online prolongs the suffering and affects the child's recovery. At the same time, the existence of documented evidence can be both a strength in legal proceedings and a source of emotional distress for the child. A lack of collaboration between key actors—such as social services, police, and psychiatry—makes it difficult to provide coordinated support for these children and their families.

Consequences of online child sexual abuse for professionals working with children, young people, and caregivers:

- **Guilt, shame, and a sense of involvement in children:** Conversations can be more difficult with children and young people who feel partially responsible for what happened. Children exposed to online child sexual abuse need extra support to understand what happened and why it was not their fault. The nature of their relationship with the perpetrator can add complexity—particularly if the child experienced parts of the interaction as positive, had feelings for, or was in love with the person who abused them.
- **Evidence and the legal process:** Unlike other forms of abuse, online child sexual abuse often includes documented evidence in the form of images, videos, or chats. This can be a strength in court but also emotionally taxing for the child when they are confronted with the material. It becomes even more important that cases are handled promptly, that the child feels involved in the process, and not like a passive part of the investigation. At the same time, building trust can be challenging if the child or caregivers are initially unaware of what kind of material exists.
- **Reactions from parents and caregivers:** Parents often experience a crisis when the abuse is revealed and commonly express guilt and shame upon learning what has happened. This can affect their ability to support their child and complicate conversations with caregivers, as well as joint conversations between the child and caregiver.

Caregivers may, unintentionally, increase the child's sense of guilt and shame through their reactions—for example, by asking how the abuse could have happened.

- **Ongoing trauma and fear of dissemination:** Documented images or videos from the abuse may continue circulating online, causing the child to feel as if the abuse is still ongoing. Children often worry about who has access to the material and whether it might be spread further, which can increase feelings of shame and stress.
- **Lack of interagency collaboration:** Children exposed to online child sexual abuse are rarely interviewed at Barnahus, which reduces the possibility of coordinated support between the police, social services, child and adolescent psychiatry, and other services.

What needs to be done to enable professionals to better support children and young people?

- **Specialized training:** Professionals need solid knowledge about the digital environment, online child sexual abuse and its consequences in order to respond appropriately to children.
- **Development of methodology:** There is a need for tailored approaches, crisis interventions, assessment tools, and treatment methods that include specific components related to online child sexual abuse.
- **Collaboration between authorities:** Stronger cooperation is needed between social services, police, child and adolescent psychiatry, and schools to ensure a holistic perspective—and to make sure no child falls through the cracks.

Children's guilt and shame related to their perceived involvement often make it harder to get them to open up and talk about their experiences.

SOCIETY AND THE PUBLIC

At the societal level, there are challenges associated with the stigma of being a victim of online child sexual abuse. Social norms and expectations can lead to victim-blaming of vulnerable individuals. In addition, there is a generational gap in knowledge—many adults lack insight into children's and young people's relationships and behaviors in the digital world. There is a need for stronger collaboration between government agencies, the justice system, and community resources to ensure that children exposed to online child sexual abuse receive the support they need and that preventive efforts are strengthened.

Consequences of online sexual abuse for parents and the social networks of children and young people:

- **Stigma around victimization:** Children and young people feel societal shame for being victims, which is reinforced by negative attitudes toward those subjected to online sexual abuse.
- **Blame from norms and expectations:** Society tends to place blame on the victim, asking questions like: "Why did you send the pictures?", "Why didn't you block them?", or "Why didn't you tell someone right away?"
- **Generational gaps:** Parents and other adults often struggle to understand the digital world and young people's online relationships and behavior, which creates barriers to understanding and support.
- **Collaboration:** Agencies that encounter affected children and their caregivers must work together to improve the child's chances of getting the help and support they need.

What needs to be done for society to better support children and young people?

- **Raise awareness:** Awareness campaigns—developed with input from young people and caregivers—should educate the public about the risks of online child sexual abuse and how to protect oneself and others online.
- **Legislation and the justice system:** Laws and legal processes need to be adapted to more effectively address online child sexual abuse, including improved support for affected children.
- **Coordination of resources:** National guidelines and resources should be established to ensure a consistent approach to handling online child sexual abuse —from reporting to providing support services.

DIGITAL ENVIRONMENT

Today, especially for children and young people, the world is not divided into separate parts. Being online is simply part of everyday life. To better understand what that means—and what can be unique about interactions, relationships, and more specifically, sexual abuse that occurs online—we use the term **"the digital environment."**

The digital environment refers to the part of our everyday lives that takes place online: from chatting and sharing reels, memes, and photos on social media, to using apps, playing games, streaming movies, and much more. It's a space where we spend a lot of time. We talk and socialize, form friendships and romantic relationships, shop, search for and consume information—whether it's related to schoolwork, jobs, or just unwinding.

Consequences of abuse taking place in the digital environment:

- **Spread of material:** The fear that images or videos remain online—and might continue to spread—creates a constant sense of vulnerability and can prolong the trauma.
- **Loss of control:** Children and young people often feel they've lost control over their own images and identities, reinforcing feelings of shame and helplessness.
- **Digital culture of silence:** When images of abuse remains online without intervention, it can normalize the existence of such material and reduce the likelihood that victims feel safe enough to talk about what happened or seek help.
- **Generational gaps:** Different generations relate to and understand the digital environment in very different ways. Children and young people's use of and relationship to digital platforms often contrasts greatly with how older individuals perceive and use them.
- **Artificial intelligence:** AI can generate, alter, and redistribute images—potentially allowing abuse material to be recreated or persist in new forms.
- **Accessibility:** The digital environment is constantly present—it's always with us through our smartphones. Being continuously accessible can increase risks and stress, and it can also make it harder to block or distance oneself from someone who is causing harm.

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