ISA: Acute Crisis Intervention

Support for child victims of sexual exploitation, trafficking for sexual purposes, and online sexual abuse during the first critical days after disclosure or an investigative interview

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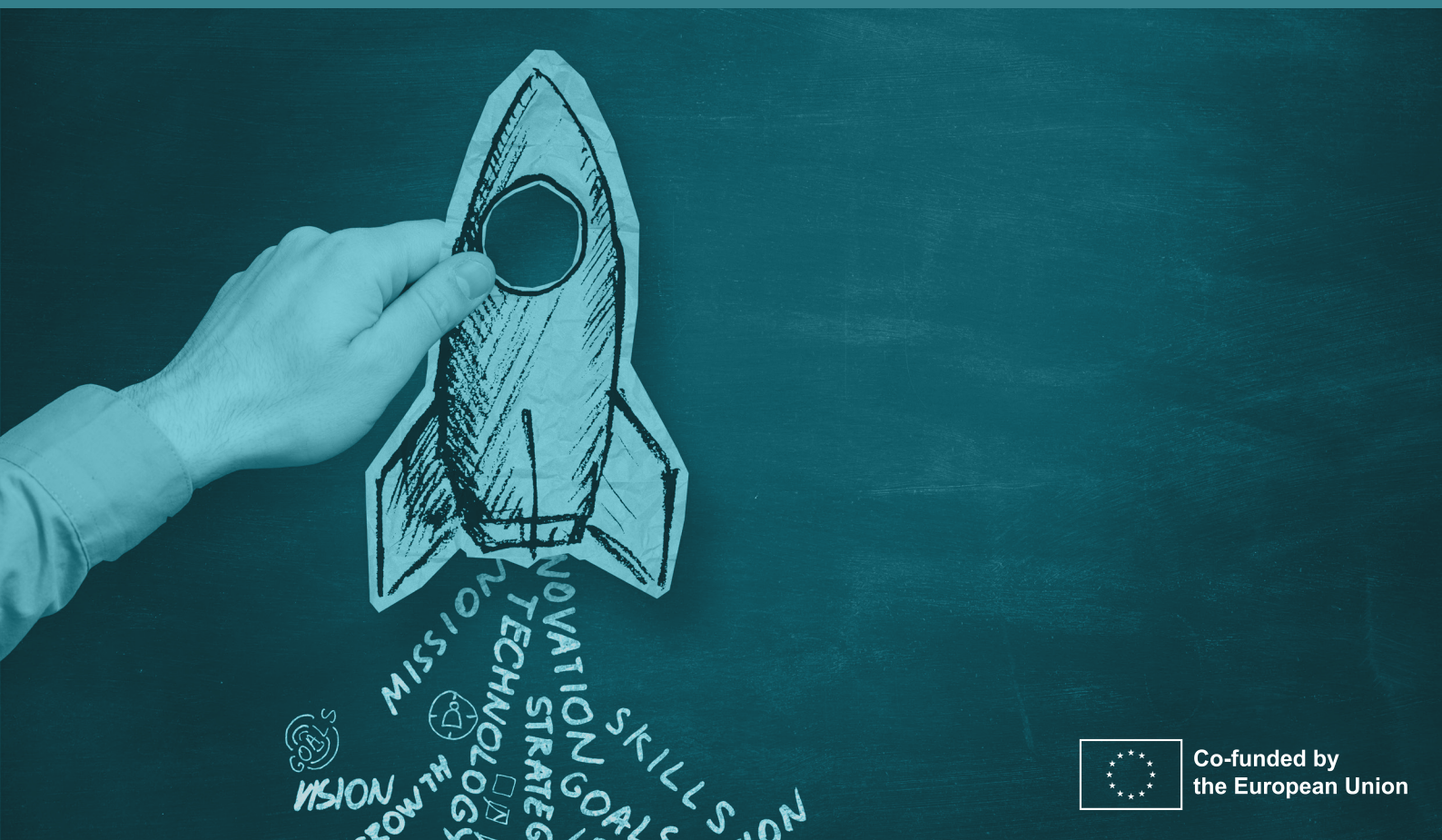

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Introduction

This paper introduces an approach for acute crisis support, "ISA", for child victims of trafficking for sexual purposes, sexual exploitation, and technology-facilitated sexual abuse, in the first critical days after a disclosure or a child investigative interview.

The “ISA” approach is developed to address the specific needs for crisis support that may arise with child victims in the immediate aftermath of disclosure and/or being in contact with authorities – especially in the context of a criminal investigation. It can be used by any professional who works with the child at these moments.

While the approach is specifically developed to address crisis as a result of sexual violence, it can also be adapted and used to support children who are victims of trafficking for other forms exploitation.

The ISA approach has been developed by Linda Jonsson, associate professor in Social Work at Marie Cederschiöld university and Anette Birgersson Licensed CBT Child Psychotherapist, bachelor is in social science with a postgraduate diploma, masters, in CBT Psychotherapy, Skills Clinic.

Crisis support interventions

There is substantial research on the consequences of child trafficking for sexual purposes, sexual exploitation and technology-facilitated sexual violence, and the child victims’ immediate, and long-term needs.

Victims have often been exposed to multiple instances and diverse forms of victimisation and may find themselves in particularly vulnerable and uncertain situations. They typically lack an adequate caregiver, or other forms of support. The impact and needs are therefore often complex and challenging.

A key priority is to keep the child, potential caregivers, and professionals working with the child safe. This must be done in close collaboration with social protective services and the police. It is important to supervise the child, and to recognise that contact by those who pose a threat to the child can be made via phone or online. It is also important to recognise that the child may be subject to specific risks and vulnerabilities if they are third country nationals without permission to stay in the country, or if they are suspected of criminal activities.

This places high demands on the professionals that meet these children. It involves specific professional requirements, founded in a developed understanding of the special circumstances of children who are victims of

trafficking and sexual exploitation, and the diverse interventions that are required to address the complex needs of these children.

Early crisis intervention can provide an important foundation for a safe and informed path to protection, justice, and recovery. It can prevent escalating trauma symptoms, promote healing and empowerment of the child, and address immediate needs for protection.

Procedures and protocols can help ensure that acute crisis interventions are offered to children routinely, and that they are delivered in a professional and child-centred way.

While some intervention models exist, there is currently no evidence-based model available, and there is limited knowledge about what interventions are most effective and helpful in the critical days following disclosure and potential child investigative interview.

Acute crisis intervention – the ISA approach

About the approach

Background

ISA provides a simple protocol for supporting child victims of sexual exploitation and trafficking during the first critical days after disclosure or investigative interview. It attempts to fill the gap described in the previous chapter by providing a structured path to providing crisis support in the immediate aftermath of disclosure or a child investitive interview. It constitutes the first step in an integrated approach, aiming at providing a competent and safe entry point to other forms of short- medium- or long-term protection, support and interventions adapted to the individual child.

Purpose

A key purpose of ISA is to ensure that professional and competent support is routinely offered to child victims of exploitation immediately after the visit to Barnahus, or an investigative interview.

Limitations

ISA is developed based on the authors' knowledge, gained through research, similar models, and clinical experience. ISA still needs to be tested, evaluated, and potentially adjusted to ensure the best possible outcomes for child victims of sexual exploitation, trafficking, and online sexual abuse.

How to use ISA

Currently, ISA can serve as an inspiration for professionals working with victims of all forms of sexual exploitation such as trafficking, prostitution, and compensation for sexual favours including both online and offline exploitation.

ISA should therefore not stand alone or be implemented in isolation from other processes and interventions, including a broad psychosocial assessment that includes professionals from both authorities and civil society partners where they play a role.

Importantly, ISA should both inform and specifically consider potential threats and risks to the child's safety, the child's standing as a victim, suspect or accused in criminal investigations and justice procedures, potential implications of being a third-country nationals, and other elements that might put the well-being and best interests of the child at risk.

For example, information about the child that is collected during ISA should also contribute to parallel or subsequent individual assessments of the needs of child victims, suspects or accused, as required under EU law.

This places high demands on close collaboration between social welfare, child protection services, police and other actors that play a role in ensuring protection, recovery, justice, and longer-term solutions for the child.

ISA Goals

The main goals of ISA are to:

- Make the child feel seen, supported, and validated.
- Reduce stress and help the child understand their reactions, feelings, thoughts, and behaviours.
- Reduce potential shame and guilt that the child is feeling.
- Help the child to accept support and potential further assistance.

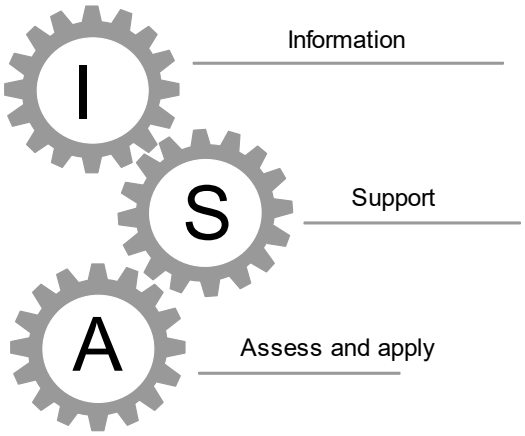

Figure 1: The ISA acute crisis intervention- Information, Support, Assess and Apply

If relevant and appropriate, ISA can be extended to support and involve caregivers, so that they can play an active role in supporting the child's protection and recovery through:

- Support and validation to caregivers.

- Reducing stress and helping caregivers understand both their own and their child's reactions, feelings, thoughts, and behaviours.
- Reducing potential shame and guilt caregivers are feeling because of the situation.
- Improving parental skills to be able to support their child in the best way possible.
- Helping caregivers to accept support and potential further assistance.

Information

Collect

The focus on the specific needs of each individual child constitutes the foundation for interventions under ISA and continued crisis support.

The first step of ISA involves collecting as much information as possible before meeting the child. This information may include the child's background, history, past experiences, and past contacts with other agencies. It is essential to understand the child's unique needs, strengths, and challenges to provide effective support and intervention.

This information is crucial in tailoring the first contact so that the professional support the child in a way that is adapted to the child. Information can be obtained from the police, social welfare and child protection services and possibly child psychiatry, depending on the professionals that have encountered the child. Information can sometimes be limited and hard to obtain due to legal barriers and confidentiality that prevent information sharing.

The second step involves collecting information from the child, and if relevant, caregivers, to establish both practical and psychological needs in the acute phase.

Even if there might be similarities between children and their initial needs, every child should be supported as an individual and their specific needs should be evaluated to tailor the ISA approach.

Communicate

Concrete communication and information are keys to making the child and their caregivers feel safe, supported, validated, and listened to. It is also the key to fully understanding what the child needs and how they want to be supported.

It is important to make sure that the child knows what will happen next and what the process after the disclosure usually entails. The child and potential caregivers may meet several new professionals with different roles and

responsibilities. Talk about and explain the roles different authorities, including Barnahus, the police, social services, the doctor, and others, for example migration officials, that might be involved going forward. The information should be adapted to the child's development and special needs, and should consider potential safety concerns.

Information might need to be repeated continuously since it cannot be expected that the child will remember everything they are told in a meeting. If it is possible, give both child and caregiver printed information of how it works at your Barnahus.

Collaborate

Collaboration with other professionals is at the heart of ISA and is crucial to collecting information about the child. Collaboration is sometimes challenging, but it can bring substantial benefits in terms of information sharing, ensuring a comprehensive response and a smooth transition between the interventions that are offered to the child. Obtaining a full understanding of the agencies and authorities involved, their interventions, and when they occur, is therefore an important part of ISA.

Children who are offered ISA have often already encountered several agencies and met many professionals. They may have undergone interviews in the context of criminal investigation and may have met professionals regarding protection, support, or other types of assessments. The child may therefore already have shared information with several professionals.

Mapping the child's experience and encounters with other professionals and agencies is part of creating a full picture of the situation, experience and needs of the child. The child's previous experience can affect the health and motivation of the child to participate in continued support.

Support

Practical

Initial practical support is often offered by social welfare or child protection services, and does not necessarily fall under the areas of responsibilities of persons who offer ISA. Nevertheless, it is crucial to make sure that the child's basic needs have been met to reduce stress, and to ensure the child's mental and physical wellbeing and safety.

Each assessment should therefore start by establishing if the child's acute, basic needs have been met, including access to food, clothes, an opportunity to shower, a place to sleep/stay, medications or medical appointments, a neutral mobile phone/computer, or free Wi-Fi if they need to contact someone.

Psychological

ISA aims to ensure that children in the acute phase feel seen and validated at the same time as they get the basic interventions to prevent chronic trauma symptoms, or to ensure that they understand their reactions and become motivated to go through treatment.

Contact and Connection

Create an environment which signals safety. Make sure that the initial contact is calm, non-demanding, and validating, and that it only focusses on the child's needs.

Stabilization and information

Provide concrete information, make sure the child understands their situation and what services that can be offered to them.

Psychoeducation

Psychoeducation is recognised as one of the most powerful interventions that can be offered to a potentially traumatised child. Psychoeducation can help the child to feel less ashamed and afraid of the situation and their reactions, which can increase their willingness and motivation to seek support and if needed, further psychological interventions.

Psychoeducation includes:

- Explaining the fight, flight, freeze and appease response.
- Explaining general common trauma reactions and symptoms.
- Explaining and talking about specific common feelings, thoughts and reactions after having been through their specific type of traumatic events.

Throughout the intervention process, continue to monitor and evaluate the child's progress and adjust interventions as needed.

Focusing on the individual child's needs and strengths is essential in providing effective crisis interventions. By taking a personalised approach and building a strong relationship with the child, professionals can better support and empower them to navigate through challenging situations and build resilience for the future.

Assess and apply

The final phase of ISA aims to identify longer-term support and psychological interventions, and to help the child and potential caregivers to gain access to

the most efficient treatment options. The information and work done in the context of ISA is a valuable platform for onward support.

The proposed period for ISA is *up to five weeks after disclosure.* An assessment if the child needs further support can be completed after approximately 4 weeks.

In this phase of ISA, the professional implements or uses the assessed information from the child and caregivers to provide the most efficient treatment options for them. If needed, the professional also establishes referral pathways and contacts with services that can provide further support and interventions if your service is not responsible for longer-term support.

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PROMISE

Implementing the Barnahus Quality Standards throughout Europe

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

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

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

Learn more at www.barnahus.eu

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