



# Model of best practice for victim and survivor centred services that support recovery



\* Warning: This framework addresses the complex and sensitive topic of Technology-Assisted Child Sexual Abuse (TACSA). Reading this framework can trigger emotional responses and thoughts. You are encouraged to monitor your responses. Read and engage with this framework in ways that are comfortable and safe for you. Please take care of yourself.



# Foreword



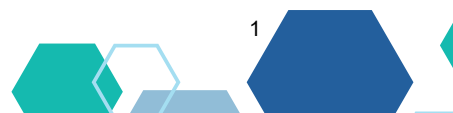
Violence against children is a global issue. It happens in every country and community across all cultural and socio-economic contexts. The effects can have a devastating impact on a child's development, relationships, education, and future work prospects. Every child has the right to grow up safe and secure in the place they live. Children and young people should feel confident and empowered to access support services that aid their recovery. Responses that are child-centred and focussed from the outset provide a much greater opportunity for victims to recover and go on to live safe fulfilling lives.

A whole system approach is needed that is child-centred where there is a holistic response to prevention, reporting and recovery which will increase the likelihood of disclosure, increase investigative opportunities, and improve the victim and survivor recovery journey. This is especially important when that abuse has been enabled or facilitated by technology where victim blaming is particularly prevalent.

The process of recovery is neither quick nor linear. It can take many years of support, intervention, and therapy by many different services to support the child and their family network on the recovery journey. The time taken to survive, and recover is impacted and influenced by the actions and practice of others from the point of first discovery. Therefore, it is important that all who engage with children and have a responsibility to protect and support them, are confident they can do so in a way that causes no further harm.

Those who have experienced abuse in childhood have told us they feel detached from the system, or it is fragmented. When they do come forward, they often experience barriers that keep them silent, such as victim blaming or a lack of professional curiosity.

Children and young people have expressed a need and willingness to engage in shaping the direction of policy and practice. However, the voice of the child is often missing from the policy agenda when shaping and developing support and intervention services. Child participation helps the voice of the child to be heard and amplified collectively across the world to become a force for good. The voice of the child should ideally be heard whilst they are a child and not years or decades later, if they are to truly influence contemporary change.





We have used the findings and knowledge gained through conducting research, as well as the knowledge and experience we have within Marie Collins Foundation (MCF) to develop this model for victim and survivor centred services.

It is hoped that with this evidenced-based model of best practice for effectively engaging with victims and survivors of Technology-Assisted Child Sexual Abuse, professionals are empowered to act appropriately, policy updates are implemented where necessary, victims and survivors feel more confident and receive better wrap around care, and offenders have less places to hide. Although not exhaustive in nature, this model is intended to provide the building blocks needed to ensure positive change. In most cases, small changes in practice and mindset can affirm developments that are victim-centred, and trauma informed.

# Table of Contents

01 [Foreword](#)

---

02 [Contents](#)

---

03 [Definitions](#)

---

04 [Building blocks for a model of best practice](#)

---

05 [The model explained](#)

---

06 [Appendix: Namibia context](#)

---

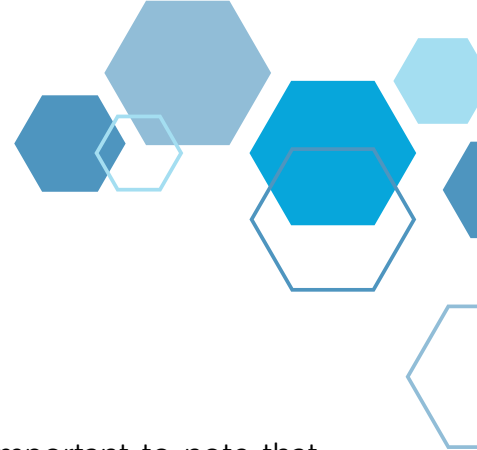
07 [Summary](#)

---





# Definitions



## **Victim or survivor**

These terms are often used interchangeably but it is important to note that some with lived experience of child sexual abuse may choose to identify as a victim, placing the emphasis on the trauma inflicted on them by someone else, while others prefer to identify as a survivor to emphasise that they have survived what was done to them. For others, some days they may feel like a victim and in other circumstances the term survivor resonates with them better. Just as recovery is not a destination to be pinpointed on a linear illustration, so too is the identification of self after this significant life event has occurred. Ask victims or survivors what their preferred term is.



## **Empowerment**

The process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights. An act of abuse renders the victim powerless. For victims and survivors to be able to exercise their rights, they need to have a sense of personal power. Empowerment is about them being given that power back.



## **Promoting the voice of lived experience**

Ensuring the views, priorities, interests, and concerns of people accessing services are listened to and protected so that lived experience informs the service response. This includes feedback from victims and survivors to broaden our understanding and bring about real change to improve outcomes for victims and survivors in the future. This could be at an individual, community, or strategic government level.



## **Technology-Assisted Child Sexual Abuse (TACSA)**

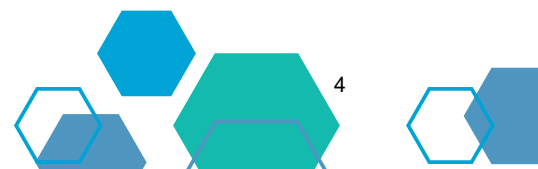
This is child sexual abuse which is facilitated and/or enabled in any way by technology. This can be phones, gaming consoles, cameras, tablets and/or computers. It includes young people being coerced into taking intimate images which are then shared, encouraged to perform for live streaming, groomed for further online or contact abuse and/or their image used to blackmail them for more images or money. Technology assists child sexual abuse by increasing access to victims and creating a false sense of safety.





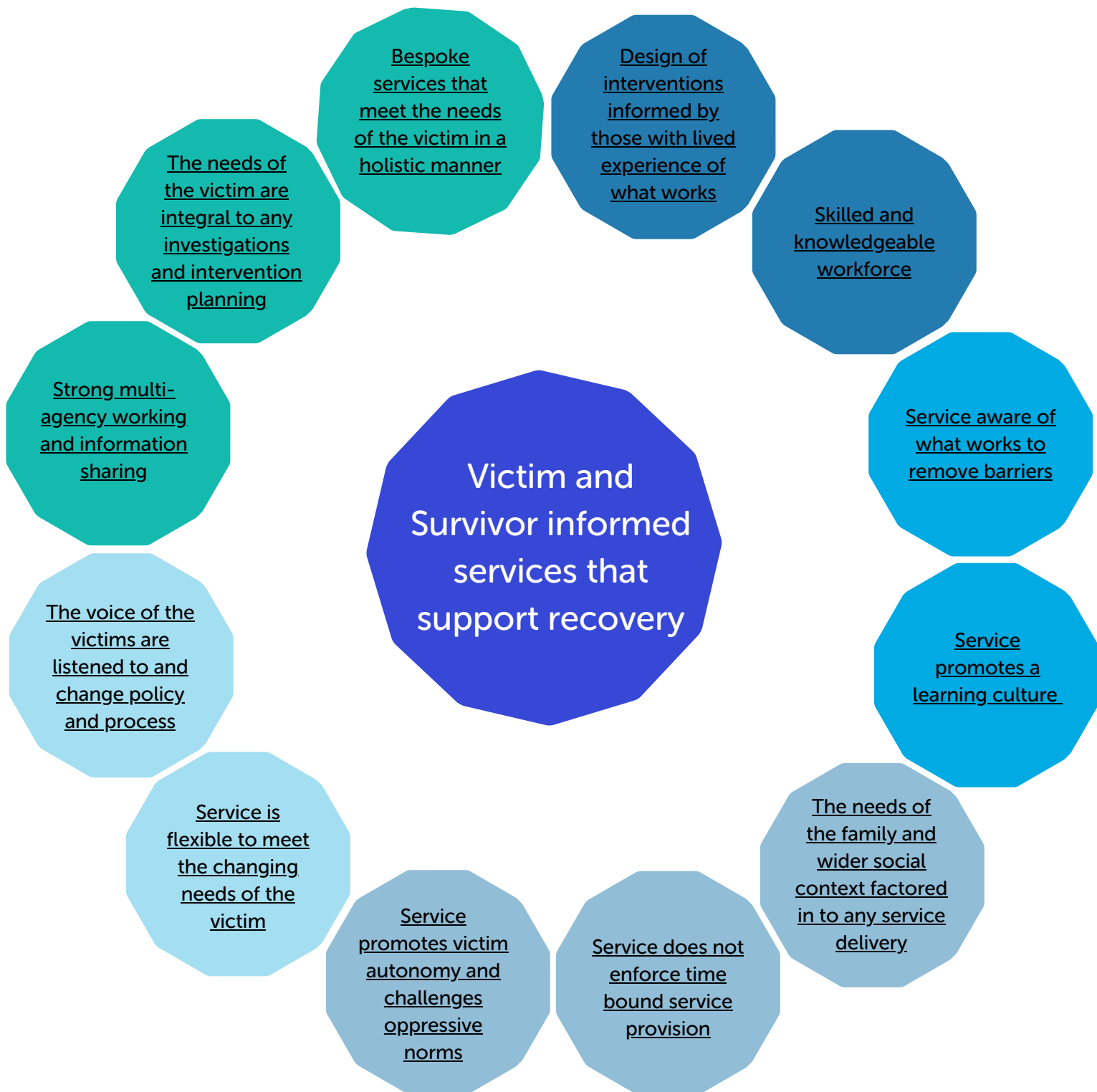
# The building blocks for a model of best practice

- \* 1. Services actively seek out the voice of lived experience and provide the opportunity for victims and survivors to contribute to the ongoing development and implementation of interventions and services. This is best done through the setting up of participation groups.
- \* 2. There is a strong ethos of multi-agency collaboration. Partnership working and information sharing takes place between different stakeholders to improve the response and support for victims and their families thereby reducing potential re-traumatisation.
- \* 3. Services ensure that the victim and survivor is at the centre of all processes, from the discovery of the abuse, throughout the investigation and the start of the recovery journey. This means conducting necessary activities in a way that considers both the impact and the needs of the child. This includes timings of any investigative interviews, medicals, and interventions.
- \* 4. Services provide a multi-faceted response including a variety of different programmes as part of a holistic package such as therapeutic support and group therapies.
- \* 5. The intervention is child-focussed, meeting the specific needs of the victim with bespoke plans as standard. This includes support to particular groups and having an awareness of any specific cultural sensitivities, for example particular belief systems.
- \* 6. Services recognise the intervention needs of the wider family and support networks surrounding the victim or survivor and provide either direct support or signpost to additional services that meet their needs.
- \* 7. Services provide specialist training and development opportunities for staff to remain up to date with contemporary issues, ensuring they have the knowledge and skills to be able to respond effectively to victims and survivors of child sexual abuse.
- \* 8. All staff who engage directly with victims and survivors are knowledgeable about trauma and the impacts of child sexual abuse. This includes the additional impacts of different forms of abuse, for example if the abuse has been recorded.
- \* 9. Services are aware of any accessibility barriers and aim to remove or limit these barriers to ensure victims and survivors are able to access the service.
- \* 10. Services do not enforce time or duration limits for the sessions or services they deliver, so that victims and survivors can access them for as long as they need.
- \* 11. Services encourage and provide the opportunity for victims and survivors to have a voice about their experiences of the service or intervention. Information received as a result of this process is acted upon and informs the training of the staff and the ongoing development of the service.





# The model





# The model explained

\*The model is deliberately cyclical as each component is needed to be effective. \*




**The voice of the victims are listened to and change policy and process**

Victims of child sexual abuse are the experts in their experience. Listening to what they have to say is vital to effectively improve the way that processes and practices are delivered. These insights should inform greater collaborative working among stakeholders to create stronger systems and services that adequately respond to the needs of victims, survivors and their families. This would ensure services respond in a way that does no further harm and supports victims and survivors to go on and live safe and fulfilling lives.

We know from research and practice that many never talk about the abuse they have been subjected to. By its very nature, victims of child sexual abuse are silenced. There are many factors within society that adds to this silencing and can result in it being years before the abuse is discovered. The longer abuse goes undetected, the greater the impact is on the victim.


Hearing the voice of lived experience is the key to really understanding how to design and deliver services that reduce ongoing harm, prevent revictimisation and enhance recovery.

The voice of lived experience should be the golden thread running through the global response to child sexual abuse.



**Strong multi-agency working and information sharing**

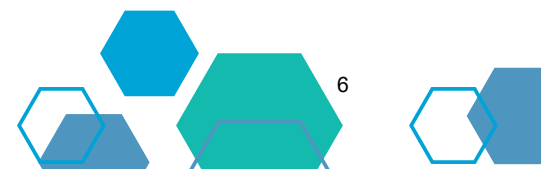
No one agency, stakeholder or organisation has all the information to be able to respond appropriately. Each key stakeholder holds a piece of the puzzle, and the full picture becomes apparent when information is shared. Ensuring the practice response does no further harm requires every agency to place the needs of the victim/survivor at the centre of all planning, intervention, support or discussion. It is important to create a culture of trust, openness, professional integrity, accountability and confidentiality to enable this to happen.



**The needs of the victim are integral to any investigation and intervention planning**

Balancing the needs of each service with the needs of the child is a skilled task but the significant impact that a collaborative effort can have on victims and their families cannot be underestimated.


A comprehensive understanding of the victim's needs before, during and after investigations and interventions are key components for success, both for professional practice and for the welfare of the victim.





All too often when investigation and intervention is required, a disproportionate degree of focus is on the systems and structures around the process of investigation and intervention rather than the needs of the victim.


Within most legislative frameworks there are evidential thresholds that need to be met to underpin ongoing intervention (whether that be criminal prosecution, family proceedings or state intervention). The pursuit of this evidence can overshadow the needs of the victim and their family. The needs of the victim should be paramount and treated as such. Meaningful discussions between stakeholders and those with lived experience should be especially supported and embedded as standard. Talking to victims, understanding their circumstances, and making changes to professional practice that are in line with their needs are vital to any professional intervention being done in a victim-focussed manner and having a good outcome.



**Bespoke services that meet the needs of victims/survivors**


When working with victims of child abuse, it is important to look at them as a whole person, not just the abuse that has been done to them. The professional response should not employ a “one size fits all” mentality. Everyone will have unique experiences and responses that require a range of different services at different stages of their recovery journey. Bespoke services should be offered, with the relevant support provided as and when needed from discovery or disclosure, and throughout the recovery journey.

Services must form a holistic response to cater to the varying needs of the victims using or likely to use their services. It should include assessing and ensuring the basics are met for example, food, shelter, clothing, health care, developmental needs, wellbeing, life skills, access to employment advice and financial advice.



**Design of interventions informed by those with lived experience**

Services should ensure regular meaningful consultation and collaboration with those who have lived experience so that knowledge about what works is embedded in the structure of interventions and influences service delivery. This will help identify what barriers there are to children feeling safe to talk about what has been done to them. It will also help them to use their experience to make things better for future children in need of the service. This should not be a tick box exercise or added as an afterthought.



**Skilled and knowledgeable workforce**

Professionals need to be highly skilled and adequately trained and supported to ensure they are providing the best possible response to victims and survivors. For this to happen there needs to be investment in upskilling of professionals to ensure they fully understand the signs, indicators and impact of abuse and what works to aid recovery.







Technology-Assisted Child Sexual Abuse (TACSA) is a rising issue for professionals as technology continues to become interwoven into everyday life. Professional awareness of TACSA is low amongst key frontline child protection professionals, where this knowledge is most needed. TACSA requires a different response to non-technology enabled sexual abuse, a response that recognises it as child sexual abuse with the added impacts of the abuse being recorded, distributed and seen by others. Ensuring an effective system that responds well to victims means equipping all stakeholders with the necessary knowledge and skills to act.



**Service aware of what works and removes barriers**

As well as the silencing of victims by perpetrators, there are a number of factors within services which hamper full engagement and become barriers to recovery. Those with lived experience of child sexual abuse tell us it is frightening, humiliating, stigmatising and leaves them powerless. Confidentiality is an important step to building trust. Where a lack of confidentiality has been identified within a service, immediate action must be taken to rectify that breach, and attempts made to repair the damaged trust. It is also important to note that a perceived lack of confidentiality is just as problematic as an actual breach.

Some victims and survivors have said that services which do not offer virtual contact have created a barrier to access, and therefore recovery, due to the distance needed to travel to access them.

It is important for all services to consider where their service users are and therefore the access needs. Consideration should be given to service delivery that allows for a mixed methodology of in-person as well as other means such as virtual and text-based communication.

Services should consider how easy it is for potential users to access their supportive services. This includes physical accessibility issues, ensuring that there are language options appropriate to the victims and survivors to improve communication including for people who are hearing impaired.

Any barriers that are likely to exclude people from ethnic minority backgrounds or any other protective characteristic should be removed. A degree of accessibility of services should ensure that resources and communications materials are accessible for people with additional needs. When holding meetings consideration should be given to appropriate timings to ensure that groups likely to have specific commitments such as timing clashes for childcare, school timings or work commitments. Where there are negative connotations or stigma attached to the service offered, where possible, unmarked buildings or appropriate signage should be put in place so as to ensure that victims or survivors attendance does not inadvertently disclose what people are seeking support for.



**Service promotes learning culture**

Services should foster a culture of continuous learning and development including an openness to admit when things go wrong with the view to invest appropriately in making improvements and encouraging solutions to support better outcomes for all stakeholders.



Effective services are those that recognise the constantly evolving landscape that relates to child sexual abuse. Examples are understanding changing offender methodologies, research on short term and long-term impact of abuse on victims and their families, changing technologies that enable abuse (such as VR, AI), and emerging trends (such as financially motivated sexual extortion).



**Service promotes victim autonomy and challenges oppressive norms**

Challenging the status quo is not easy. Services and individuals need to understand the prevalent traditions, societal myths and stereotypes that are oppressive and reinforce poor/restrictive practices especially about gender, violence and status. Investing in myth busting and public awareness campaigns are steps that challenge oppressive norms by creating safe spaces for conversations to take place within society. Change takes time but it can start with you.

Offenders manipulate children to abuse them, sometimes this includes warping their sense of normalcy to include abuse. It is important to ensure that victims understand that the abuse that they've grown up feeling is normal, is not normal. Investing in unlearning this faulty education and learning what healthy relationships look and feel like is key. This helps to remove the stigma associated with CSA and reinforces the fact that victims are never to be blamed for their abuse, that responsibility lies with the offender.

Challenging the status quo is not easy. Services and individuals need to understand the prevalent traditions, societal myths and stereotypes that are oppressive and reinforce poor/restrictive practices especially about gender, violence and status. Investing in myth busting and public awareness campaigns are steps that challenge oppressive norms by creating safe spaces for conversations to take place within society. Change takes time but it can start with you.

Offenders manipulate children to abuse them, sometimes this includes warping their sense of normalcy to include abuse. It is important to ensure that victims understand that the abuse that they've grown up feeling is normal, is not normal. Investing in unlearning this faulty education and learning what healthy relationships look and feel like is key. This helps to remove the stigma associated with CSA and reinforces the fact that victims are never to be blamed for their abuse, that responsibility lies with the offender.

To successfully do this, services must be aware of the oppressive norms operating in their sector or location and within the context of their service delivery. Services should ensure that they upskill all staff to sensitively and appropriately enable them to address this on a wider scale.





**The needs of the family and wider social context factored into service delivery.**

The victim's family and support network have a crucial role in their recovery. Abuse affects relationships and family dynamics and this is often overlooked or diminished. A good model of service delivery that is attuned to optimising recovery would provide support for families, including where necessary psychosocial support and signposting to other services to meet both their and the victim's needs. It would include sufficient awareness, education and support on key issues, ultimately, resulting in incremental changes in culture, language and practice that are more victim focussed.



**Service is flexible to meet the changing needs of the victim**

The needs of the victim will change as they progress from disclosure or discovery throughout their recovery journey. The needs of the victim will change as they progress from disclosure or discovery throughout their recovery journey. Services that place significant importance on ensuring good, harm minimizing recovery are required to have a level of flexibility in their approach which is survivor-led and therapeutic. There must be a level of fluidity in service design and approach that allows victims and survivors to recover in a way that is authentic, empowered and driven by them, giving them back power and control over their lives.



**Service does not enforce time bound service provision**

Practice should be based on need, not time. Recovery is a journey not a destination. Recovery does not occur in a linear manner following a predetermined path. Recovery is unique to each victim or survivor. There are many factors that can impact on recovery and how long or often a victim or survivor needs to engage with a service. These factors will be different for everyone, therefore bespoke support and timeframes that are tailored to the victim or survivors experience and need would be more representative of a service that is truly survivor focussed.





# Appendix 1: Technology-Assisted Child Sexual Abuse in the context of Namibia

## Context

Technology has brought many positives to our lives. We can connect with each other in a way we have never been able to before. We can access information with ease and keep abreast of new trends, information, and news. However, where there are opportunities there are often risks. Unfortunately, for those who want to use technology for malicious intent, technology can give them the means and opportunity to do so. This is especially the case for those who want to sexually abuse children and other vulnerable groups regardless of their motives.

Crimes facilitated and enabled through technology are the fastest growing form of violence against women and girls. Technology facilitated crimes against men and boys are steadily on the increase. It continues to be a difficult area for law enforcement.

Technology knows no geographical boundaries. The use of technology to facilitate child sexual abuse has had a debilitating effect in changing the landscape of offending, and since the COVID-19 pandemic the trend has continued to rise to unprecedented rates.

Over the past 5 years industry leaders report continuous significant increase in the prevalence of TACSA and changes in common methodologies. This is reflected in Namibia with regional trends mirroring the global increase. This, together with more people having access to technology (including for new mandatory programs such as for education and employment) means children are accessing the internet at younger ages whether through their own devices such as tablets or on shared devices in the home, school and community settings.

Statistics from 2023 show that there were 1.37 million internet users in Namibia representing internet usage at 53%. There were over 729 thousand social media users equating to 28.2% of the total population. There were 2.81 million mobile connections that were active at the start of 2023 accounting for 108% of the population. This shows a marked increase in the population being online despite a significant portion of the population having very limited access to financial resources.

It is important to note that most child sexual abuse goes unreported often for years even decades therefore the numbers highlighted are representative of a fraction of the abuse that is actually taking place. The tremendous impact that CSA has on an individual's physical, emotional, and mental health is widely documented and bares reminding at this point.





## Common victim and survivor pathways

Currently victims either report directly into law enforcement or referrals are made by the health service after a victim has presented with a need for medical intervention.

Once a victim makes a report, this triggers an investigation and there are few options available to them. Traditional investigative actions include statements which are largely handwritten. Visually recorded interviews are rare and require prosecutorial consent. Whilst visually recorded interviews are rare, they do take place.

The Gender Based Violence unit (GBV) conducts these investigations and receives on average 25 cases per day. Access to psychological support at the GBV unit is possible however, there is a great demand with limited resources.

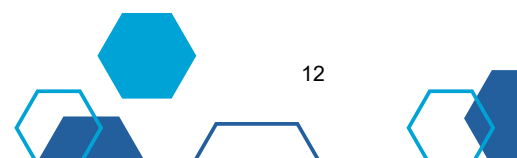
Following the investigation there are survivor groups available but this is not routinely offered to all victims and survivors. These are not state funded, and access is not guaranteed. Where a victim can access survivor groups, they engage with other members who share their experiences. There are initiatives to support victim empowerment and life skills support to develop the ability to survive within the community. These include financial literacy, encouraging entrepreneurship, etc.

Cases that meet the legal requirements for prosecution are taken before the criminal court and advance through the adversarial legal system. There are significant delays which cause frustration and leads to the withdrawal of cases and poor public trust in the criminal justice system.

## Silencing of victims

Current pathways available to victims and barriers that exist make it difficult to come forward or receive support from statutory bodies and wider society. These barriers often mean that victims struggle with coming forward because of the impact that this would have on their daily lives. Lack of confidentiality remains a silencing factor. For cases of contact sexual abuse, the power and status of offenders often silences victims and their families.

There are cultural factors that normalise misogynistic and proprietary views of female victims that have an isolating and silencing effect on victims. Many times when abuse is reported it is after adverse physical effects of abuse become apparent such as pregnancy, sexually transmitted infections, self-harm and other mental health impacts.





## Professional response

The professional response seems to include an expectation that abuse is commonplace and just something that unfortunately some people have to live with. For online only offending there can be a culture of victim blaming around the 'victim's choice' to engage with people online. There is little or no understanding of, or consideration given to grooming tactics, the significance of traumatic relationship bonds, manipulation, and the convergence of that with brain development and social issues faced by children in that moment.


The ostracising of the lesbian, gay, bisexual, transgender, queer, questioning, intersex+ (LGBTQI+) community is particularly concerning. There is no legislative support offered to these victims who are seen as committing offences. The culture is highly heteronormative which forces those who do not identify as heterosexual to seek relationships and connections online. There has been evidence that offenders troll for 'closeted' individuals online to form connections which they exploit in order to physically and sexually assault victims who have no choice but to remain silent. This creates an even more marginalised group of victims who have no peer support and have profoundly negative interaction with law enforcement.

## Services for victims and survivors.

One Economy Foundation's campus offers a holistic service that demonstrates the MCF Model of Best Practice for responding to the needs of victims of abuse. It has access to health, social care and police, along with learning, development, and social activities (radio station, gym, library, and a Science, Technology, Engineering and Mathematics (STEM) centre with 3D printers). It plans to incorporate practical skills, craft work and education in the next phase of their development. A young person can link into any of the services they need in the campus, making it very close to being a one-stop-shop. The biggest limitation in this service is that young people who disclose sexual abuse must be transferred to the Gender Based Violence (GBV) Unit for their interview because this is mandated for the criminal justice process.

The GBV is state-funded and as a result they have less resources available than the campus. The unit is located next to the hospital in Windhoek. If a medical examination is needed, despite the proximity to the hospital, there can still be a significant wait before a medic is available to conduct the forensic medical examination. The attending physician may not be specially trained in paediatric medical examinations.





The GBV Unit report a shortage of sexual assault evidence collection kits. There is only one laboratory that both provides and processes the kits and every service is experiencing the same shortage. This has the potential to limit the scope of investigations and lead to the delay in the identification of offenders and potentially other victims. When evidence is secured for processing, the speed at which this is completed has improved in recent years.

Where possible, to limit unnecessary use of the kits, we advise that consideration should be given to the forensic window. Only when DNA evidence is likely to be found should they be used. This reduces the need for the victim to have an invasive and unnecessary intervention. The medical needs to be holistic considering all the medical needs of the victim.

The level of commitment to ensuring better outcomes for victims and survivors using the limited resources available to the GBV staff is commendable. There are practical challenges to best practice across the child protection landscape, however, the ingenuity of those currently working at the GBV Unit demonstrates that flexibility in practice can lead to improved outcomes for victims and survivors.

There are other examples of services demonstrating good practice to engage and support victims or survivors utilising some of the points mentioned in the model. One with long standing good practice across the country is Lifeline/Childline. They operate the child protection helpline and their work is varied and leads to better outcomes for victims and survivors. There are other organisations who engage in innovative ways of working that include child participation models which are hugely successful. But a barrier to even more effective working remains the fact that organisations, even those operating in the same city, have very limited evidence of collaborative working. Sharing information, models of practice, and professional expertise is vital to strengthen the collective voice in this area.

## Summary

This model of best practice for victim and survivor centred services that support recovery is intended to provide opportunities to enhance the services that are available to support those with lived experience. In many cases, in order to become recovery focussed, the intended impact can be achieved with small tweaks to existing frameworks, changes in mindset, language, and terminology used by services being trauma aware.

A key takeaway is to ensure that the professional response is one that prioritises the needs of the victim, ensuring that there is ample opportunity for victims and survivors to recover in a way that feels authentic to their experiences, and gives them power and autonomy of their present and futures. Preventing revictimisation must always be a key priority for all services and must form part of the development of policies and systems.



Marie Collins  
Foundation

# Model of best practice for victim and survivor centred services that support recovery



## \* Funding disclaimer

Funding for this framework was produced with the financial support of Safe Online. However, the model of best practice, conclusions, and recommendations expressed herein are those of the author, Marie Collins Foundation, and do not necessarily reflect those of Safe Online.

Charity Number 1144355

Limited Company Number 7657115

Date of Publication: 12.06.2024