



Sexualised Violence Using Digital Media

Quality Criteria for Developing Coping Strategies



take action | **beyond**
against cyber | **digital**
sexual | **violence**

Beyond Digital Violence (ByeDV)

The project ByeDV aims at developing quality criteria for the implementation of professional standards for dealing with sexualised violence using digital media committed against children and adolescents. The distinguishing feature of the project is the close collaboration between research and practice. Colleagues from counselling centres validate the usability of empirically developed recommendations for professionally dealing with sexualised violence with digital media.



This brochure was co-financed by the Rights, Equality and Citizenship Programme of the European Union (2014-2020).

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Quality Criteria for Developing Coping Strategies

We begin with a case study. At the age of 16, D. occasionally filmed himself performing sexual acts with his boyfriend. Approximately two years after their break-up, he received a message via a messaging platform from his ex suggesting that they could get into the porn business. When D. declined the offer, his ex threatened to distribute their intimate videos. D. immediately deleted all of his social media profiles. Three months later, D. began to suffer from regular panic attacks and anxiety. D. is currently in a heterosexual relationship and has been living in another country for a year.

| Quote

"It is not possible to escape from recordings circulating on the Internet; victims can be confronted with them again at anytime and anywhere and as a result experience further violence."

(specialised counsellor)

A second case study.

At the age of 14, F. was photographed in underwear by her 16-year-old tutor. When her parents found out, they filed

a criminal complaint, took her mobile phone away and arranged a counselling session at a centre specialised in dealing with sexualised violence. F. did not understand her parents' reaction. The counsellor's impression was that she was angry and distressed and felt that her parents had "destroyed" the easy-going relationship she had with her tutor. "To make matters worse", she felt cut off from the outside world.

| Quote

"I see a challenge in establishing protection for the girl. Due to her own lack of awareness of the problem, she will probably not be able and willing to protect herself sufficiently (seeking contact with the perpetrator)."

(specialised counsellor)

As a professional, it can be demanding work to protect children and young people affected by sexualised violence using digital media (SVUDM) and try to relieve them of their burdens. What is needed

in order to relieve victims from the burdensome worry that intimate pictures, videos or chats of them are/might be circulating somewhere? How can they become empowered/able to act? Is a criminal complaint an adequate solution? Do the standards of pedagogical-therapeutic trauma work for cases of SVUDM need to be reconsidered?

We would like to use this brochure to provide orientation and suggestions for (crisis) intervention:

- What should be taken into consideration when developing coping strategies for young people affected by SVUDM?
 - What does it mean to protect in cases of SVUDM?
 - How can (crisis) intervention succeed?
 - What should be done if people affected by SVUDM endanger themselves or others?
 - What do parents who are experiencing their own stresses need in order to support their children?

This brochure targets practitioners of psychosocial and psychological counselling as well as child and youth psychotherapy. We assume that our audience has previous experience in the counselling and/or therapy of young people affected by sexualised

violence as well as with cases of SVUDM. If you would like basic information about sexualised violence and digital media, we recommend reading our brochure [“Basic knowledge and approach”](#).

What should be taken into consideration when developing coping strategies for those affected by SVUDM?

In pedagogical-therapeutic work with affected children and adolescents, it is important to clarify whether perpetrators act(ed) with the help of digital devices and/or digital media, because their strategic use affects the dynamics of violence and represents a stress factor.

| Quote

“Even when the initial request for counselling does not suggest it, it often turns out in the course of counselling that digital media played a role.”

(specialised counsellor)

Becoming caught up again in the experienced violence is a stress factor.

If children and adolescents have experienced SVUDM, there is always the risk that

a) intimate photos, videos or chats will be circulated (so-called revictimisation) and/or

b) they will experience abuse and blame (so-called victim blaming), reproach, disbelief, rumours, exclusion from the peer group and/or family or stigmatisation (due to sexuality, disability, victimhood) by their social environment. These experiences constitute a secondary victimisation.

At the same time, the following can also happen:

- The violence is disclosed – i. e. exposed – through the dissemination of intimate images, videos or chats against the will of the children and young people affected.
- Perpetrators use mediated violence to seek additional contact with those affected after the initial violence.
- Those affected may seek contact with the perpetrator.

Like the example of D. from the first case study, children and adolescents affected by SVUDM can become caught up in

their experiences of violence at any time and across local and national borders. As in the second case study of F., in most cases, there is at least a diffuse risk.

Intimate pictures, videos and chats are stress factors.

Intimate pictures, videos or chats often pose a threat to affected children and adolescents. Whether and where perpetrators (threaten to) publish and/or (threaten to) disseminate intimate content determines the consequences for those affected as well as the extent and severity of the violence.

The consequences that victims fear most as a result of the SVUDM they have experienced depend on the following:

a) *their relationship to the intimate pictures, videos or chats*

Do they trigger feelings of powerlessness/helplessness? Are they perceived as threatening? Are they perceived as stigmatising/degrading? Do they represent exonerating evidence/moments of control? Are victims representing the (possible) existence and/or the risk of dissemination associated with the content?

b) their relationship with the perpetrator

Do they think they are in a romantic partnership or on the path to one? Is/are the perpetrator(s) considered friends or family? Is/are the perpetrator(s) in a caregiving role? Is there a relationship of dependency (e.g. teacher, trainer)? Have they experienced the loss of an important caregiver?

c) their social environment

Which other groups make up the affected person's social circle besides their (foster) family or residential group, for example day care centre, school, club, social networks? What experiences have they had there? How do they experience these groups and their own role within them? Are there/were there experiences of stigmatisation? Which norms and values are formative? Is participation experienced more online or offline?

Let's think back to the case studies. F. is probably feeling most burdened by the fact that contact with her tutor has ended. D., on the other hand, is probably most burdened by the intimate video recordings; he experiences their possible dissemination as threatening.

Many victims report that the recurring fear that intimate pictures, videos or chats are circulating or might be circulated follows them into adulthood. This can be (re)traumatising. The stress experienced by victims is likely to intensify and be reinforced if perpetrators

- a) seek contact via digital media or remind those affected of them,
- b) repeatedly circulate intimate pictures, videos or chats, or
- c) are persons close to the victim (e.g. family members, partners).

The powerlessness of helpers is part of providing support.

Children and adolescents affected by SVUDM often experience multiple stressors and feel trapped in a hopeless situation. In counselling/therapy, helpers may also feel powerless in the face of the perpetrators' actions. Will the perpetrator share intimate pictures, videos or chats? When? Where? How much time is left until circulation takes place? Will she/he seek contact online?

As a counsellor and therapist, the following is important:

a) accepting powerlessness with regard to the actions of the perpetrators and seeking professional support for themselves as well through supervision/intervision;

b) taking sufficient time to think about the next steps with regard to intervention and action including potential consequences with the support of third party expertise (e.g. team, lawyer), despite time pressure and a sense of urgency;

c) orienting all action towards the needs of those affected, and working together with them as much as possible through transparent communication, despite time pressure and a sense of urgency;

d) remaining critical of one's own urge to question "why someone allowed this to happen to them", especially when feeling desperate and overwhelmed by the situation and remembering that those affected are never (jointly) to blame for acts of violence by third parties.

Quote

"The mindset of carrying such burdens, of sharing burdens, of being sensitive to the symptoms and coping strategies of those affected is challenging, but necessary."

(specialised counsellor)

Digital media use is a stress and risk factor.

Digital devices and digital media can give victims a sense of control and agency. Some victims specifically search the Internet for their photos and videos in order to

- a) make sure that they are not circulating,
- b) collect evidence of the violence they have experienced, or to
- c) deal situationally with negative feelings (e.g. panic).

At the same time, media reports about SVUDM, unknown followers on social media, sexualising comments on social media posts or using social media in general can (temporarily) trigger negative reactions (e.g. fear/panic, sweating, trembling) in young people who have experienced SVUDM. In short, the use of

digital devices and digital media can be triggering. Often, victims relive the same and/or similar feelings as they experienced during and immediately after the acute violence.

Those affected sometimes deliberately confront themselves with traumatising content (so-called self-triggering), such as images of abuse, violent pornography or torture videos, in the hope that by reliving the stress they will either distance themselves from their own violent experience and/or as a form of self-punishment. This behaviour can be an indication of a **perpetrator introject** and thus a **defence mechanism**.

Some victims forward intimate pictures or videos of third parties against the consent of those depicted and/or confront third parties with violent pornography in order to cope with their own experiences of violence. This can be an indication of a **victim/perpetrator ego state**. It is also possible that those affected are (still) involved in violent structures and are acting under pressure/coercion – for example in cases of ritual violence or organised crime.

In some cases, using digital media can lead to behaviours that are dangerous to oneself or others.

Support services should take into account the importance of digital media for children and adolescents.

Being affected by SVUDM does not have to result in giving up access to digital devices and media.

The aim of support services should be to enable affected children and young people to use digital media without experiencing anxiety and stress.

After all, digital devices play a key role in social participation and digital media are an important sphere for many experiences.

It is therefore advisable to talk to children and young people to find out which forms of media use are (less) good for them: How do you feel when you are using digital media? Which online experiences make you feel less good? What would happen if you spent some time online doing only what makes you feel good?

(Temporarily) taking away digital devices from people affected by SVUDM or prohibiting them from using (certain

applications is usually not effective. Let's recall the situation of F. from the second case study. Forbidding F. from using her mobile phone risks a communication breakdown with her parents. She presumably feels misunderstood and again experiences a loss of control and possibly the loss of an important space for coping with her violent experiences as indicated by her verbalisation of feeling cut off from the outside world.

What does it mean to *protect* in cases of SVUDM?

If (crisis) intervention takes into account that children and adolescents affected by SVUDM can

- a) become caught up in their experiences of violence in different ways,
- b) be triggered and/or (re)traumatised by the use of digital media at any time and regardless of distances, then protecting and relieving them of their burdens does not mean promising them that revictimisation and/or secondary victimisation can be completely prevented or completely allaying their fears in this regard.

The feelings of perpetual powerlessness and irresolvable loss of control must be countered by *agency*.

Children and young people must be shown what options they have to actively address the stresses and threats they experience (so-called instrumental coping strategies). This includes both technical (e.g. making it difficult to find abuse images, deleting social media profiles) and legal options (e.g. criminal charges, injunctive relief) as well as structural and institutional options (e.g. the right to refuse to give evidence, psychosocial process support, placement with a third party, change of school/place of residence). The identification of possible courses of action includes information about chances and risks.

After seeking legal advice, the decision of whether or not to file criminal charges should, in the spirit of self-determination and co-determination, be made together with the person affected – to the extent that the circumstances allow.

It is not generally advisable to make a recommendation for or against criminal charges a goal of counselling/therapy.

In turn, the ability to act requires *knowledge* about the potential consequences of the violence experienced.

Out of respect for self-determination and co-determination, those affected must be informed (psycho-educationally) of the following:

a) There is at least a risk that intimate photos, videos or chats will be or have been circulated.

b) If they get caught up in the violence, there is the possibility of blame, disbelief, rumours, victim-blaming and other reactions within the social environment that can be additional stressors.

c) In the case of criminally relevant abuse images, criminal charges being filed by third parties (e.g. school, club, residential group) cannot be ruled out.

d) Perpetrators may seek contact with them via digital media in the future.

Among other things, **the following can speak in favour** of filing criminal charges:

- a) the desire to protect other/potential victims
- b) making the violence visible
- c) the desire for justice
- d) the hope for rehabilitation in the social environment
- e) an increased chance of criminal charges brought by third parties.

Among other things, **the following can speak against** filing criminal charges:

- a) the uncertainty of the outcome
- b) the risk of reactivating stress
- c) the publicity of the trial
- d) insufficient evidence
- e) feelings of guilt towards the perpetrator(s) (depending on the perpetrator-victim relationship).

e) The use of digital media can be (situationally) stressful.

f) They may at times feel the need to have contact with the perpetrator.

According to a psychosocial understanding, protecting children and young people affected by SVUDM means relieving their burdens by empowering them to deal with all risks, threats and stresses. A 'local' safe – violence-free – place cannot be guaranteed online or offline.

It is true that quiet spaces as well as spaces free of violence and stress can and should be created 'locally' through counselling/therapy. However, in our experience, it is more important, according to a psychosocial and trauma pedagogical understanding, to create 'inner', 'personal' safe places.

According to a psychosocial understanding, safe places are reliable relationships and support structures from which those affected know that – come what may – they will experience solidarity and support.

How can (crisis) intervention succeed?

(Crisis) intervention aims to work together step by step with those affected to establish protection by asking the following questions:

- How can they (learn to) deal with the existing risks and the associated fears/stresses in their everyday lives?
- What helps prevent them from continuously feeling anxious?
- What helps them to feel mostly protected and to live in the moment?
- What do they need to feel prepared and empowered to act in the event that feared scenarios occur?

The answers to these questions are based on the individual. Likewise, determining which consequences generate the most fear are just as personal as the stress factors that are felt the strongest. Moreover, each individual copes with stressful life events in his or her own way.

For example, it would require a dialogue with D. (case study one), to assess whether thinking about the likelihood that his intimate videos were disseminated and/or designating mobile phone-free phases

in the course of the week to deal with anxiety would serve to intensify or relieve his stress.

| Quote

“Victims of digital sexualised violence [need] individualised professional support according to their experiences and needs.”

(specialised counsellor)

When jointly developing coping strategies, those affected are the experts of their situation. Their subjective experiences of fear and powerlessness and/or threat and protection should be accepted. They determine the order in which the stresses need to be dealt with and the pace of (crisis) interventions.

The key element of joint work on stress lies in planning intervention(s) tailored to the individual.

A toolbox of methods is a prerequisite for planning and designing (crisis) intervention in dialogue.

Counsellors and therapists ideally look for and find suitable coping strategies together with those affected.

A repertoire of

a) pedagogical-therapeutic methods from different schools and
b) communication techniques can provide information about which form(s) of intervention the person affected finds (less) supportive and (less) relieving:

- Does the person feel more comfortable with verbal or non-verbal forms of communication?
- Does the person affected communicate on a cognitive-rational, emotional, imaginative or somatic level?
- Does the person affected have a more cognitive-rational, emotional, imaginative or somatic approach to stress and her or his violent experiences?
- Does the person affected feel the desire to act/become active?

In our [collection of abstracts](#) on sexualised violence using digital media, intervention methods are outlined along the case studies „Magdalena“ and „D.“

Overview of selected interventon methods

non-verbal	<u>Picutre cards</u>	<u>Play</u>	Sport	<u>Art</u>	...	
verbal	<u>Commu- nication techniques</u>	...				
cognitive-rational	<u>Psycho- education</u>	Information transfer	Changes of perspective	<u>Re- evaluation</u>	...	
emotional	<u>Working with inner parts/ego states</u>	<u>Constel- lation work</u>	<u>Psycho- drama</u>	<u>Safe places</u>	<u>Chairwork</u>	...
somatic	Sport	<u>Mind- fulness</u>	<u>Bodywork</u>	Breathing exercises	...	
imaginative	<u>Psycho- drama</u>	<u>Imaginary situations</u>	<u>Cognitive behaviour modi- fication</u>	...		
act	Legal steps	Technical steps	Disclose	Change social environment	Change media use	...

The following can be useful for designing (crisis) intervention:

- a) (creative) integrative interventions,
- b) client-centred techniques, person-centred integrative techniques and systemic conversation techniques,

c) work with images (e.g. schema cards, therapist's treasure chest, picture cards on SVUDM)

d) play-therapy methods (e.g. building caves/safe places).

| Quote

"It would also be a possibility to find out what is important and helpful, not only through language but also through working together with symbols, e.g. building caves, fences or a help button, etc., and then interpreting it verbally."

(specialised counsellor)

Empirical studies found evidence in interviews with victims and professionals that trauma education and therapeutic stabilisation techniques were experienced to be helpful in the face of loss of control and powerlessness. By contrast, evidence-based methods of psychotherapy such as cognitive behavioural therapy were seen as less effective.¹

Needs and wishes can change. From time to time, practitioners should discuss with those affected whether they continue to experience the chosen interventions or forms of intervention as helpful in relieving stress.

¹ Nick, S. / Schröder, J. / Briken, P. / Metzner, F. / Richter-Appelt, H. (2022): Organised and Ritual Violence in Germany - the Psychotherapeutic Treatment of Victims. *Trauma & Violence*. 16(1), DOI: [10.21706/tg-16-1-40](https://doi.org/10.21706/tg-16-1-40)

This can be done by means of the so-called **sentence completion test**: I am afraid...; I feel...; My biggest worry...; Here in counselling...; I am annoyed...; I need...; Hopefully...; The only stupid thing is...; I could freak out...; At school...; The best thing that could happen...

(Crisis) intervention begins with encounters and relationships.

| Quote

"The first step in professional work on mediated sexualised violence must be to offer a space for encounters and relationships."

(specialised counsellor)

(Crisis) intervention begins with a mutual encounter and a relationship.

As spaces of encounter and relationship, counselling and therapy offer the opportunity to set the course for continuing to work together:

- How does the person affected feel? What and/or by whom are these feelings triggered?

- How does the person affected experience and evaluate the relationship with the perpetrator?

- Can the violence be named/addressed?

- How does the person affected feel about the fact that the perpetrator (possibly) possesses intimate pictures, videos or chats?

- What needs/wishes/concerns are articulated or perceived?

Closeness and distance, as well as the degree of formality, depend on the contact behaviour of the children and adolescents affected by sexualised violence using digital media.

The space for encounter and relationship is characterised by the fact that the subjective experiences of the affected person are accepted and understood, for example through empathy.

Quote

"In the case of doubling through empathy, however, she [note: the counsellor/therapist] visibly leaves her chair (or her neutral spatial position outside the play scene) and, acting out of herself, playfully takes on the role of the patient and evokes the patient's experience. After the doubling, she then actively returns to her own spatial position and thus clearly marks for herself and the patient (the group) when she is concordantly supporting the patient and when she is herself again. This clear spatial differentiation between 'Me' and 'You' makes it easier for the therapist to temporarily and playfully be the patient, to search within herself for their feelings, thoughts and desires [...]".²

(specialised counsellor)

(Crisis) intervention is sensitive to and accepts defence mechanisms.

Such a high degree of empathy and setting aside one's own views and values is particularly challenging and significant

² Krüger, R. T. (2013): The therapeutic functions and indications of doubling. Journal of Psychodrama and Sociometry (12). P. 219. DOI: [10.1007/s11620-013-0196-7](https://doi.org/10.1007/s11620-013-0196-7)

when those affected are coping with their experiences of violence through defence mechanisms.

For example, some children and young people affected by SVUDM deny that perpetrators of violence have intimate images, videos or chats, or they repress the fear that the intimate content might be distributed.

When children and adolescents experience SVUDM by a person close to them (from a subjective point of view), the abuse of trust they experience shakes them deeply. Their world view and self-image unravel.

The pain from the betrayed trust and the lost relationship/attachment figure can be so great that victims

- a) displace their feelings, for example when F. from the second case study is angry at her parents instead of her tutor, or
- b) rationalise the violence they have experienced, for example by reinterpreting it as an expression of love.

(Crisis) intervention must take into account that perpetrators use digital media to manipulate children and young people by

- a) pretending to have romantic intentions,
- b) concealing their true identity,
- c) isolating them,
- d) using affection and recognition to become the victims' most important caregiver,
- e) linking sexuality with exclusive belonging/connectedness.

In (crisis) intervention, offering an alternative interpretation that points to the perpetrator's wrongdoing may cause victims to feel misunderstood. They may not accept the interpretation and end contact.

When affected children and adolescents deny that they have experienced SVUDM, they are at the point of awareness. It requires a high degree of empathy to accompany them in this process, for example, by using the techniques of **mentalising** or **empathy**.

Doubling the victim's attachment to the perpetrator or their trivialisation of the violence they have experienced does not mean encouraging them in this perception. Rather, it means authentically expressing understanding. With the help of an auxiliary ego, gradually and tentatively the setting can be opened for

a change of perspective and one's own professional standpoint can be (implicitly) adopted. However, it is more important to work on and with the articulated stresses.

Let us think back to the second case study. F. may not yet acknowledge that she has experienced SVUDM. Nevertheless, she is stressed. By working on and with these feelings, it is possible for F. to view the relationship with her tutor as well her parents' "overreaction" from different perspectives.

At the same time, current discourses in psychotraumatology emphasise that a stabilising intervention must include confrontational moments. Otherwise, the addressees would be encouraged to continue avoidant behaviour.

A sensitive approach towards defence mechanisms

a) accepts the feelings of those affected in their subjective experience within the framework of the joint encounter,

b) enables those affected to take their time and move forward in small steps,

c) gently confronts them over the course of the stabilisation phase.

Resource-activating methods are recommended.

(Crisis) intervention takes into account behaviour that is dangerous to oneself and others.

Defence mechanisms and/or resilience can be expressed in behaviour that is dangerous to oneself and/or others. Some victims identify with the perpetrator; they adopt their attitudes and behaviours. This is expressed through perpetrator-loyalty (self-threatening behaviour) or perpetrator-imitation (behaviour that endangers others).

A sensitive approach to behaviour that endangers oneself or others includes the following:

- recognising perpetrator-loyal and perpetrator-imitating behaviour
- basic knowledge of the root causes of violence in perpetrator biographies
- basic knowledge of victim-centred work with children and young people who commit sexualised boundary violations
- professional exchange with an institution specialised in pedagogical-therapeutic work with young people who commit sexualised boundary violations
- working towards ending contact with the perpetrator

- refraining from bans on media use
- regulating media use via a contract, which is regularly renegotiated and monitored for compliance
- giving space to perpetrator-loyal and perpetrator-imitating behaviours as soon as individuals need it (e.g. psychoeducation, parts work, methods of ego-state therapy)
- using the experience of violence and the associated empathy of those affected as a resource to empower them
- referring those affected to an institution that works with children and adolescents who violate sexual boundaries as soon as behaviour that is a threat to others is identified and/or consolidated (e.g. if the addressees violate the sexual self-determination of others, the behaviour occurs repeatedly, its benefits for the addressees outweigh resistance, the behaviour seems uncontrollable or is trivialised).

Offers of therapy, counselling and care for children and adolescents who have committed sexual harassment can be found among the [member institutions of the European Network for the Work with Perpetrators of Domestic Violence](#).

The article [Young Adults Victimized as Children or Adolescents: Relationships Between Perpetrator Patterns, Poly-Victimization, and Mental Health Problems](#) provides basic information on victimisation and perpetration. The case study „[Constantin](#)“ in our collection of abstracts deals with help for children and adolescents affected by mediated ritual violence who are a danger to themselves or others.

(Crisis) intervention takes parental stress into account.

The work on coping strategies of children and adolescents is also influenced by the way parents cope with their children's experiences of violence. The knowledge that one's own child has experienced violence is stressful. Sadness, anger, despair, powerlessness, guilt, worry and bewilderment often occur simultaneously. The way in which parents cope can burden their children – as in the second case study. In order to protect F. from further acts of violence, her parents file a criminal complaint and ban her from using her mobile phone. F. probably feels excluded. At best, she experiences the mobile phone ban as punishment. She may have the feeling that she can no longer decide what happens in her life.

Parents and children should therefore each receive individual counselling.

Support services take into account that the consequences of parental coping strategies may burden those affected by addressing parents as being affected by SVUDM themselves and absolving them of blame/responsibility for the violence experienced by their child.

Just like their children, parents cope in their own personal ways. The way they deal with the experience of violence gives an indication of their stresses and needs.

Do the parents have an approach that is more cognitive-rational (e.g. search for guilty parties), emotional (e.g. grief, anger, powerlessness, breach of trust), imaginative (How can I have such a false image of my child? What would have happened if I had been much earlier .../ What is yet to happen? What kind of world is this full of ‚paedophiles‘?) or somatic (e.g. feeling weak, in pain)? Do they seek relief through action (e.g. criminal charges, mobile phone ban, control), or do they feel helpless?

Work with parents is oriented towards what parents need in order to protect themselves in a way that is relieving rather than stressful for their child, regardless of their personal feelings of stress. For this purpose, it is necessary to create an encounter and relationship space in counselling/therapy that

- a) accepts and understands parents in their subjective experiences of stress,**
- b) informs them about the potential consequences of the SVUDM experienced by their child,**
- c) psychoeducates them about possible psychosocial stress reactions including those of their child,**
- d) informs them about possibilities for action and protection.**

With this in mind, parents are sensitised to the fact that

a) perpetrators bear sole responsibility for the violence,

b) those affected still have a right to self-determination and must be included in all steps of action,

c) bans on media use and the like do not protect against revictimisation in the long term,

d) bans on media use and other acts of overreaction can further burden those affected.

Based on this shared knowledge, it is possible to work out together how parents can protect their child while personally coping with the circumstance that their child experienced sexualised violence using digital media.

| Quote

“Even if the framework/structures are not ideal and there is little scope of action, there is usually a starting point that can be worked on constructively.”

(specialised counsellor)

Imprint:

Beyond Digital Violence - Capacity Building for Relevant Professionals Working with Children and Young People Who Experienced Sexualised Violence Using Digital Media 2023

This project is co-financed by the Rights, Equality and Citizenship Programme of the European Union (2014-2020).

Authors | Editors | Copyright:
Katharina Kärgel | Frederic Vobbe |
Rachel Cylus | www.byedv.de
Translated from German by Rachel Cylus

Editing | Implementation:
Ralph Bruder | Julia Hopf | Sonja Kroggel |
Anna Polzin | Marco Roock | Maj Walter |
Claudia Wienand

Production: Druckerei Maulbetsch GmbH |
74939 Zuzenhausen | Layout: Ellen Müller

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Partners: Kinderschutzzentrum Ulm/Neu-Ulm e. V. | Männerbüro Hannover e.V. |
Präventionsbüro Ronja – Frauen gegen Gewalt e. V. Westerburg | Pro Familia Thüringen. Kinder- und
Jugendschutzdienst Känguru | Wildwasser Marburg e.V.
