



RESEARCH ARTICLE

# Redesigning an Integrated Intervention Model for Co-Victims of Child Sexual Homicide Victims: Insights from Fundación Amparo y Justicia

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## ABSTRACT

**Background:** Child sexual homicide constitutes one of the most extreme forms of violence against children and adolescents, generating long-lasting psychosocial consequences for their families. In addition to demands for justice, co-victims face complex and evolving needs related to trauma, social vulnerability, prolonged interaction with the justice system, and media exposure. In Chile, Fundación Amparo y Justicia has supported families affected by these crimes for over 25 years. Accumulated experience, emerging evidence, and changes in institutional contexts prompted a critical review and redesign of its intervention model.

**Methods:** This article describes a practice-based process of redesigning an integrated intervention model for co-victims of child sexual homicide, following a continuous improvement approach. The process included: (1) a diagnostic review of the existing model using an adapted AGREE framework and a review of international good practices and national institutional offerings; (2) a structured characterization of 39 families through semi-structured telephone interviews; (3) the development of a renewed integrated intervention model organized around legal, psychosocial, social, and communication components; and (4) the collection of initial feedback from 30 family representatives through a brief survey.

**Results:** High levels of structural vulnerability among families were identified, including low income, precarious employment, limited educational attainment, fragile support networks, and unmet mental health needs. The diagnostic phase identified strong relational practices alongside structural limitations, informing the redesign of a more structured, rights-based, and trauma-informed intervention model. The brief survey showed consistently high perceived support, particularly in psychosocial and legal domains.

**Conclusion:** The redesign resulted in a more structured, rights-based, and trauma-informed intervention model that balances professionalization with relational sensitivity. This experience underscores the importance of integrating family perspectives, accumulated practice, and available evidence to strengthen interventions for co-victims of extreme violence, offering relevant lessons for organizations working in similarly complex contexts.

## Introduction

Fundación Amparo y Justicia is a Chilean civil society organization that, for more than 27 years, has supported families who have lost a child or adolescent as a result of sexual homicide, providing legal, psychological, social and communication intervention. Most of the cases have been classified as rape with homicide under Article 372 bis of the Chilean Criminal Code<sup>1</sup>. To date, the organization has provided support to more than 50 families.

Sexual homicides of children and adolescents constitute one of the most extreme forms of child victimization, characterized by the convergence of sexual and homicidal violence perpetrated by an aggressor, with severe psychosocial consequences for the victim's immediate environment. As noted by Beauregard, these crimes are often planned, involving significant levels of premeditation and control over the victim, which distinguishes them from other forms of homicide in terms of their criminological complexity<sup>2</sup>. The majority of cases involve perpetrators who are known to the victim, generating a profound rupture in the immediate family and the broader social network.

Consequently, individuals who experience a direct and significant impact as a result of the loss of a child or adolescent due to this type of crime—hereinafter referred to as co-victims<sup>3</sup>—face an extremely complex grieving process, with multiple needs alongside their legitimate demands for access to justice<sup>3,4</sup>. This group primarily includes the victim's parents and other caregivers who shared the household with the child or adolescent, who are typically the most directly exposed to the traumatic loss. It may also extend to other relatives and significant individuals within the close family and social environment who experience substantial emotional impact<sup>5-8</sup>.

The accumulated experience of Fundación Amparo y Justicia has highlighted the need to develop comprehensive intervention processes oriented not only toward mitigating the impact of trauma, but also toward strengthening the agency of co-victims by promoting their capacity to make decisions, manage resources, engage with institutional systems, and reconstruct life projects disrupted by extreme violence. In many of the cases addressed, trauma is intertwined with structural conditions of vulnerability, such as economic precarity, employment

instability, educational barriers, and limited institutional support networks—factors that can hinder recovery processes if not addressed in an integrated manner. Added to this is the high level of media exposure that these cases often receive, which—when not managed according to ethical and protective standards—can generate processes of secondary victimization, affect the dignity and privacy of co-victims, and even negatively interfere with the criminal proceedings<sup>9</sup>.

In order to respond more adequately to these challenges, in recent years the organization initiated a process of critical review of its practices, aimed at transitioning toward a more professional and structured trauma-informed psychosocial intervention model centered on the reconstruction of co-victims' life projects. This reorientation placed mental health and long-term emotional recovery at the core of the intervention, while legal, social, and communication supports were reframed as key axes designed to reduce stressors and facilitate psychosocial stabilization. The process was driven by the incorporation of national and international evidence on good practices, together with a reflective analysis of the organization's accumulated experience and the need to adapt institutional responses to evolving co-victims' needs. The objective of this article is to describe the process of redesigning this comprehensive intervention model, understood as an ongoing experience of continuous improvement that has resulted in a more robust, systematic, and needs-centered proposal for co-victims. Although this experience is situated within the Chilean context and is specific to cases of sexual homicides of children and adolescents, it is expected that the lessons derived from this process may serve as an input for professionals and organizations working in similar contexts, where the available evidence to guide interventions with co-victims of extreme trauma remains limited. In this sense, the article seeks to contribute to the discussion on the design of more relevant, sustainable, and autonomy-oriented intervention models for co-victims.

## Methods

The methodology employed followed a mixed-methods approach, combining qualitative and quantitative techniques to inform the continuous improvement process that led to the redesign of Fundación Amparo y Justicia's intervention model. This process was structured into four main stages (see Figure 1).

Figure 1. Stages of the intervention model redesign process.



In a first stage, a descriptive study was conducted with the aim of assessing the comprehensive intervention developed by Fundación Amparo y Justicia and identifying challenges for its updating. This study included

a documentary analysis of the main instruments that have historically guided the intervention, including the intervention model, existing operational protocols, and intervention plans. For this purpose, the AGREE model<sup>10</sup>

—originally developed to assess clinical practice guidelines—was adapted to review the quality, coherence, and applicability of the institutional model. This tool made it possible to analyze four key dimensions: (1) the scope and objectives of the model; (2) the definition of the target population; (3) the procedures described; and (4) its practical applicability.

In parallel, a review of good international practices in the care of victims of serious crimes—particularly in contexts of sexual violence and child homicide—was conducted, along with a mapping of the current national service provision, including mechanisms implemented by the Ministry of the Interior, the Ministry of Justice, and municipal-level programs. This comparative review made it possible to identify gaps, opportunities for coordination, and relevant lessons to inform the redesign of the intervention model. During this stage, semi-structured interviews were also conducted with professionals currently responsible for the intervention, as well as with others who had previously played a relevant role in this area as part of the organization's team.

In a second stage, a characterization of co-victims who had participated in the intervention was developed, with the aim of addressing the lack of updated, structured, and systematized information regarding co-victims and their life contexts. To this end, a data collection instrument was designed and applied through telephone interviews conducted by professionals from the Foundation's intervention team. In total, representatives from the 39 cases with active intervention at the time of data collection were interviewed, allowing for the compilation of sociodemographic, housing, educational, occupational, and income-related information, as well as data on physical and mental health and support networks, among others. In addition, open-ended questions were included to identify key reparation needs, expectations regarding the justice system, and perceived barriers to accessing State-provided services. This characterization made it possible to more clearly profile the types of intervention required, identify structural barriers—primarily of a socioeconomic nature—that hinder recovery processes, and orient the redesign of the intervention model based on actual rather than assumed needs.

In addition, a proposal for a comprehensive intervention was developed, organized around psychological, legal, social and communications axes, with the aim of ensuring a multidimensional, contextualized, and sustained approach over time. The design of the model was grounded in accumulated institutional learning, available evidence, and an analysis of the Chilean institutional context, including its service provision and its capacity to adequately address expectations of access to justice and recovery among co-victims of children and adolescents who are victims of sexual homicide. As part of this process, several gaps identified in the previous analytical stages were addressed through technical solutions designed by the Foundation's professional teams, discussed with an expert advisory board, and resolved at a strategic level by the Foundation's Board of Directors. These adjustments, which include key definitions regarding scope, approaches, and discharge criteria, will

be detailed in the section specifically dedicated to the intervention model.

Finally, preliminary co-victim feedback was collected through a survey administered during a therapeutic group meeting. A total of 34 co-victims participated in the meeting, out of the 40 who had active intervention at the time. The survey was completed by 30 of their representatives, corresponding to a response rate of 88.2%, and provided an initial systematic assessment of co-victims' perceptions of the services and interventions delivered.

The overall process was conducted using an interdepartmental approach, with coordinated participation from the legal, psychosocial, and communications teams. This was complemented by the support of the Research and Public Policies unit, which contributed through the integration of comparative evidence, critical analysis of institutional experience, and the incorporation of technical criteria to ensure the coherence and sustainability of the new intervention model.

## ETHICAL CONSIDERATIONS

Throughout all stages of the process, fundamental ethical principles were upheld, particularly regarding the well-being and autonomy of participating co-victims. In each instance of data collection—including interviews, the characterization of co-victims, and preliminary co-victim perception survey—the purpose of the study, the use of the results, and the voluntary nature of participation were clearly explained in advance.

In addition, the interdepartmental approach made it possible to monitor potential instances of emotional distress or overload, allowing for the timely activation of psychosocial support mechanisms to ensure a respectful and safe process.

## Results

### DIAGNOSIS OF PRIOR PRACTICES

For more than two decades, the Fundación Amparo y Justicia's accompaniment was characterized by a strong orientation toward building long-term relationships with co-victims, in which trust, emotional support, and flexibility in responding to family needs were fundamental pillars. The intervention was organized in an intensive manner, without clearly defined limits regarding its scope and responding to a wide range of requests from co-victims without explicit decision-making criteria. This approach—centered on professional intuition, experiential learning, continuous improvement through practice, and vocation—was key to establishing legitimacy. However, as the scope of work and the number of beneficiaries expanded, it resulted in a small team responding to multiple contingencies without the support of formalized theoretical frameworks or standardized procedures.

Although an institutional document entitled *Comprehensive Psychosocial Intervention Model* was developed in 2014, its level of implementation was partial, and its content lacked key elements such as clearly defined phases, process evaluation criteria, and systematic referral or

case-closure mechanisms. In addition, only a limited number of fragmented protocols existed, linked to specific interventions, rather than a coherent set of technical standards applicable across all cases.

The evaluation of the model using the AGREE framework—originally developed for the review of clinical practice guidelines—made it possible to identify significant omissions across the four key domains assessed:

- First, the scope and objectives of the model were not clearly defined nor articulated within an explicit theory of change. It remained unclear whether the primary goal of the intervention was to achieve maximum judicial outcomes through high-quality legal representation, to provide communication strategies aimed at supporting judicial success, to offer sustained social assistance to address economic vulnerability, or to promote psychosocial recovery through the reconstruction of disrupted life projects and the resignification of traumatic experiences. This lack of conceptual prioritization hindered the development of coherent, trauma-informed intervention strategies.
- Second, the target population was implicitly assumed rather than clearly delimited. The model did not specify whether intervention was primarily directed toward parents and cohabiting caregivers, extended family members such as grandparents and siblings, or broader social environments including community networks affected by the crime. This ambiguity limited the capacity to segment needs, tailor psychosocial responses, and allocate resources according to levels of traumatic exposure and vulnerability.
- Third, a substantial proportion of intervention procedures were transmitted informally through professional practice and organizational culture rather than through formalized protocols. In several cases, it was not evident whether these practices were grounded in evidence-based or trauma-informed approaches, as many had been sustained primarily by institutional tradition and experiential learning.
- Finally, practical applicability was constrained by the absence of standardized operational tools, systematic outcome monitoring mechanisms, and clear guidance aimed at ensuring the sustainability and consistency of psychosocial intervention over time. Interviews with intervention professionals confirmed these findings. While they highly valued the relational and empathetic approach that had been developed, they also agreed that the absence of a clearer structure generated ambiguity and inconsistencies in decision-making, emotional overload within the team, and difficulties in setting objectives, prioritizing actions, and measuring progress.

Recent evidence has consistently documented the profound and multidimensional impact of homicide on co-victims<sup>5</sup>. Beyond the immediate legal implications, co-victims frequently experience severe traumatic stress reactions, complicated grief, symptoms of depression and

anxiety, and disruptions in meaning-making processes. The loss is often compounded by the violent and stigmatizing nature of the crime, which intensifies traumatic bereavement and places families at increased risk of long-term mental health difficulties. In addition to psychological consequences, the literature highlights significant social and economic effects, including family disorganization, social isolation, employment instability, and financial strain, as well as increased physical health problems<sup>5,6</sup>. Despite this growing body of evidence, there remains a notable gap in the systematic evaluation of comprehensive intervention models for co-victims at a global level. Most available studies focus primarily on psychological or psychiatric support, with limited assessment of integrated, multidisciplinary approaches that address legal, social, economic, and communicational dimensions<sup>5,11</sup>. This gap underscores the need to critically examine and update existing models of care, ensuring that they are trauma-informed, evidence-based, and responsive to the complex and evolving needs of co-victims.

At the international level, no experiences fully equivalent to the Foundation's work were identified, given its specificity in cases involving sexual homicide of children and adolescents. However, it was possible to review the work of organizations addressing comparable challenges, such as associations of family members of homicide victims (e.g., *Parents of Murdered Children*<sup>12</sup>), psychosocial support organizations, State-run programs, and public-private partnerships focused on comprehensive assistance and reparation for victims of violent crime, among others (e.g., Weißer Ring and Victim Support Europe in Europe; the National Center for Victims of Crime in the United States; and the Centro de Atención a Víctimas del Delito and ASFAVIDE in Uruguay). In comparison with these standards, the analysis highlighted the need to establish clear guiding principles, delimit intervention phases, integrate a rights-based and trauma-informed approach, and strengthen both internal and interinstitutional coordination—recognizing and complementing the added value of the Foundation with that of other State institutions operating in Chile.

In sum, the documentary review yielded valuable lessons. Intensive intervention constituted a significant asset, but one that required strategic projection and structuring through shared guiding principles and goals, technical criteria for action, and clear coordination mechanisms. Trust, while remaining central, could no longer rely exclusively on individual intuition or experience; instead, it needed to be sustained by a systematized, professionally sustainable, and results-oriented intervention model.

#### CHARACTERIZATION OF CO-VICTIMS

In order to gain a deeper understanding of the characteristics, needs, and perceptions of the co-victims accompanied by the Foundation, a telephone survey was designed and administered to 39 co-victims with active intervention. The instrument included closed- and open-ended questions across five dimensions: sociodemographic, economic, educational, and health conditions, as well as perceptions of institutional

intervention. The surveys were conducted by professionals from the psychosocial team and made it possible to systematize key information to inform the redesign of the intervention model.

In a large majority of cases (74%), sexual homicide was perpetrated by an offender with a high degree of proximity to the victim and their family. This finding reinforced the understanding that these are highly traumatic grieving processes, further characterized by intense media exposure, limited social understanding, and a strong experience of injustice, as has been highlighted in the specialized literature.

Beyond the phenomenology of crimes, the study results allowed for a more accurate and up-to-date description of the profile of high structural vulnerability that characterizes co-victims. Among the main findings, the following stand out:

- 62% of households were located within the lowest three income deciles, 28% fell within the lowest decile, with an average household income equal to or below approximately USD 287.
- 60% of respondents had not completed secondary education or had completed only primary education.
- Only 38% reported having paid employment at the time of the interview; of these, more than half were engaged in informal or precarious work.
- 69% reported having required psychological support following the event, yet only 38% maintained sustained adherence to a therapeutic process.
- 77% reported having family or social support networks, although most described them as fragile or intermittent.

From a psychosocial perspective, the analysis identified significant needs among co-victims for emotional support, institutional validation, legal guidance, and sustained intervention over time. Sixty-nine percent reported requiring recurrent psychological support, and 56% turned to the Foundation seeking emotional containment during periods of heightened distress. Expectations regarding the justice system were also high, yet frequently frustrated due to limited information, perceived lack of empathy, and procedural complexity on the part of institutional actors. This gap was partially mitigated by the fact that 78% of co-victims placed particular value on the legal guidance provided by the Foundation. Taken together, these findings suggest that frustration and dissatisfaction with judicial processes constitute significant psychosocial stressors that must be explicitly addressed within trauma-informed intervention models. In summary, the characterization survey confirmed the high levels of social and economic vulnerability faced by many co-victims, which may constitute a significant obstacle to their recovery processes. Consequently, it reaffirmed the central role of social support within the intervention, particularly as a complement to its legal and psychological dimensions. At the same time, this finding reopened questions regarding the limits of the Foundation's role in this area. Until that point, the organization had directly covered a wide

range of social needs, including in areas where State-provided services were available, resulting in inefficient resource management and, in some cases, the emergence of dependency dynamics among co-victims. The redesigned intervention model therefore poses the challenge of strengthening knowledge of and coordination with public service provision, so that accompaniment contributes to connecting co-victims with appropriate services without replacing functions that fall within the State's responsibility, thereby promoting the autonomy of co-victims.

#### COMPREHENSIVE INTERVENTION MODEL

Based on the findings of the diagnostic assessment and the characterization of co-victims, the intervention model was redesigned. To address the omissions identified across the four assessed domains, we initiated a critical review process that led to both conceptual and structural adjustments. While these gaps were initially met with technical solutions from the Foundation's professional teams, the process also integrated a systematic theoretical analysis of the underlying deficiencies. These proposals were subsequently debated by an expert advisory board and strategically validated by the Foundation's Board of Directors, ensuring that operational refinements remained strictly aligned with the institution's overarching objectives.

Regarding the first point, the fundamental purpose of the model was explicitly defined as providing, within the national context, a specialized approach for cases characterized by the complex convergence of highly demanding legal challenges, severe psychological trauma, and profound structural social inequalities. This complexity is further compounded by the influential role of the media, given that these cases predominantly involve crimes of public significance. The Foundation established as a central axis of its intervention the provision of comprehensive support to families affected by such crimes. This support is intended not merely to mitigate the immediate consequences arising from the victimizing event, but also to actively promote sustained processes of recovery and well-being over time. Such accompaniment is implemented through a coordinated, interdisciplinary, and highly specialized process capable of addressing the multidimensional nature of the issues involved and of restoring, to the greatest extent possible, the autonomy and life projects of co-victims.

With respect to the second point, consensus was reached explicitly defining the target population as co-victims. This category encompasses individuals who maintain a kinship relationship with the direct victim up to the third degree, including parents, siblings, and children, as well as people with whom there exists a close and significant affective bond, such as godparents, primary caregivers other than the parents or other relevant attachment figures. In cases where the alleged offender is a family member of the victim, inclusion in the model is subject to a case-by-case assessment to determine the appropriateness and conditions of the intervention, ensuring both the coherence of the approach and the safety and well-being of those involved.

Through this clarification, the definition of the target population shifts from an implicit assumption to an explicit normative criterion, consistent with the relational and systemic complexity that characterizes these cases<sup>6</sup>. This refinement enables a more precise orientation of intervention strategies, the adjustment of the intensity and nature of support according to the degree of proximity and exposure to the traumatic event, and the optimization of resource allocation in response to the differentiated needs present within the affected family and social network<sup>7</sup>.

Regarding the third point, and with the aim of addressing the absence of formalized procedures, the Foundation designed and implemented a set of standardized protocols intended to structure professional practice and ensure technical coherence in the intervention process. This process made it possible to transform practices that had previously been sustained by experience and organizational culture into explicit operational guidelines, with clearly defined criteria and objectives. The purpose was to strengthen consistency in decision-making, reduce ambiguity, and ensure that interventions are carried out within a common framework aligned with the comprehensive and trauma-informed care approach that guides the model.

Among the instruments developed are, for example, the Potential Cases Protocol, which regulates admission criteria and initial assessment; the Social Benefits Protocol and the Educational Benefits Protocol, which standardize the allocation and monitoring of social supports; the Suicidality Protocol, which establishes guidelines for the detection and management of suicide risk; and the Parole Protocol, which guides institutional action in scenarios that may trigger traumatic reactivation in co-victims, among others. The development of these instruments represents a shift from a model predominantly supported by implicit knowledge toward a formalized, replicable, and evaluable structure, thereby strengthening the sustainability, traceability, and internal coherence of the intervention.

Regarding the fourth point and considering the conceptual and structural modifications introduced into the model, a process is currently underway to evaluate its applicability and outcomes. This stage seeks to systematically analyze the implementation of the designed protocols, the operational coherence of the model, and its effective capacity to respond to the complexity of the cases supported. In this way, the model has not only been reformulated in normative and procedural terms but is also subject to an ongoing process of evaluation and improvement aimed at consolidating its effectiveness, consistency, and institutional relevance.

In sum, the main changes include: the definition of the model's objective and scope; the clear delimitation of intervention phases; the use of diagnostic and follow-up instruments; the incorporation of the concept of co-victims as the central organizing axis of the model; the differentiation of intervention profiles; and the development of ethical and technical standards. In addition, the model establishes mechanisms for

progressive implementation, periodic review, and continuous adjustment based on accumulated experience and feedback from co-victims.

The model is grounded in the following approaches:

- **Trauma-informed care approach:** This approach is designed to respond comprehensively to the needs of individuals who have experienced traumatic events<sup>13</sup>. From this perspective, current symptoms are not understood as pathologies in themselves, but as expressions of responses that were originally adaptive in contexts of adversity, yet have lost functionality in the present<sup>14</sup>. The approach recognizes the biological, psychological, and social dimensions of trauma. Safety—physical, emotional, and psychological—is placed at the center for both service users and service providers<sup>15</sup>. Furthermore, the model promotes the incorporation of trauma-sensitive practices across all institutions involved in this field, with particular emphasis on preventing further victimization during service provision and adapting procedures to the specific experiences of each individual<sup>7</sup>. The ultimate goal is for survivors to regain a sense of control over their lives and strengthen their agency, thereby preventing revictimization, which has frequently occurred in service contexts that have historically overlooked or inadequately addressed the impact of personal trauma<sup>9,10,12,16</sup>.
- **Human Rights-based approach<sup>17</sup>:** A conceptual framework guiding the design, implementation, and evaluation of policies, programs, and actions, grounded in the promotion, protection, and guarantee of human rights. This approach recognizes individuals as rights-holders, emphasizing equity, dignity, and the removal of structural and institutional barriers that limit access to opportunities and resources. Within this framework, access to justice is understood as a central component of psychosocial reparation, contributing not only to legal accountability but also to the restoration of dignity, validation of harm, and emotional recovery of co-victims.
- **Gender approach:** This approach recognizes gender-based violence as a phenomenon that affects individuals differently according to gender due to cultural and social factors<sup>18,19</sup>. Evidence indicates a higher prevalence of sexual violence against girls compared to boys<sup>20,21</sup>, associated with persistent sexist beliefs, processes of hypersexualization, and deficits in affective and sexual education<sup>22</sup>. It has also been documented that mothers and female caregivers face structural barriers in accessing justice, including gender stereotypes that may lead to revictimization<sup>23</sup>. Incorporating this perspective enables the design of more sensitive and effective interventions that not only address immediate harm but also consider the social, familial, and economic conditions that perpetuate vulnerability.
- **Interdisciplinary approach:** Interdisciplinarity is understood as the cooperative integration of different disciplines around a common problem, generating a synthesis that transcends the boundaries

of each field and articulates diverse perspectives, methods, and practices<sup>24</sup>. Unlike a multidisciplinary approach—where disciplines contribute in an additive and fragmented manner—interdisciplinarity entails a genuinely integrative form of collaboration. Within victimology, the provision of assistance, reparation, and legal responses requires an interdisciplinary approach in order to achieve a comprehensive understanding of the victim and to support processes of de-victimization and social reintegration<sup>25</sup>. In this model, interdisciplinarity responds to the need for coordinated and organized teamwork capable of addressing the complex experiences of co-victims, taking into account the multidimensional nature of the harm caused by crime. It integrates actions from multiple perspectives and guidelines aimed at facilitating the overcoming of negative consequences and promoting adaptation to a new reality.

- **Intersectoral approach:** Intersectorality refers to the integration and coordination of different sectors—such as health, education, and housing—across public institutions, private organizations, and civil society, in order to address complex and multicausal social problems. This approach acknowledges existing institutional fragmentation and promotes forms of collaboration that are not necessarily hierarchical<sup>26</sup>. Within this model, intersectorality is conceived as a framework for articulation that connects multiple actors and enables the coordinated activation of the institutional, territorial, and relational networks in which co-victims are embedded, through spaces for dialogue and collaborative work<sup>27</sup>. Its purpose is to strengthen support networks, prevent revictimization associated with service fragmentation, and promote comprehensive and sustainable responses. Consistent with a rights-based approach, priority is given to facilitating access to state-provided services to enhance autonomy and well-being; however, when such responses are insufficient, complementary support is mobilized through private-sector entities, civil society organizations, or direct provision by the Foundation.

The overarching objective of the model is the reconstruction of co-victims' life projects following violent loss. Rather than prioritizing one dimension over another, the intervention is structured around complementary axes that contribute, from different domains to this broader goal.

To achieve this objective, the model is organized into the following intervention axes:

- **Psychological intervention:** This axis addresses the emotional and mental health consequences of traumatic loss. Violent victimization profoundly affects psychological well-being, often disrupting identity, meaning-making processes, and future orientation. Psychological support therefore focuses on trauma-informed care, emotional stabilization, grief processing, and the progressive reconstruction of personal meaning and life narratives, while also promoting individuals' autonomy and strengthening

their capacity to regain agency in their lives.

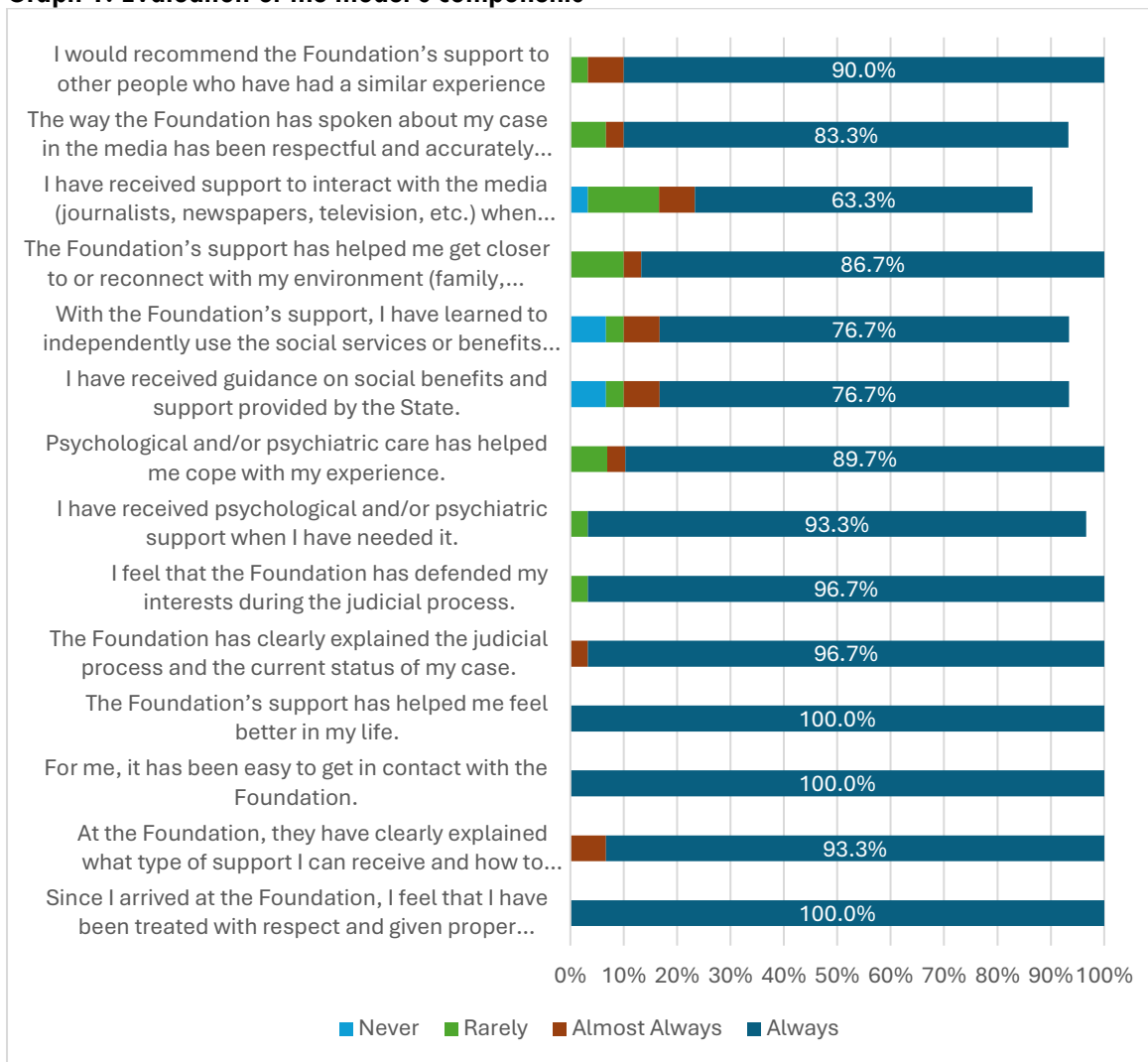
- **Social and economic intervention:** Beyond its psychological impact, violent loss frequently produces significant social and material consequences, including changes in family roles, income instability, and social isolation. This axis aims to strengthen social support networks, facilitate access to social protection mechanisms, and address economic vulnerabilities that may hinder the reconstruction of life projects.
- **Legal intervention:** Legal support is conceived as one component within a broader reparative process. It consists of actions and strategies aimed at ensuring that co-victims can effectively exercise their rights within the criminal justice system. This includes legal representation, procedural guidance, and accompaniment throughout judicial proceedings, enabling informed participation while aligning legal processes with victims' needs, expectations, and timelines.
- **Communications intervention:** This component seeks to mitigate the potentially harmful effects of media exposure in high-profile or sensitive cases. It promotes dignified and ethical treatment of co-victims in public discourse, safeguarding their rights and preventing secondary victimization.

Although the intervention is not designed with a predetermined end date and is intended to remain available according to the evolving needs of co-victims, the scope of support has been delineated through specific criteria. It should be noted that, although the intervention is conceived as a long-term, needs-responsive process rather than one defined by a predetermined end date, clear criteria for discharge and reentry were established in order to balance sustained psychosocial support with clinical appropriateness and institutional sustainability. These include the co-victim's voluntary decision, achievement of intervention objectives, previously stated legal reasons, death, repeated non-compliance with commitments and conditions established by the Foundation, or improper use of the resources provided. These criteria aim to ensure that support remains both responsive and sustainable, while promoting shared responsibility in the recovery process. Nevertheless, in some cases, reentry may be considered under specific circumstances, such as the offender's application for parole or similar legal circumstances.

#### PRELIMINARY CO-VICTIM FEEDBACK

Once the redesigned intervention model had been implemented and during its initial phase of operation, a first assessment of co-victims' perceptions was collected through a satisfaction survey. This survey made it possible, for the first time in a systematic manner, to capture co-victims' views regarding the trauma-informed psychosocial intervention provided by Fundación Amparo y Justicia. Overall, the assessed attributes received consistently high ratings, with a clear concentration of responses in the "always" category (see Graph 1). Dimensions related to treatment, communication, and accessibility stand out, reflecting interactions perceived as respectful, clear, and consistently available.

**Graph 1. Evaluation of the model's components**



Consistent with the priority established in the redesigned intervention model, psychological and emotional support emerged as one of its central pillars, widely recognized by co-victims as a significant resource for coping with prolonged grief and highly complex emotional experiences. The judicial component likewise received high evaluations, suggesting that clear information and the defense of co-victims' interests function as essential supportive elements contributing to psychosocial stabilization and institutional containment. Social guidance was positively assessed, although with greater heterogeneity, reflecting the diversity of co-victims' trajectories and needs, as well as varying levels of demand for and use of state-provided services.

Meanwhile, communication intervention showed greater variability, consistent with the fact that not all co-victims have had to face intensive media exposure. Among those who have requested it, evaluations are predominantly favorable, particularly regarding respectful treatment and accurate representation of their cases in the media.

Overall, the results indicate a comprehensive, coherent intervention model that is highly valued by co-victims. The strong willingness to recommend the Foundation's intervention, together with the concentration of responses at the highest rating levels, reinforces the perception of consistency, trust, and institutional robustness of the support provided.

General satisfaction with the intervention reached exceptionally high levels. The average score given by co-victims is 6.96 on a scale from 1 to 7, with the majority of responses at the maximum rating (90% of responses rated 7). This level of satisfaction is consistent across participants, regardless of the duration of their relationship with the Foundation, suggesting the existence of a stable and sustained standard of intervention over time.

Analysis of open-ended responses provides deeper insight into the factors explaining this high evaluation. Among the main strengths, co-victims repeatedly highlight psychological intervention, described as a fundamental support for continuing with their lives, coping with pain, and navigating complex grief processes. Judicial guidance is also particularly valued, perceived as clear, protective, and committed to defending their interests within highly demanding institutional contexts.

Another central element is the humanized treatment provided by the team, characterized by respect, closeness, genuine concern, and trust. These attributes emerge as key factors for overall satisfaction and the relationship established with the Foundation. In addition, sustained engagement over time is appreciated as a distinguishing feature, especially considering that many co-victims participate in long-term interventions that extend for years or even decades.

It is important to clarify that the redesigned intervention model had only recently been formalized at the time the survey was conducted. Many participating families had been accompanied by the Foundation for several years—some for over two decades—whereas the structured version of the model had been developed only one to two months prior to data collection. Consequently, respondents were not evaluating the fully implemented model as such, nor were their interactions yet meaningfully shaped by the newly formalized procedures and operational tools.

Rather, their responses reflect an assessment of the Foundation's historical trajectory of accompaniment and relational practice. In this sense, the survey captures core elements of the intervention's longstanding ethos—such as sustained presence, emotional containment, respectful treatment, and commitment to justice—rather than the technical architecture of the newly structured model. These findings therefore highlight foundational relational qualities that must be preserved and carefully integrated during the implementation of the redesigned framework, ensuring that increased protocolization and professionalization do not compromise the essential therapeutic and human dimensions that co-victims deeply value.

Regarding opportunities for improvement, although most comments express gratitude, some concrete suggestions are identified to further strengthen the intervention. These include allowing greater flexibility for attending therapeutic sessions accompanied by significant figures who can provide emotional support; developing spaces or workshops for children and adolescents to address grief in childhood; and incorporating community gestures or activities on particularly sensitive dates, such as Christmas. These suggestions do not question the intervention model or the technical quality of the support received but rather aim to enhance its human and community dimensions.

## Discussion

The high evaluations assigned by co-victims to the different components of the model may be interpreted in relation to the value of sustained intervention over time. This finding is particularly relevant considering that co-victims of sexual homicide of children and adolescents often experience traumatic grief, as they must not only face the difficulties associated with the loss of a significant figure, but also the unique characteristics of the context in which the death occurs<sup>4,11,28</sup>. This situation constitutes an unfamiliar experience for which they typically lack prior preparation or understanding<sup>29</sup>. Accordingly, this experience becomes traumatic insofar as it exceeds the individual's coping capacities, generating disruptions across multiple life domains, both intrapersonal and interpersonal, with evident biopsychosocial alterations<sup>30–32</sup>.

Longitudinal studies indicate that the condition known as Prolonged Grief Disorder (PGD), which is related to the phenomena described above, may persist well beyond 12 months, with enduring functional implications for mental health, identity, family relationships, and overall

well-being<sup>33–35</sup>. Therefore, intervention needs are not concentrated at a single point in time but rather unfold dynamically over time, encompassing legal, emotional, social, and symbolic dimensions<sup>33,36,37</sup>. In this context, the consistency of the intervention—rather than the isolated resolution of specific demands—emerges as a central element for the perception of support, trust, and institutional containment, facilitating the re-signification of the traumatic experience and the recovery of co-victims' autonomy.

In addition, co-victims frequently experience secondary victimization when interacting with the judicial system, as well as stigmatization by the media and the community<sup>5</sup>. These factors interfere with the adaptive and healthy processing of emotions inherent to normative grief, generating greater difficulties in the assimilation of the loss by co-victims<sup>29</sup>. Consequently, it has been suggested that the impact of the death of a child or adolescent on the family is intensified when it results from homicide or femicide, as it constitutes an unexpected event that shatters the family's prevailing belief system, generating a state of long-term disequilibrium<sup>38</sup>.

In light of these dynamics, it becomes essential to organize psychosocial intervention around clearly defined recovery-oriented objectives, delineating the scope of services, establishing shared procedures for addressing complex situations, and ensuring their consistent practical implementation. The central challenge of the redesign process was precisely to transform a historically relational and intuitive model into a structured, professional framework capable of responding systematically to the multifaceted and long-term needs of co-victims. This involved directly addressing the deficiencies identified in the critical diagnostic review—particularly the lack of explicit goals, standardized processes, and operational tools—through the development of a comprehensive intervention model guided by adapted AGREE criteria and trauma-informed principles.

The range of needs identified among these co-victims—legal, emotional, social, and communicational—reinforces the relevance of addressing them through a comprehensive intervention model capable of responding in a coordinated and sustained manner to dimensions that rarely occur in isolation. In this regard, the model redesigned by the Foundation represents a particularly appropriate response, as it articulates principles and approaches that allow for the simultaneous addressing of traumatic impact, demands for justice, and conditions of structural vulnerability affecting these co-victims, both those present prior to the crime and those arising as a consequence of it. Its emphasis on relational centrality, flexibility, a rights-based approach, and intersectoral coordination is specifically aimed at delivering an intervention tailored to the specificity and variability of their trajectories, thus adopting an institutionally trauma-informed approach<sup>39</sup>.

The high levels of structural vulnerability identified among co-victims significantly shape recovery trajectories. The concentration of families within the

lowest income deciles, widespread precarious employment, limited educational attainment, and fragile support networks create persistent stressors that compound traumatic grief and restrict access to mental health care, social protection, and adaptive resources. These structural conditions not only intensify emotional suffering but also directly affect the feasibility of reconstructing disrupted life projects, underscoring the necessity of intervention models that integrate psychosocial care with social support and intersectoral coordination.

The operationalization of the redesigned model reveals a persistent tension between the need to protocolize and standardize certain processes—a necessary condition to ensure quality, coherence, and sustainability—and the risk of rigidifying an intervention that, by definition, requires sensitivity, flexibility, and recognition of the irreparable suffering experienced by co-victims. The professionalization of the intervention calls for clearer procedures, defined phases, and shared criteria, while simultaneously demanding the preservation of adaptability and relational care. Maintaining this balance has been one of the central learnings of the redesign process and remains an ongoing challenge for trauma-based and long-term intervention practices.

While the consistently high satisfaction reported by co-victims provides important evidence of relational quality, institutional trust, and perceived emotional containment, it should not be interpreted as direct proof of the achievement of deeper recovery objectives, particularly those related to the reconstruction of disrupted life trajectories. In contexts of extreme trauma and long-term accompaniment, positive evaluations may reflect gratitude for sustained support and humane treatment rather than measurable improvements in functional psychosocial outcomes. This distinction highlights the importance of complementing perception-based assessments with longitudinal indicators of mental health, autonomy, social reintegration, and adaptive functioning, in order to avoid conflating therapeutic alliance with long-term recovery.

An additional challenge lies in analyzing the structural tensions between the role of the State and that of civil society organizations in caring for co-victims of crimes of extreme severity. As the study results indicate, co-victims' needs frequently exceed the capacity of existing state services to provide timely and specialized responses, particularly with regard to sustained psychosocial care, personalized legal guidance, and trauma-informed support. Historically in the Chilean context, limitations in the State's ability to guarantee effective access to justice for families affected by child sexual homicide rendered private legal representation a central pillar of the Foundation's work over more than two decades. Legal advocacy became not only a mechanism for pursuing accountability but also a primary means of institutional protection and validation for co-victims. However, recent institutional advances, strengthened victims' rights frameworks, and the gradual consolidation of public legal support structures have begun to shift this balance. Within this evolving landscape, access to justice—while

remaining a fundamental component of psychosocial reparation—has progressively transitioned from being the central axis of intervention toward a complementary yet essential support function. This shift has enabled the Foundation to increasingly prioritize long-term psychosocial recovery and the reconstruction of disrupted life projects, while continuing to ensure legal protection as a stabilizing and reparative element within trauma-informed care.

Moreover, documentary and comparative reviews show that, across different national contexts, the third sector has historically assumed a complementary—and at times substitutive—role in the provision of this type of support. This scenario poses significant challenges in terms of role delineation, sustainability, and the prevention of dependency dynamics, but it also highlights the added value that specialized teams can provide. Within this framework, it is essential to rely on professionals trained not only in the treatment of traumatic grief, but also in interdisciplinary work, rights-based approaches, inter-institutional coordination, and the ethical management of relationships with co-victims, in order to contribute to reparative processes without replacing responsibilities that belong to the State.

As mentioned above, from a methodological and ethical perspective, the survey constitutes a first systematic approach to capturing co-victims' perceptions of the intervention experience rather than a comprehensive evaluation of the formal implementation of the redesigned model. Further progress is needed toward more continuous and context-sensitive monitoring mechanisms that allow for an understanding of how co-victims' experiences evolve throughout the accompaniment process. This type of evaluation entails significant challenges, as it is essential to ensure that measurement processes do not generate additional emotional burden or risks of re-victimization. In this regard, approaches linked to practice-based evidence are particularly relevant for interventions aimed at individuals who have experienced traumatic grief associated with crimes of extreme violence, as they make it possible to assess the effects of the intervention based on practical experience and clinical judgment, without resorting to designs that may be intrusive or inappropriate.

Finally, several considerations should be noted as study limitations. Although the sample comprises a relatively small number of co-victims, it is highly representative of the population of co-victims of sexual homicide of children in Chile, given that the Foundation provides intervention to the vast majority of them. However, the findings should be interpreted within the specific framework of this institutional context and of a model that is still at an early stage of implementation. These characteristics limit the possibility of extrapolating the results to other national contexts or to organizations with different structures and mandates, although they do offer relevant insights into comparable experiences.

## Conclusion

Co-victims of sexual homicide of children face a severe

traumatic impact, usually accompanied by a set of complex and multidimensional needs that includes socioeconomic vulnerability, demands arising from the criminal justice process, and, in some cases, media exposure. This characterization reinforces the relevance of advancing toward comprehensive and coordinated intervention models capable of simultaneously addressing psychological, social, legal and communicational dimensions. Likewise, the high valuation of the intervention by co-victims highlights the importance of sustained therapeutic relationships and specialized support during periods of heightened emotional and judicial uncertainty.

The process of redesigning the Foundation's model made it possible to structure a clearer and more coherent intervention framework tailored to the specific needs of co-victims, explicitly defining recovery-oriented objectives, delineating the scope of services, and establishing shared criteria and procedures for complex intervention scenarios. This framework incorporates principles of traumatic grief, a rights-based approach, and inter-institutional coordination, enabling consistent and systematic responses to the multifaceted challenges faced by affected families. However, the findings also underscore the need to continue advancing ethical and

non-revictimizing monitoring mechanisms, as well as to maintain a balance between the protocolization of practices and the sensitivity required to accompany experiences of irreparable loss. Taken together, this work offers relevant contributions for strengthening care for co-victims of crimes of extreme violence and provides transferable lessons for organizations facing similar challenges in both national and international contexts.

### **Conflicts of Interest Statement**

The authors have no conflicts of interest to declare.

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