Out of Focus: Exploring Practitioners’ Understanding of Child Sexual Abuse Images on the Internet

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Factor-Inwentash Faculty of Social Work
University of Toronto

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Abstract

Children made the subjects of sexual abuse images online have been abused offline and in addition, images of their abuse have been distributed online - images that cannot be retrieved and that circulate on the Internet indefinitely. There is a lack of knowledge regarding practitioners’ understanding of child sexual abuse images online and the effects of such images on the child victims. This study represents one of the first explorations of how practitioners working in child sexual abuse (CSA) understand online CSA images and the effects of these images, and how practitioners integrate their understanding into assessment and treatment approaches.

Employing a Grounded Theory methodology, 14 practitioners from Ontario, Canada were recruited using theoretical sampling to participate in in-depth interviews to explore their understanding of online CSA images and how this understanding influenced their clinical practice. Themes that emerged indicated that the participants differed in how they conceptualized what constituted online CSA images, and that they held varying levels or degrees of concern regarding the effects on the child. Factors identified as influencing practitioners’ conceptualizations included whether practitioners viewed online CSA images as: 1) the same as conventional CSA; 2) different from conventional CSA and not as serious; 3) different from
conventional CSA and as serious. The core category ‘Out of Focus’ signifies that most practitioners did not have a clear understanding of CSA images online nor were they sure about how to respond to online CSA images particularly the therapeutic issues associated with the permanence of the online images. The phenomenon of CSA images online presents new daunting challenges for practitioners working in this area. The study findings affirmed the high priority need for training that addresses factors which influence how practitioners understand and respond to CSA images online. Awareness and understanding of the phenomenon of CSA images online is essential for the development of accurate assessments and effective approaches to treatment. Findings of this study affirmed that further research exploring the potential effects of the images on the child is of vital importance. These findings are discussed as they relate to critical considerations for social work practice concerning children made the subjects of CSA images online.
Acknowledgments

*A mountain keeps an echo deep inside itself. That’s how I hold your voice.*

*Rumi*

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# Table of Contents

Abstract ii

Acknowledgements iv

Table of Contents v

List of Tables ix

List of Figures x

List of Appendices xi

Chapter 1: Introduction, Background and Theoretical Framework 1

Introduction 1

The Problem: Rationale for the Study 2

Relevance for Advancement of Social Work Knowledge 6

The Terminology Decision: ‘Child Sexual Abuse Images’ or ‘Child Pornography’? 7

Conceptualizing Child Sexual Abuse Images Online 9

Background: 10

Context and Prevalence of Child Sexual Abuse Images On the Internet 10

Scope of the Problem: National and International Perspectives 12

Legal Challenges 15

Theoretical Framework 18

Trauma Theory 18

*Traumagenic Dynamics Model* 20

*Cognitive-Behavioural Trauma Model* 22

Ecological Systems Theory 26

*Cyberspace as an Ecological System* 29

Feminist Theory 32
Foucault’s Theory of Power and Surveillance 34

Chapter Summary 35

Chapter 2: Review of the Literature 37

Search Strategy 37

Literature Review 37

Privacy 38

The Child in the Image 40

Recording of the Abuse 41

Disclosure 44

Child Sexual Abuse Images Online 47

Chapter Summary 49

Chapter 3: Method and Design 51

Method 51

Study Design and Data Collection 52

Study Design 52

Sample and Recruitment 52

Data Generation and Data Collection Procedures 54

Data Management and Analysis Procedures 55

Coding and Constant Comparison 56

Clustering 57

Memo Writing 58

Strategies for Rigor 59

Reflexivity 61

Chapter 4: Findings 64

Description of Sample 64

Process of Data Analysis 65
<table>
<thead>
<tr>
<th>Summary of Findings: Thematic Analysis</th>
<th>66</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Core Category: Out of Focus</strong></td>
<td>70</td>
</tr>
<tr>
<td><strong>Sub-Categories</strong></td>
<td>71</td>
</tr>
<tr>
<td>Knowing</td>
<td>71</td>
</tr>
<tr>
<td><em>Being Qualified</em></td>
<td>71</td>
</tr>
<tr>
<td>Trying to Make Sense of Child Sexual Abuse Images Online</td>
<td>74</td>
</tr>
<tr>
<td><em>Coming to Terms</em></td>
<td>76</td>
</tr>
<tr>
<td><em>Struggling to Understand the Impact on the Child</em></td>
<td>81</td>
</tr>
<tr>
<td><em>Trying to Make it Fit</em></td>
<td>91</td>
</tr>
<tr>
<td>Silencing Response</td>
<td>98</td>
</tr>
<tr>
<td><em>Don’t Tell – Don’t Ask</em></td>
<td>98</td>
</tr>
<tr>
<td>Needing to Know No Matter What</td>
<td>103</td>
</tr>
<tr>
<td><em>Questioning the Training</em></td>
<td>103</td>
</tr>
<tr>
<td><em>Needing to Be Prepared</em></td>
<td>107</td>
</tr>
<tr>
<td><strong>Chapter Summary</strong></td>
<td>108</td>
</tr>
<tr>
<td><strong>Chapter 5: Discussion and Implications for Practice</strong></td>
<td>110</td>
</tr>
<tr>
<td>Coming to Terms</td>
<td>113</td>
</tr>
<tr>
<td>Struggling to Understand the Impact on the Child</td>
<td>114</td>
</tr>
<tr>
<td>The Dilemma of Making Assumptions</td>
<td>117</td>
</tr>
<tr>
<td>Trying to Make It Fit</td>
<td>119</td>
</tr>
<tr>
<td>Don’t Tell – Don’t Ask</td>
<td>120</td>
</tr>
<tr>
<td>Questioning the Training</td>
<td>121</td>
</tr>
<tr>
<td>‘Out of Focus’: Implications for Social Work Practice</td>
<td>122</td>
</tr>
<tr>
<td>Limitations</td>
<td>128</td>
</tr>
<tr>
<td>Implications for Future Research</td>
<td>128</td>
</tr>
<tr>
<td>Implications for Practice, Policy and Education</td>
<td>129</td>
</tr>
</tbody>
</table>
Concluding Remarks 130

References 131

Appendix A: Recruitment Flyer 150

Appendix B: Informed Consent Form 151

Appendix C: Interview Guide 153

Appendix D: Counselling Support Services List 155
## List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1:1</td>
<td>Visual Conceptualization of Child Sexual Abuse Images Online</td>
<td>31</td>
</tr>
<tr>
<td>Figure 4.1:</td>
<td>Conceptual Model of Core Category, Sub-Categories and Themes</td>
<td>69</td>
</tr>
<tr>
<td>Figure 5.1:</td>
<td>Cyberspace as an Ecological System</td>
<td>125</td>
</tr>
</tbody>
</table>
# List of Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Recruitment Flyer</td>
<td>150</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Informed Consent Form</td>
<td>151</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Interview Guide</td>
<td>153</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Counselling Support Services List</td>
<td>155</td>
</tr>
</tbody>
</table>
Chapter 1
Introduction, Background and Theoretical Framework

Introduction

Children who are made the subjects of sexual abuse images distributed on the Internet have been sexually abused offline and in addition, images of their abuse have been distributed online. These images cannot be retrieved or controlled and they circulate forever in cyberspace (Bunzeluk, 2009; Carr, 2003; Cooper, 2007; Harrison, 2006; Holland, 2005; Jones & Skogrand, 2005; Muir, 2005; Nyman, 2007; Palmer, 2005; Palmer, 2006; Quayle & Taylor, 2002; Quayle, Loof, & Palmer, 2008; Soderstrom, 2006). The implications for the child whose abuse images are online may be impacted by the child being photographed, or recorded, during the abuse (Itzin, 2000; Palmer, 2005; Svedin, 2009). To add to this complexity is the potential non-resolution of the sexual abuse experience for those children who know that images of their abuse are in perpetual circulation on the Internet and may be accessed online for anyone to see at any given time (Harrison, 2006; Jones & Skogrand, 2006; Nyman, 2007; Palmer, 2005; Quayle et al., 2008; Svedin, 2009). It seems reasonable to assume that trauma frameworks traditionally applied to conventional sexual abuse need to be recalibrated for those children in sexual abuse images distributed online (Palmer, 2005; Svedin, 2009). The implications for the child victims in abuse images online are, however, unknown (Carr, 2003; Cooper, 2007; Harrison, 2006; Holland, 2005; Jones & Skogrand, 2006; Palmer, 2005; Svedin, 2009), and understanding of the phenomenon is limited, particularly the potential psychological harm suffered by the children. There is currently a dearth of clinical knowledge and understanding regarding the potential additional effects on children whose abuse images are online (Holland, 2005; Palmer, 2005; Svedin, 2009; von Weiler, 2008). It is for this reason that it is critical to first explore how practitioners understand child sexual abuse images online, and to study how

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1 For the purposes of this thesis, the term ‘conventional’ child sexual abuse is used to describe non-Internet related child sexual abuse.

2 For the purposes of this thesis, the term ‘practitioner’ refers to the helping professionals who work with child sexual abuse (e.g., clinicians, therapists, social workers, counsellors).
this understanding may be reflected in practitioners’ approaches to assessment and treatment for these children. This study addresses this gap in the current body of knowledge. These findings are pertinent to the development of education and training programs for practitioners working in the field of child sexual abuse. This knowledge may guide the development of policies and procedures for response, treatment, and care for children who have been sexually abused and whose abuse images appear online.

**The Problem: Rationale for the Study**

New communication and information technologies are used to perpetuate and escalate the sexual abuse of children online (Carr, 2003; Jones & Skogrand, 2006; Muir, 2005; Quayle et al., 2008). One American study of Internet-related sexual crimes against children indicates that the Internet has affected the nature and dynamics of conventional sexual abuse by making the production and online distribution of child sexual abuse images a more frequent component of conventional sexual abuse by family and acquaintance offenders (Mitchell, Finkelhor, & Wolak, 2005). This trend is documented in Canada as well, where child sexual abuse perpetrated by family members or adult caregivers is the most common source of sexual abuse images online (Bunzeluk, 2009; Office of the Federal Ombudsmen for Victims of Violence, 2009; Slane, 2009). In such cases, abuse images generated offline are posted on the Internet to be distributed and viewed in perpetuity by other offenders who have a sexual interest in children. In some cases, the offline sexual abuse of a child is available online in real time by using web cameras and streaming video (International Centre for Missing and Exploited Children, 2006; Muir, 2005). Internationally, there are millions of abuse images circulating in cyberspace, representing tens of thousands of child sexual abuse victims, numbers which are increasing exponentially (Bunzeluk, 2009; Carr, 2003; Holland, 2005; Jones & Skogrand, 2005; Muir, 2005; Office of the Federal Ombudsmen for the Victims of Crime, 2009; Palmer, 2005; Quayle et al., 2008). In Canada, the number of criminal charges for producing and distributing sexual abuse images of children online increased by a staggering 800 percent between 1998 and 2003 (Office of the Federal Ombudsman for Victims of Crime, 2009).
Child sexual abuse images online (CSAIO\textsuperscript{3}) are visual recordings of children, younger than 18 years of age, who are being sexually abused offline many of which involve torturous sexual depravities that are violent, degrading, and humiliating (Bunzeluk, 2009; Carr, 2003; Jones & Skogrand, 2006; Muir, 2005), and include “sexual intercourse, bestiality, masturbation, and lascivious exhibition of the genitals or pubic area” (Wells, Finkelhor, Wolak, & Mitchell, 2007, p. 271). Building on what is known about the impact of sexual abuse on children, researchers suggest that children who are used in the production of sexual abuse images may suffer similar psychological distress and physical and emotional trauma (Holland, 2005; Hughes, 2002; Hunt & Baird, 1990; Itzin, 2001; Jones & Skogrand, 2006; Palmer, 2005). This raises the possibility that negative effects of child sexual abuse may be exacerbated by the impact of being photographed during the sexual abuse experience (Itzin, 2000; Palmer, 2005; Svedin, 2009). This issue may be further complicated due to the longevity and global accessibility of the abuse images on the Internet (Harrison, 2006; Jones & Skogrand, 2006; Nyman, 2007; Palmer, 2005; Quayle et al., 2008; Svedin, 2009). Understanding of the nature and consequences of the harms done to children in abuse images distributed online is, however, deficient (Harrison, 2006; Jonsson, 2009; Nyman, 2007; Palmer, 2005; Svedin, 2009; von Weiler, 2009).

There are many ways that the Internet has been identified as a conduit by which children are harmed (Palmer, 2005). As such, abuse and exploitation of children on the Internet may be broadly conceptualized as circumscribing three principal forms of sexual victimization that include: 1) child luring and sexual solicitation; 2) child prostitution and child trafficking; and, 3) child sexual abuse images (Jones & Skogrand, 2005). In the literature, child luring and sexual solicitation is defined as the use of the Internet to initiate online contact with a child to groom and entice them to engage in sexual activities or sexual conversations online or offline with the perpetrator (Rimer, 2007; Wolak, Mitchell, & Finkelhor, 2006). This definition includes unwanted or unexpected exposure to sexual material while children are online, and harassment such as threats or other offensive messages and materials sent online to children, or posted online about children, for others to see (Wolak et al., 2006). Child prostitution and child trafficking utilize the Internet for the purposes of advertising and acquiring child victims for

\textsuperscript{3} The acronym CSAIO is used throughout this thesis to refer to child sexual abuse images online.
contact sexual abuse (Muir, 2005; Rimer, 2007). Although there may be some similarities to other forms of sexual victimization on the Internet, CSAIO constitute a unique area of investigation. Child sexual abuse images online are visual representations of conventional child sexual abuse initiated offline whereby the abuse of the child is recorded and images of the abuse are subsequently posted and distributed online.

Child victims who know, or become aware, that images of their sexual abuse experience are circulating on the Internet may present certain symptoms that require particular attention (Cooper, 2007; Harrison, 2006; Leonard, 2010; Palmer, 2005; Svedin, 2009). These children are faced with the knowledge that images of their abuse exist online forever and thus over the course of their lifetime. Because of this knowledge, the trauma experienced by the child in the abuse images may become more debilitating over time (Palmer, 2005). Quayle and colleagues described the persistent panic experienced by a child victim of abuse images who “talked of feeling fearful every time the mail arrived, overwhelmed with anxiety that the photographs would be in the post and that her mother would see them” (2008, p. 49). Anecdotal reports indicated that children in abuse images online fear that their images may “turn up, even randomly, on the computer screens of their classmates, neighbours, or other family members” or, “alternately the image could fall into the hands of other people who know them and who might then use it against them” (Carr, 2003, p. 4). In some cases victims described how they were “continually traumatized when they think of how many people look at them on the Internet at any given minute of the day” and “struggling with the knowledge of what the unknown perpetrators are doing sexually to their picture” (Leonard, 2010, p. 253). Furthermore, children whose sexual abuse experience has been recorded and distributed online may never feel safe because they fear that their abuse images may be seen and they will be recognized (Leonard, 2010). Palmer (2005) points out that the greatest inhibitor to a child in the online image disclosing their ordeal is the humiliation of being recorded and trepidation of recognition (Palmer, 2005).

While the potential of the Internet to facilitate child sexual abuse through the online distribution of abuse images has been a prominent subject of discussion in legal scholarship, the possible harms done to the children in the images appear to be overlooked in child protection and clinical discourses (Holland, 2005; Palmer, 2005; Svedin, 2009). For example, law enforcement initiatives focus on offenders who distribute, collect, and view images of abuse online.
Currently, there are thousands of child sexual abuse images on law enforcement databases world-wide that provide detailed visual accounts of the egregious harms suffered by children in sexual abuse images online. Detailed statistics are gathered regarding: 1) websites that host child sexual abuse images; 2) severity of abuse depicted in the images, including age range and sex of the children; 3) countries that generate the images; and 4) estimated timeframes when the images were taken. Whereas social workers now receive more and better training in child protection, there is little evidence to show that they are adequately prepared in terms of their knowledge and experience regarding the implications when child sexual abuse images are involved (Quayle & Taylor, 2002). A recent study of practitioners in Germany who provided treatment for child victims of abuse images online indicated that usually they “did not keep the possibility of child-abusive images in mind” and avoided confronting the child, believing that the child would address the issue if needed (von Weiler, Haardt-Becker, & Shulte, 2010, p. 215). This response is also evident in child abuse investigations when questions of Internet involvement, recording of the abuse, and abuse images of the child are overlooked and therefore remain undetected (Carr, 2003; Mitchell et al., 2005).

The current state of knowledge of CSA and trauma provides only a tentative and incomplete understanding of the far-reaching implications for children who are victims of sexual abuse images online (Muir, 2005; Quayle et al., 2008). This is a unique and challenging area for most social workers, who may lack confidence in their understanding of the issues and in how to respond to the needs of children who are involved directly and indirectly. It is as yet unclear whether social workers and other child welfare professionals are sufficiently aware of the potential risks that the Internet presents (Harrison, 2006). The challenge that lies ahead is to bring together the subjectivities of practitioners regarding their understanding of child sexual abuse images online to develop better, more effective response and treatment approaches for these children. This challenge is both one of practice and of theory in the context of research evidence. As articulated by Edelmann (2010) in his discussion of online abuse images, “the need for an evidence base to inform counselling provision in this area is overdue” (p. 488).
Recording and distributing sexual abuse images over the Internet is a new and unknown variable in the work of responding to child sexual abuse which has prompted the need to explore the following research questions in this study:

1) In what ways do practitioners describe their understanding of child sexual abuse images on the Internet?

2) In what ways do practitioners describe their understanding of the impact of the Internet on children made the subjects of sexual abuse images online?

3) How do practitioners integrate their understanding into their approaches to assessment and treatment for these children?

**Relevance for Advancement of Social Work Knowledge**

The aim of this study was to explore the ways in which practitioners understand child sexual abuse images on the Internet. By exploring how practitioners integrate their understanding into approaches to assessment and treatment when working with these children a new level of awareness may emerge that can enhance response and therapeutic procedures for children whose abuse images are in perpetual circulation online. Social work practice and research has traditionally been grounded in ecological systems theory (Mattaini & Meyer, 2002) and the profession has played a role in all aspects of systems intervention with sexually abused children. In the literature, social workers are recognized as “experts in the area of child sexual abuse” (Anderson, Weston, Doueck, & Krause, 2002, p. 368). The advent of cyberspace has, however, added a new dimension to the ecology of children (Johnson, 2008; Martin, 2009; Martin & Stuart, 2011) and to social work practice that cannot be ignored or avoided (Martin & Alaggia, in press). What is missing from the literature is a model for practice that includes online facets of abuse for practitioners who strive to come to terms with a range of complex information when making critical decisions about assessment and treatment for children who have been sexually abused. Social work is well positioned to: 1) assume a leadership role that focuses on effective response and treatment for children who are made subjects of sexual abuse images online; and 2) challenge and improve policies and protocols that currently claim to protect these children. The challenge that lies ahead is the development of effective assessment and treatment approaches for children whose abuse images are recorded and distributed online. Building on
the rights of the child, this should be based on developmental needs and considerations, with reference to sound practice. This is of critical importance to the protection, healing, and recovery of these children and will contribute to the prevention of serious emotional and psychological life-long impairments. Understanding the differential impact of the Internet in cases of child sexual abuse provides an opportunity to recalibrate social work education, practices, and policies to better align with the needs of children who have been sexually abused and whose abuse images are distributed online.

The Terminology Decision: ‘Child Sexual Abuse Image(s)’ or ‘Child Pornography’?

Throughout this study the term child sexual abuse image(s) was deliberately used in place of the term child pornography. This decision was not made lightly, but rather, as a result of a critical analysis of the literature that revealed serious questions and concerns regarding the use of the term child pornography. How the term child pornography is defined influences how child sexual abuse images are conceptualized. This is of vital importance because how the images are conceptualized determines what is visible and seen and known; how it is understood and explained; and what is and is not done about it through policy and practice (Itzin, 2000). For instance, within law enforcement and legal discourses in Canada, ‘child pornography’ is defined as an obscenity offence by which the abuse of children is deterred by locating and prosecuting offenders involved in production and distribution of the pornographic images. Consequently, and to a certain extent understandably so, the children in the abuse images online are not at the forefront of the law enforcement agenda. On the other hand, from child welfare or children’s rights perspectives, child pornography images are conceptualized as abuse images of children being harmed and in need of protection (Carr, 2003; Holland, 2005). On national and international levels, this represents quite divergent viewpoints of abuse images online that has contributed to a lack of coordination and cooperation between law enforcement and child protection agencies. This divergence of viewpoints has resulted in children remaining unidentified and unprotected thereby extending their victimization and traumatization (Holland, 2005; Jones & Skogrand, 2005; Muir, 2005).
Serious questions have been raised in the literature as to whether the term child pornography captures the complex nature of the abuse material and accurately reflects the gravity of the abuse suffered (Carr, 2003; Jones & Skogrand, 2005; Muir, 2005; Palmer, 2005; Quayle et al., 2008). There is particular concern that use of the term may allow for detachment from the egregious nature of the material (Taylor & Quayle, 2003). Furthermore, it is argued that the term child pornography is grossly inadequate when used in reference to sexual abuse images of children since it implies conventional pornography with a child subject and, as such, conveys the impression of consensual activity (Carr, 2003; Jones & Skogrand, 2005; Muir, 2005; Palmer, 2005; Taylor & Quayle, 2003). Conventional pornography is the portrayal of erotic behaviour or sexual acts between adults solely for the purpose of sexual arousal or sexual excitement. Clearly, the notion of child consent in the context of child sexual abuse images is a non sequitur.

Likewise, a vigorous argument is made in feminist discourses against the use of the term child pornography on the grounds that it deflects attention from the complex and highly gendered power relations that underpin the phenomenon (Harrison, 2006; Itzin, 2001; Kelly, 1992). It is argued that the term child pornography is frequently used in conjunction with legal adult pornography terminology, such as barely legal, sexy Lolita, or hardcore, in an attempt to normalize the production and consumption of the abuse images (Quayle & Jones, 2011; Quayle et al., 2008). Often used by the media, it is argued that colloquial references to child pornography such as “kiddie porn” or “child porn” are abhorrent because they tend to conjure a “nudge-nudge-wink-wink” response (Gillespie, 2005, p. 431). In light of this, an essential question relates to the harms done to child victims when visual recordings of their sexual abuse experience(s) are referred to as child pornography. This particular question is absent in the literature.

Clearly, concerns about language are not simply a matter of semantics. Rather, how the term child pornography is defined and applied has serious implications for all stakeholders (Jones & Skogrand, 2005). Some argue, however, that because the majority of international policy documents, including the United Nations Convention on the Rights of the Child, consistently use the term child pornography any attempts to change terminology will only create confusion (Lanning, 2008). Within the context of law enforcement, abuse images are considered child pornography and the legal response is to “deter the abuse of children by punishing all elements of the supply and demand” (Kuek & Slane, 2007, p. 23). Within the context of children’s rights
and child protection, sexual abuse images online are understood to be visual images of children in need of protection and, as such, the response must be to identify, protect and provide effective treatment for the children in the images (Jones & Skogrand, 2006).

Essentially, the context of inquiry into the phenomenon is critical as it determines whether the focus of the response is the child or the offender. Internationally the term ‘child pornography’ has legal meaning and, at least within the context of law, will continue to be used as such (Wells, Finkelhor, & Wolak, 2007). It is of vital importance, however, that social work give preference to the term sexual abuse image(s) to reinforce that central to ‘child pornography’ is the sexual abuse of real children in the real world. Doing so emphasizes that the phenomenon of child sexual abuse images on the Internet is directly within the purview of social work, and as such, the children in abuse images online must be of central concern and focus must be on child protection and understanding of the potential negative effects for children made the subjects of abuse images online. Responding with effective treatment must be an imperative.

Conceptualizing Child Sexual Abuse Images Online

The meaning of child sexual abuse images is subject to social construction informed by competing discourses. Historically, the implications of children made the subjects of child pornography have been “neglected in social discourse” because “focusing on child pornography is too easy, since there is a general consensus about the harm involved” (Cole as cited in Kelly, 1992, p.113). With the revolution of the Internet there are now millions of child sexual abuse images circulating online. Dominant discourse emphasizes that most online abuse images are violent and humiliating and that children who are used in the production of sexual abuse images will likely suffer psychological distress and emotional trauma particularly due to issues of permanence of the abuse images online (Holland, 2005; Jones & Skogrand, 2006; Muir, 2005; Palmer, 2005). The lens through which child sexual abuse images are constructed focuses on the image as a permanent record of abuse and that the subsequent distribution of an image re-victimizes the child concerned each and every time it is viewed (Muir, 2005; Jones & Skogrand, 2006). Consequently, “the child cannot assist resolution of their trauma by gaining control over the images and destroying them” (Muir, 2005, p. 26). Conceptualizing child sexual abuse images in this way implies that nothing can be done to intervene or alleviate the possible effect of the permanence of the online images – that the power of the image over the child is traumatic
and relentless. How child sexual abuse images online are conceptualized can impact how the child appraises their victimization and influence how practitioners approach treatment. Daniel and Bowes (2011) state that the language of victimization has been central in models of trauma treatment. However, new conceptualizations of trauma suggest that not all reactions to child victimization should be considered traumatic responses. Finkelhor (2008) asserts that while victimizations can have harmful effects, not all should be categorized as trauma in the clinical sense. The author posits “victimization affects different children differently” dependent upon the type of victimization experienced and the age and stage of development of the child (p. 65).

As an example, a younger child who is aware that their abuse images are online may not be preoccupied with this knowledge of the images. As the child ages however, the more likely they are to understand the possible significance of issues related to permanence of their abuse images on the Internet. How the child interprets this aspect of their victimization experience is an important dimension of the appraisal process. Finkelhor (2008) argues, “the impact of victimization should encompass a broad range of effects, including effects that do not necessarily fall within the realm of psychopathology” (p. 70). How the concept of child sexual abuse images online is applied in social discourse is part of meaning making for all stakeholders involved. This is particularly salient for practitioners in child sexual abuse in that interventions are largely determined by how problems are framed.

**Background: Context and Prevalence of Child Sexual Abuse Images on the Internet**

In order to understand the harms done to children made the subjects of sexual abuse images distributed on the Internet it is critical to consider the context within which the abuse images are produced. In the literature it is widely accepted that, in most cases of conventional child sexual abuse, offenders perpetrate their crimes against children within their own families (Finkelhor, 1994; Itzin, 1997; Jaffer & Brazeau, 2011; Paine & Hansen, 2002). Child sexual abuse images online are visual recordings of the sexual abuse of children made offline, most often created in the home (Slane, 2009), and subsequently distributed online (Carr, 2003; Jones & Skogrand, 2006; Muir, 2005; Wolak, Finkelhor, & Mitchell, 2005). The general consensus is that in cases of child sexual abuse, the perpetrator is most likely to be a family member or a trusted adult (Bagley & McDonald, 1984; Finkelhor, 1986; Herman, 1992; Itzin, 2001; Solomon, 1992). In a
study of Internet sex crimes against children, Mitchell and colleagues (2005) indicated that sexual abuse by a family member was indeed more common particularly with younger children and suggested that, in contrast to the notion of ‘stranger danger’ or ‘online predators’, investigation approaches “need to expand the notion of Internet victimization to include situations where offenders are family members and acquaintances” (p. 59). The availability and low cost of video, digital photography, computers, and live streaming web-cameras, as well as the increasing demand for abuse images online, have provided new opportunities for the production of child sexual abuse images (Mitchell et al., 2005). As such, the Internet is implicated in conventional offline sexual abuse by expanding possibilities for family members and acquaintance offenders to extend the sexual abuse of children online (Coccaro, 2009; Mitchell et al., 2005; Muir, 2005; Quayle et al., 2008; Slane, 2009).

Child sexual abuse persists as a pernicious societal problem in North America and world-wide. Over the past two decades, a substantial body of research has advanced understanding of the impact of sexual abuse on children (Briere & Elliott, 1993; Browne & Finkelhor, 1986; Hanson et al., 2001; Harvey & Taylor, 2010; Hunter, 2010; Kendall-Tackett, Williams, & Finkelhor, 1993; Putnam, 2003; Sgroi, 1982). Common consequences include (a) symptoms of trauma and posttraumatic stress disorder (PTSD), especially fear, anxiety, and depression (Kendall-Tackett et al., 1993); (b) shame (Deblinger & Runyon, 2005; Fiering & Taska, 2005; Feiring, Taska, & Chen, 2002; Negrao II, Bonanno, Noll, Putnam, & Trickett, 2005); (c) and dissociation, aggression, and inappropriate or early sexual behavior and activity (Bagley, 1991; Bagley & McDonald, 1984; Fromuth & Burkhart, 1989; Higgins & McCabe, 1994; Kolko & Moser, 1988; Mayall & Gold, 1995; Mullen, Martin, Anderson, Romans, & Herbison, 1994; Swanston, Tebbatt, O’Toole, & Oates, 1997; Trickett, McBride-Chang, & Putnam, 1994; Widom & Ames, 1994).

Canadian statistics reveal that one in three girls and one in six boys experience some form of sexual abuse. In 2003, Statistics Canada reported 15,000 sexual assaults against children nationwide (Statistics Canada, 2005). Of victims under age 6, 50 percent had been sexually assaulted by a family member. This was also the case for 44 percent of victims 6 to 10 years of age, 28 percent of victims 11 to 13 years of age, and 20 percent of victims 14 to 17 years of age (Statistics Canada, 2005). In the United States, 13 percent of males and 30 to 40 percent of females reported a history of sexual abuse (Finkelhor, 2009). Most recent prevalence estimates
in the United Kingdom cited that from 3 to 29 percent of males and 3 to 36 percent of females reported experiencing child sexual abuse before the age of 18 (Cawson, Wattam, Brooker, & Kelly, 2000). Yet, it is estimated that up to 80 percent of child sexual abuse victims do not disclose abuse, particularly if the perpetrator is a family member (Alaggia, 2004; Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999). Most cases of child sexual abuse in Canada are never reported to the police, and very few ever appear before a court of law (Office of the Federal Ombudsman for Victims of Crime, 2009; Trocmé et al., 2005). Consequently, statistics do not reflect actual rates of child sexual abuse, but rather are limited to substantiated cases, in other words, only the very tip of the iceberg.

While interest in sexual abuse images is not a new phenomenon technological advances such as web cameras have clearly democratized their production and availability. Recently, Cybertip.ca, Canada's national tip-line for reporting the online sexual exploitation of children published the report Child Sexual Abuse Images: An Analysis of Websites by Cybertip.ca (Bunzeluk, 2009), reporting 15,662 incidents relating to websites hosting child sexual abuse images, with 4,110 unique abuse images online described and assessed. Analysis indicated that 82.1 percent of the images depicted on websites hosted in Canada were of very young, pre-pubescent children under 12 years of age; over 35 percent were images of violent sexual assault; children under age 8 were most likely to be assaulted (77.6 percent); most of the extreme assaults (bestiality, bondage, torture, and degrading acts such as defecation) were perpetrated against children less than 8 years of age; and 83 percent of the victims were girls. These statistics do not distinguish the many images depicting the sexual assaults of infants and toddlers.

**Scope of the Problem: National and International Perspectives**

The Internet has changed the nature of child sexual abuse and in so doing has “destabilized the ability of Canada’s criminal justice system to respond effectively to child sexual abuse images online” (National Child Exploitation Coordination Centre, 2009). Visually recording the sexual abuse of a child is a local offence on the one hand – it is the documentation of conventional contact sexual abuse of children within local communities. On the other hand, the Internet has
made it a pressing problem on national and international levels because the abuse images can be seen anywhere, anytime, world-wide. Sexual abuse images of children are created deliberately and widely distributed to large audiences around the world via the Internet as live-action webcam feeds, video with audio, video without audio, and photographs (Krause, 2009). Using the Internet as a conduit, child sexual abuse images can be produced and disseminated with relative privacy and anonymity and can be endlessly reproduced online. It is of critical concern that, in some cases, subscribers pay to watch and provide verbal direction to the streamed online abuse as it occurs (International Centre for Missing and Exploited Children, 2006; Muir, 2005; Quayle et al., 2008). According to Cybertip.ca, the top five countries generating images of child sexual abuse online are: the United States (57.3 percent); Canada (12.6 percent); Russia (7.5 percent); Netherlands (3.6 percent); and, Spain (3.4 percent) (Bunzeluk, 2009).

Due to the illegal and secretive nature of conventional child sexual abuse there is little data available to truly reflect the nature, depth, and severity of the phenomenon of CSAIO (Bunzeluk, 2009; Office of the Federal Ombudsman for Victims of Crime, 2009; Slane, 2009). In Canada, a study of child pornography case law indicated that a vast number of online images recovered by police in child pornography investigations are of children and youth whose identities are not known (Slane, 2009). While these cases provided limited information about the sexual abuse experience of the children in the images a notable trend was revealed regarding the context in which child sexual abuse images are produced in Canada. The primary context for the production of child sexual abuse images was within family relationships, or secondarily, perpetrated by family friends or acquaintances (Slane, 2009). Palmer (2005) and Muir (2005) concur that most sexual abuse images procurable online are produced in domestic settings.

Available Canadian data demonstrate that, just as in cases of conventional child sexual abuse, child sexual abuse images available online are grossly underreported with the majority of images not coming to the attention of law enforcement or child protection services (Bunzeluk, 2009; Office of the Federal Ombudsman for Victims of Crime, 2009; Slane, 2009). Since there are millions of unique abuse images online, and it is known that there are tens of thousands of individual children represented in these abuse images, this problem is of vital concern.

A Canadian report published by the Office of the Federal Ombudsman for Victims of Crime (2009) indicated that there are currently over five million unique child sexual abuse images on the Internet. Similar to conventional cases of child sexual abuse, and to cases of abuse images
online reported in Canadian case law (Slane, 2009), the report states that most child sexual abuse images online are produced by family members (37 percent) or acquaintances of the family (36 percent). There is a significant overlap between the perpetrators of abuse and the collectors of abuse images because most perpetrators who produce sexual abuse images involving children known to them often also possess collections of images of children not known to them (Slane, 2009). Furthermore, there are cases in which family or other trusted adult abusers have been encouraged or counseled to commit sexual offences against children in their care by extrafamilial offenders known to the abuser only online (Slane, 2009). For instance, some websites that host child sexual abuse images require individuals to commit a sexual offence against a child and upload images of the abuse in order to gain access to the online location (Bunzeluk, 2009). Cybertip.ca reported cases in which some children identified in sexual abuse images online had been abused over a period of up to eleven years (Bunzeluk, 2009).

In the United States, the Federal Bureau of Investigation (2008) reported a 2062 percent increase in the number of online child sexual abuse cases opened between 1996 and 2007. Results from the National Juvenile Online Victimization study (NJOV) (Wolak, Finkelhor, & Mitchell, 2005) that included the production of CSAIO indicated that family and acquaintance offenders perpetrated approximately half of all Internet sex crimes against identified child victims in the U.S. The abuse images assessed in the NJOV study frequently depicted children between 6 and 12 years of age; 21 percent of the images involved sexual violence including torture; and 39 percent involved moving images of child sexual abuse including video and other formats. In some cases, children were sexually abused and photographed by family members over long periods of time and in some families child sexual abuse images were produced as part of a “pervasive atmosphere of sexual and physical abuse” (p. 35).

In Europe, a report by the Swedish Children’s Welfare Foundation (Jones & Skogrand, 2006) estimated that there are over 3.5 million sexual abuse images available on the Internet that represent the abuse of more than 20,000 individual children. Research conducted by the COPINE (Combating Online Paedophile Information Networks in Europe) project found that the number of new children seen in child sexual abuse images (both photographs and video) posted online between 1999 and 2002 increased by 300 percent (Quayle & Taylor, 2002). Over 40,000 abuse images in the database included explicit sexual activity including sadism and
bestiality (Taylor, Holland, & Quayle, 2001). Prior to the advent of the Internet most subjects of abuse images were girl children, however, recent data indicate that many more boy children are beginning to appear in child abuse images online (Quayle et al., 2008). Overall, European statistics correspond to those emerging from Canada and the United States in that children in the online images tend to be getting younger and perpetrators of child sexual abuse images on the Internet are usually family members or acquaintances (Bunzeluk, 2009; Carr, 2003; Jaffer & Brazeau, 2011; Jones & Skogrand, 2006; Muir, 2005; Taylor et al, 2001).

**Legal Challenges**

Law enforcement agencies world-wide are under-resourced and lack the training necessary to deal with the magnitude of child sexual abuse images online while at the same time providing protection for the child victims (Holland, 2005; Quayle et al., 2008). Since the belief that protection from abuse is a fundamental human right of all children Canada has an obligation to intervene and assure protection for child victims in abuse images online. Canada, like other countries, is struggling to live up to these obligations (Bunzeluk, 2009). Children’s rights advocates vehemently argue that the child’s right to protection from harm must be made the priority in criminal investigations of child sexual abuse images online and the protection of the child must supersede the prosecution of the offender (Holland; 2005; Jones & Skogrand, 2006; Nyman, 2007). Holland (2005) asserts that there is “little known about investigations of child abuse images where identifications of the victims have occurred” due to law enforcement focus on “disrupting the distribution of abusive images rather than on identifications” (p. 75). Cases of child sexual abuse images online are frequently prosecuted without the child victims in the images ever identified, located and protected from harm (Holland, 2005).

In contrast to conventional child sexual abuse cases, investigation and prosecution of offenders who sexually abuse children for the production of CSAIO, and who distribute and/or collect abuse images via the Internet, does not require the presence of the victim because the abuse images provide evidence of the crime (Butt, 2007; Jones & Skogrand, 2006). Although government institutions and officials have a legal obligation to act in accordance with the principles of human rights, law enforcement priorities to prosecute offenders and the child’s rights to protection from harm can diverge (Holland, 2005; Wright, 2008). A clear example of the tension between law enforcement and child protection approaches can be found in a study
conducted by Gallagher (2008) in which the author describes the lack of law enforcement resources for investigating cases of child sexual abuse images online – sometimes resulting in delays of three to six months – due to negligible efforts invested in identifying children in abuse images online. The study concluded that law enforcement focused on identifying and prosecuting the online offenders and attached insufficient importance to child protection work in many of these cases. In another example, law enforcement officials in the United Kingdom anonymously observed a pedophile ring abuse children on the Internet over a period of two years in order to gain enough evidence to charge and convict the perpetrators (Muir, 2005).

Analysis of the literature indicates that international discrepancies and ambiguities in defining child sexual abuse images and child pornography have resulted in many of the critical difficulties regarding response and protection of child victims in abuse images online (Carr, 2003; Holland, 2005; Jones & Skogrand, 2006; Muir, 2005). Definitions of child pornography and what constitutes a ‘child’ vary from country to country based on moral and cultural perspectives as well as legislative frameworks (Jones & Skogrand, 2006; Muir, 2005; Office of the Federal Ombudsman for Victims of Crime, 2009; Rimer, 2007). According to the International Centre for Missing and Exploited Children (ICMEC, 2006), there are no national laws that specifically address child pornography online in 95 of the 184 Interpol member countries world-wide and possession of child pornography is not a crime in 43 of those countries regardless of the intent to distribute the images. Irrespective of the harms inflicted on children who know that their abuse images are in perpetual circulation on the Internet, viewing and accessing CSAIIO has not been universally criminalized and there is no specific mention of online abuse images in the United Nations Convention on the Rights of the Child (UNCRC) (Quayle et al., 2008). In fact, no single jurisdiction governs cyberspace and there are no common definitions or regulations applied by law enforcement to child pornography or child sexual abuse images world-wide. Developing and championing international legislation regarding child sexual abuse images online is, however, essential to promote the rights of the child and to safeguard children from harm (ICMEC, 2006). Even so, laws are only effective when enforced. For this purpose, the core principle of best interests of the child outlined in Article 3 of the UNCRC (1989) not only requires that laws to protect children must be the most effective possible, but also requires that their enforcement and related practices must be in the best interests of children. In cases of CSAIIO, violations of the child’s right to protection take
place in every country, including Canada (Office of the Federal Ombudsman for Victims of Crime, 2007), and even though these are human rights violations, continue to be under-recognized and under-reported (Butt, 2007; Carr, 2003; Muir, 2005).

The United Nations Convention on the Rights of the Child (1989) provides the international legal framework for combating child sexual abuse images at the international level. The UNCRC does not, however, give children their rights. Rather, the Convention is directed at governments as the duty bearers responsible for implementing the content of the Convention and making it a reality on a national level. While the intention to respond and protect the children made subjects of abuse images online exists on an international level, it is up to national governments to take concrete action.

In Canada, the Criminal Code (2008) defines child pornography as a photographic film, video, or other visual representations depicting or advocating sexual activity with persons under 18; visual images of sexual organs or anal regions of a person under 18 for sexual purposes; and written materials advocating or counseling sexual activity with a person under 18. The United Nations Convention on the Rights of the Child defines the child as a person under the age of 18 and explicitly states that every child must be protected from sexual abuse (Article 19) and from involvement in all forms of sexual exploitation including pornography and prostitution (Article 34). Article 2(c), “Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography,” was added to the UNCRC in 2000 and specifically defined ‘child pornography’ as any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child, the dominant characteristic of which is depiction for a sexual purpose (Office of the High Commissioner for Human Rights, 2002). The disparity regarding definitions of child and childhood is problematic in that legislation is not consistent within or between societies and frequently the age of heterosexual consent is younger than the age of legal majority (Kelly, Regan, & Burton, 2000). For example, in Canada a basic shortcoming of these definitions is that provincial and territorial jurisdiction allows for variation in the definition of a child entitled to protection from harm that varies from 16 to 19 years of age. What is clear from the research is the urgent need to come to international consensus regarding definitions of what constitutes a child and child pornography since the final outcome will provide the conceptual framework within which legislation, policy, data collection, research, and treatment are located.
Theoretical Framework

The phenomenon of child sexual abuse images distributed on the Internet is a new area of inquiry and, as such, there is scarce knowledge or understanding specific to the possible harms done to children whose abuse images are in perpetual circulation online. What is understood is that child sexual abuse images on the Internet are the permanent online record of the sexual abuse of a child, a record that can never be retrieved, controlled, or deleted (Jones & Skogrand, 2005; Muir, 2005; Nyman, 2007; Quayle et al., 2008). Trauma Theory, Ecological Systems Theory, Feminist Theory, and Foucault’s Theory of Power and Surveillance informed this study as a means to explore the relationship between offline child sexual abuse and child sexual abuse images online, the ramifications of the Internet on child sexual abuse, and the potential harms done to children made subjects in abuse images online. The relevance of each theory must be understood in an integrated manner.

Trauma Theory

Child sexual abuse has typically been conceptualized within a trauma framework (Briere, 1992; Cohen, Mannarino, & Deblinger, 2006; Finkelhor, 1986; Finkelhor & Browne, 1985; Foa, Dancu, Hembree, Jaycox, Meadows, & Street, 1999; Herman, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Rothbaum, Meadows, Resick, & Foy, 2000; Wolfe, Gentile, & Wolfe, 1989). Trauma is defined in the Diagnostic and Statistical Manual (DSM-IV-TR) (2000) as a sudden, extraordinary, frightening event that overwhelms an individual with feelings of terror and helplessness and that by its very nature is the occurrence of the unthinkable (American Psychiatric Association, 2000). The victim experiences dread that the trauma will recur and has difficulty believing that it will not be repeated. While the trauma event may be protracted and continuous (Herman, 1992), it is most frequently described as a single, time-limited event (Briere, 1992). The DSM-IV-TR (2000) is the most widely used diagnostic classification for PTSD. Concerns have been raised, however, that diagnostic criteria have been mostly developed, researched and refined in adult populations and do not adequately capture the symptom manifestation experienced by children (Postert, Averbeck-Holocher, Beyer, Muller, & Furniss, 2009). De Young, Kenardy and Cobham (2011) argue, “considerable research is therefore needed to address the gap that exists between our scientific knowledge base on trauma...
in young children in comparison with the older populations” (p. 248). Nevertheless, traumatic symptoms of child sexual abuse continue to be most frequently assessed using PTSD diagnosis criteria (De Young et al., 2011; Putnam, 1998), of which the more common symptoms include persistent re-experiencing of the event through nightmares or intrusive thoughts; avoidance of trauma reminders; and, cognitive distortions or irrational beliefs about causation such as self-blame (Cohen et al., 2006).

Trauma theory proposes that children typically search for an explanation for why something terrible has happened to them and if no explanation is found they can develop irrational beliefs about the cause of the traumatic event. For example, in cases of child sexual abuse, children frequently blame themselves directly for the abuse or believe that they are bad, shameful, or deserving of the abuse because there is something intrinsically wrong with them. The severity of the symptoms depends upon a number of factors including the age and developmental stage of the child at the time of trauma, the duration of exposure to the trauma, the degree to which the child is socially isolated, and the level of support received (Cohen et al., 2006). Sexual abuse perpetrated by family members or other trusted adults can have a more serious impact on the child (Briere, 1992; Finkelhor, 1986) and “developmental factors may account for young children’s inability to disclose purposefully” (Alaggia, 2004, p. 1214).

In this regard, and building on the work of Herman (1992), van der Kolk (2005) put forward a discussion of chronic or complex trauma described as “the experience of multiple, chronic and prolonged, developmentally adverse traumatic events” (p. 401). van der Kolk (2005) explained that “isolated traumatic incidents tend to produce discrete conditioned behavioral and biological responses to reminders of the trauma, such as those captured in the posttraumatic stress disorder (PTSD) diagnosis” (p. 401). On the other hand, exposure to inevitable repeated traumatization would have a pervasive effect on child development causing long-term emotional dysregulation and precipitous behavior changes (van der Kolk, 2005). This distinction, made by both Herman (1992) and van der Kolk (2005), is important because it points to the complex biopsychosocial and developmental impact of protracted exposure to prolonged social and/or interpersonal trauma.

According to trauma theory, how a traumatic event is understood is based upon the meaning derived from the perceived intent and the perceived context of the experience. For instance,
accidental intent is usually blamed upon the perpetrator and is understood as an experience that could happen to anyone which reflects the concept of universal vulnerability (Root, 1992; Dass-Brailsford, 2007). In contrast, maliciously inflicted trauma usually occurs in isolation and is often perceived to be due to some characteristic or behaviour of the victim reflecting their unique vulnerability (Herman, 1992; Dass-Brailsford, 2007). Society may then attribute blame to the victim to ameliorate its own fears and vulnerabilities (Gilgun, 2010).

Various trauma models have been proposed to explain the effects of child sexual abuse. The most notable models are predominantly behavioural or cognitive and include the Traumagenic Dynamics model (Finkelhor & Browne, 1985) and the Trauma-Focused Cognitive-Behavioural model (Cohen et al., 2006).

**Traumagenic Dynamics Model**

Trauma symptoms of child sexual abuse are referred to as posttraumatic because they are thought to manifest as the result of a discrete and particularly distressing event (Briere, 1992). The Traumagenic Dynamics model developed by Finkelhor (1986) offers an alternative to this concept of posttraumatic stress. In this model, four trauma-causing factors or dynamics are proposed with which to analyze and explain the impact of childhood sexual abuse including traumatic sexualization, stigmatization, betrayal, and powerlessness. These dynamics “alter the child’s cognitive and emotional orientation to the world, and create trauma by distorting a child’s self-concept, worldview, and affective capacities” (p. 180). In this model, traumagenic dynamics are conceived as ‘processes’ that begin prior to the specific abuse experience and continue subsequent to the abuse of the child. Finkelhor posits that much of the stigmatization that accompanies sexual abuse occurs after the abuse experience and is frequently related to feelings of blame, shame and guilt. Negative connotations conveyed to the child about the abuse become incorporated into the child’s self-image and are exacerbated by what others communicate to the child. These intimations can come directly from the abuse if, for example, the perpetrator blames or demeans the child or pressures the child for secrecy. On the other hand, the response and attitude of peers, family, and community can aggravate the child’s feelings of shame and blame. For instance, stigmatization may be intensified if the child believes the abuse activity will be viewed as ‘taboo’ or ‘deviant’ and if this belief is reinforced by others reacting with shock or hysteria. Fear and anxiety arise when the child’s attempts to
avoid or terminate the abuse are continually contravened (Finkelhor, 1986). Finkelhor asserts that the use of force and threat are not necessary to render the child powerless because the realization of the consequences of disclosure can create the same degree of powerlessness and terror as continuous threats of serious harm.

In the traumagenic dynamics model proposed by Finkelhor (1996), events surrounding the experience of disclosure can mitigate or exacerbate shame. As a result of the disclosure experience, shame-inducing thoughts can increase and become ingrained as part of the child’s self-berating internal monologue. The concept of persistent shame helps to explain why traumatic stress symptoms endure and why children’s efforts to make meaning of their abuse experience are ineffective. Shame is a disturbing and debilitating emotional experience in which the self is viewed as incompetent, and an object of ridicule, contempt, and disgust. Children suffering from feelings of shame may see their flaws as intractable and endeavor to hide the exposed and damaged self from others. As such, shame can be connected to the desire to hide. This is useful when considering that children made the subjects of abuse images online have no control over the distribution or accessibility of their abuse images and must contend with the fact that they may be viewed by anyone at any given time. Their abuse images are ‘out there’ in the public arena of cyberspace. They cannot hide. It seems reasonable to assume that this knowledge, coupled with the fear of being recognized, can add to the child’s traumatic burden.

In this model, Finkelhor (1986) clarifies that sexual abuse is an experience not a disorder or a syndrome. In most other psychotherapy, children enter treatment because of some disturbing way they are feeling or behaving such as depressed or suicidal. In contrast, children who have been sexually abused receive treatment because they display symptoms that are problematic or because of the discovery that they had a particular kind of experience (Finkelhor, 1986). The primary contribution of this model is that while the four trauma-causing dynamics may be present in diverse classifications of trauma, Finkelhor (1986) posits that it is the particular way that these dynamics intersect within a specific set of circumstances or experiences that has made the trauma of child sexual abuse unique. In Finkelhor’s model, the trauma-causing factors do not apply solely to the abuse event. More precisely, the scope of the child’s victimization is the phenomenon explained rather than the discrete abuse experience. The strength of this model is that it holds forth the dynamic processes involved in the trauma of child sexual abuse largely
ignored by other trauma models. In doing so, Finkelhor’s model provides a framework of sexual abuse trauma that can be applied towards understanding the harms done to children made the subjects of child sexual abuse images that are distributed and viewed in perpetuity online.

Cognitive-Behavioural Trauma Model

Cognitive-behavioural trauma models suggest that children who have been traumatized frequently focus on inaccurate cognitions that reinforce negative expectations of others and result in destructive self-views and behaviours (Cohen et al., 2006). In an attempt to avoid painful thoughts and feelings children may develop behaviours, such as emotional numbing or dissociation which, although meant to protect them from overwhelming negative emotions, may lead to more difficulties and maladaptive behaviours. For instance, children may try to avoid any thoughts, people, places, or situations that remind them of their traumatic experiences. Each time an innocuous abuse-related cue is avoided the child experiences a reduction in distress that reinforces the avoidance behavior (Deblinger & Heflin, 1996). Efforts to avoid disturbing emotions may “inadvertently strengthen inappropriate associations made between psychological distress and innocuous reminders of abuse” (Deblinger & Heflin, 1996, p. 9). As Cohen and colleagues (2006) point out, “avoidance of trauma reminders is a hallmark of PTSD” (p. 8). If these reminders extensively generalize, however, significant constriction of developmentally appropriate activities and experiences may occur.

Although there have been very few treatment studies for traumatic distress in childhood (Young, Kenardy, & Cobham, 2011), there is empirical support for the feasibility and effectiveness of a manualized 12-session Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) protocol for children exposed to trauma (Cohen & Mannarino, 2006). For this reason, the TF-CBT model is included in this analysis. Trauma-Focused Cognitive Behavioral Therapy has demonstrated rigorous empirical support for its effectiveness in explaining and treating trauma symptoms in children who have been sexually abused (Kauffman Best Practices Project, 2004) and is the recommended treatment protocol for childhood PTSD (Young et al., 2011). Developed by Cohen and colleagues (2006), TF-CBT builds on Deblinger’s cognitive-behavioral framework for trauma that pioneered the use of gradual exposure techniques with traumatized children (Deblinger & Heflin, 1996). Cognitive components of the TF-CBT model rely upon explicit reanalysis of pathological or symptomatic behaviours, and maladaptive or distorted cognitions
are challenged (Cohen et al., 2006). For example, children who have been sexually abused may subsequently believe that the world is no longer a safe place. In the TF-CBT model, this negative cognition of the world would be deemed inaccurate and unhelpful to the child, therefore, challenged and corrected in treatment. Feminist theorists, however, criticize trauma theories that operate from a “never-victimized worldview” (Gilfus, 1999, p. 1251). For example, Burstow (2003) challenges trauma theories that assume “the world is essentially benign and safe, and so general trust is appropriate,” and that “people who have been traumatized have a less realistic picture of the world than others” (p. 1298). Such theories propose that a traumatic experience fractures the victim’s convictions of a world free from harm and forces the victim to reorganize their cognitive schema. The therapeutic goal, therefore, is to return to the ‘normal’ state in which the victim “can once again trust in the goodness of others” (Burstow, 2003, p. 1298). Gilfus (1999) argues that sexually abused children may never develop notions of the world as safe, just, and predictable. Further to this, Sampson (1993) suggests that the term ‘distorted cognition’ is authoritarian and that statements about child sexual abuse often rest on the discursive frameworks of non-abused individuals.

From a feminist perspective, Burstow (2003) argues that symptoms of trauma and coping behaviours that appear to be maladaptive are, in fact, normal responses to injurious experiences. Burstow attempts to depathologize coping behaviours while at the same time considers the contribution of the social environment to the maintenance of these behaviours. Wasco (2003) argues that while some sexually abused children may find safe places with family, friends, and community for many others distress results from both the traumatic experience and from living in a sociopolitical culture/community that does not provide safe places or safe emotional ‘spaces’ for children to recover. Children who have experienced trauma may be able to adapt and manage in their every day lives and yet may be unable to restore to pre-trauma functioning. Root (1992) outlines a repertoire of survival patterns and rituals developed in response to perceived physical or psychic threat that include perseveration, anger, withdrawal, substance abuse and dissociation. Although traditionally viewed as maladaptive, these patterns are considered protective factors when viewed through the feminist lens (Herman, 1992). Of importance is the recognition that an understanding of the impact of trauma on behaviour necessitates the validation of the subjective experience rather than attempting to validate the trauma from an objective stance. This perspective is supported by other trauma frameworks
(Bonner, Lowe, Rawcliffe, & Wellman, 2002; Dass-Brailsford, 2007; Rasmussen, Rosenfeld, Reeves, & Keller, 2007; van der Kolk, 2005), and is helpful in understanding the potential for a child who has been sexually abused to feel persistently unsafe in a world in which a trusted adult has caused them harm. When relationships are devastated to such a degree, children can feel unable to predict events in their world, a necessary experience for developing trust in themselves, their relationships, and their environment. Distrust and fear are ways for children who have been sexually abused to try to protect themselves from future harms. It seems reasonable to consider that children whose sexual abuse experience has been recorded and subsequently distributed online may never feel safe because they fear that their abuse images may be seen and they will be recognized. Many children harmed in this way will live the rest of their lives with the awful knowledge that their abuse images are forever being distributed and viewed online.

The cornerstone of the TF-CBT model is the gradual or progressive exposure to feared traumatic memories and reminders of the abuse experience. Children are encouraged to develop a trauma narrative in which explicit details of their sexual abuse experiences and associated thoughts, feelings, and sensations are recounted through the process of progressive exposure. In this approach, “it is preferable for sexually abused children to re-experience and endure the distressing emotions elicited during gradual exposure until the emotions diminish naturally” (Deblinger & Heflin, 1996, p. 72). In contrast, Palmer (2005) and Soderstrom (2006) argue that children sexually abused in the production of child sexual abuse images distributed online may be further harmed if asked to recount their memories, thoughts, and feelings in treatment and that this vulnerability may become even more onerous over time. These authors explain that the permanent existence of explicit images of abuse online make it exceptionally difficult for children to talk about the abuse experience (gradual exposure), since the child knows “that there are pictures that can show the whole story at once” (Soderstrom, 2006, p. 14). Svedin (2009) warns that established treatment approaches for conventional child sexual abuse may be inadequate or inappropriate for children in sexual abuse images online. This concern is made explicit in Svedin’s (2009) caution that “the kind of therapies usually provided to children who were sexually abused offline need to be adapted to those abused online, and include other approaches apart from trauma-focused behaviour therapy” (p. 47).
There are some conceptual issues that necessitate exploration with regards to the application of trauma theory to children in child sexual abuse images on the Internet. For the child whose sexual abuse has been recorded and images disseminated online, the nature and etiology of the trauma can be unclear. Is it the actual abuse experience? Is it the experience of being photographed or videotaped during the abuse? Is it the knowledge that the abuse images are in permanent circulation online? Is it the loss of control over the disclosure process when images are discovered by law enforcement? Is it some other aspect of the experience? Is it a combination of these various factors? Identifying particular traumatic stressors within the multiple crises that children experience in the production and distribution of their sexual abuse images online may be difficult and warrants investigation.

Another concern regarding conceptual fit is related to diagnostic criteria for traumatic stress that requires persistent re-experiencing of the traumatic event. The implication is that the child would first encounter a trauma and then, at a later time, re-experience it in various ways such as intrusive thoughts, flashbacks, and nightmares. Rather than a discrete traumatic event, Palmer (2005) suggests multiple traumatizing aspects for children made subjects in child sexual abuse images online that include: the sexual abuse experience itself; being photographed during the abuse experience; viewing explicit images of their own abuse; knowing that images of their abuse are available on the Internet indefinitely; fearing being recognized; and, feeling shame and humiliation related to the disclosure process. In trauma theory, re-experiencing trauma is often measured in terms of unwanted intrusive thoughts of a traumatic event that has ended. In contrast, the traumatizing aspects for the child victim in abuse images perpetually distributed, shared, and viewed online are continuous experiences in which fear and shame are ever-present and future oriented rather than based on a single past event (Palmer, 2005; Svedin, 2009).

Trauma theory places emphasis on individual intrapersonal factors and self-contained individual traits ceding primacy to the psychological effects of sexual abuse with little acknowledgement of the social dimensions. From within this theory, the trauma of sexual abuse modifies internal psychological structures such as personality and emotional regulation. Trauma theories that focus on individual intrapersonal factors and locate the problem within the child do not adequately explain child sexual abuse. Analysis of the literature suggests that multiple factors within the child’s social ecology are related to the occurrence of sexual abuse and its impact on
the child. These concepts are addressed through an analysis of Ecological Systems Theory.

**Ecological Systems Theory**

Social work practice is guided by an ecological perspective as a means of capturing the transactional processes between children and their environments (Gitterman & Germain, 1976). Ecological systems theory, as espoused by Bronfenbrenner (1977, 1979), built on Systems Theory and Lewin’s (1951) work in Ecological Family Therapy, and viewed child development from a person-in-environment context that emphasized the principle that all growth and development took place within the context of relationships and interactions at different levels of the environment. This conceptual framework of ecology highlights interactions between children and the demands of their environment at interpersonal, organizational, and societal levels and calls attention to the importance of transactions between the child and their environment over time. Bronfenbrenner’s ecological model encompasses all systems in which children are enmeshed, including social, economic, and political structures, and reflects the dynamic and interactive relationship within and among these ‘ecosystems.’ This model of development assumes that individual behavior can only be understood by taking into account factors at microsystem (family peers, school), mesosystem (relationships between systems), exosystem (systems indirectly related to child), and macrosystem (beliefs, values, laws of society and culture) levels. In essence, Bronfenbrenner’s division of ecological space can be visualized as concentric circles of context set in an overarching system of time (chronosystem). This model allows for simultaneous consideration of a) child and family context, b) larger social systems of influence within which the family is embedded, and c) overarching cultural values and belief systems.

Other theorists have focused on the interaction between the development of the child and the environment including Erikson (1950), Maslow (1962), Rogers (1959), Rutter (1985), and Vygotsky (1978). Complimenting the ecological framework, Vygotsky’s Social Development Theory emphasized that individual development could not be understood without reference to the social and cultural context. Vygotsky posited that social learning preceded development stating that “every function in the child’s cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (interpsychological) and then
inside the child (intrapsychological)” (Vygotsky, 1978, p. 90). A foundation of Constructivism, Vygotsky’s theory connected resiliency in children who have been sexually abused and the “relations between affects, cognitions and social conduct, and the insight that cognitive-affective schemes are bound to particular relations and situations” (Miltenburg & Singer, 2000, p. 522) within the child’s ecology. According to this theory, concepts of rules, laws, norms and values are important tools for self-determination in that “they enable the individual to take a distance from cognitive-affective schemes that are tied to experiences of violence” (p. 522) such as guilt feelings, hate, or a general feeling of a lack of control. According to Rutter (2007), resilience is the capacity to transcend adversity – the more resilient the child the more able they are to draw on their own resources to overcome challenging situations. Rutter (2007) examined resilience in children who experienced trauma, or other situations that put them at risk, yet emerged from their challenges with positive developmental outcomes. Rutter posited that resilience is contextual and that understanding resilience in children has shifted from an emphasis on factors or variables to an emphasis on processes and mechanisms (i.e., How does the child make-meaning of challenging experience(s)? What does the child do in order to deal with the challenge(s)?). This refers to mental operations (i.e., coping skills) as well as individual characteristics and experiences. Rutter emphasized that risk and protective factors interact with each other at different levels of the environment in which the child lives and that complex interactions of child resources and family and community supports are important predictors of resilience. As part of the ecological framework, social development theory and resilience theory offer a means of examining factors in the child’s ecology as a way of understanding that, at different stages of development, individual, family and social contexts can influence and alter how victimization is experienced.

Despite recognition of the influence wider systems have upon children and their development, explanations of the etiology of child sexual abuse, however, remained largely driven by knowledge assumptions that focused on isolated cause-and-effect models prioritizing interpersonal factors and interactional dynamics (Gelinas, 1983; Herman, 1981; Sgroi, 1982). In response, Belsky (1980) adapted Bronfenbrenner’s ecological framework to a model of child maltreatment that considered multiple pathways and interactive effects among factors that contributed to child maltreatment. Belsky’s model emphasized child abuse as multi-determined by forces at work from the most proximal (individual and family) to the most distal
(community and culture) (Belsky, 1980; Fontes, 1993; Grauerholz, 2000; Sidebotham, 2001; Trepper & Barrett, 1989). Furthermore, Belsky’s theoretical model examined the combined effects of multiple contextual variables and parents’ developmental histories (ontogenic) in the prediction of parent-child interaction. Belsky’s model focused on factors within the ecological systems, such as social attitudes and cultural beliefs, which affected parental behaviour and fostered and influenced child maltreatment. Specifically, Belsky pointed to such factors as societal willingness to tolerate high levels of violence, corporal punishment, and social attitudes towards children, in particular, those attitudes that did not uphold a child’s rights to be protected from harm. Belsky further postulated that the rapid development of contemporary society worked against efforts to prevent child maltreatment, in part, by devaluing the responsibilities of parenthood.

While Belsky’s ecological model provided multiple perspectives to the issue of child maltreatment, he maintained that at least part of the solution resides within the family by suggesting that if parents, most notably ‘working mothers,’ valued their children they would remain in the home and care for them. Theorizing in this regard, however, placed responsibility for protecting children from maltreatment specifically with mothers and tilted the language of responsibility towards mother-blaming. A critique of this theory will be advanced later in this section (see page 31). Belsky had delineated a systematic framework within which to understand the interrelatedness of social attitudes and values, social structures, cultural beliefs, and ideology when conceptualizing child abuse. As such, building on Bronfenbrenner’s ecological systems model, Belsky provided an impetus for understanding how factors of child sexual abuse that manifest in one system are influenced by factors that originate in other systems. Along with this understanding came awareness that influential factors were dynamic and changed over time.

Although this ground breaking work in the ecology of the child was developed before the emergence of cyberspace it lends itself to providing a solid foundation to further evolve the ecological systems model to include contemporary dimensions of the child’s environment. The literature indicates that cyberspace has added a new dimension to child sexual abuse by extending offline abuse of children into the online environment. Muir (2005) remarks on the “ease with which people who are intent on harming children move between the physical world and the virtual worlds” (p. 3) and the celerity with which child sexual abuse images are
distributed online. It stands to reason that while the ecological systems model developed by Bronfenbrenner and extended by Belsky is helpful in assessing and treating child abuse, practitioners referring to it may, however, be missing the impact and influence of the cybersystem. Conceptualizing cyberspace as an ecological system of influence on the child and family helps towards explaining and understanding how the environment, specifically the online environment, can magnify the harms done to children made subjects of sexual abuse images online.

**Cyberspace as an Ecological System**

The last decade has witnessed the rapid development and exponential growth of information and communication technologies bringing limitless possibilities for interaction and communication as well as unparalleled access to information. For example, ecological systems theory has recently been applied to examine the increasing presence of digital technologies in children’s immediate environments (Johnson, 2010). In this study, Johnson (2010) proposed the ecological techno-subsystem, as a dimension of the microsystem, to examine children’s online behaviours in their immediate environment and the role of technology in children’s cognitive development. While there are, indeed, many benefits that result from new technologies available through cyberspace, there is however widespread consensus that the Internet is being used to perpetuate the offline sexual abuse of children online and thus escalate the harms done to the child victims in the images (Holland, 2005; Jenkins, 2001; Quayle & Taylor, 2002; Wolak et al., 2005). Owing to the fact that Internet technology lowered the cost of the production of these images, availability has dramatically increased, and the risk of detection that was once associated with the criminalization of production and possession has been reduced (Adler, 2008; Taylor & Quayle, 2003).

Cyberspace is conceptualized in the literature as an environment that has added a formidable dimension to the ecology of children and, specifically, has extended a dangerous element that can exacerbate the violence and harms done to the child (Carr, 2003; Madrinam, 2008; Muir, 2005). Muir points to the interrelatedness between cyberspace and other ecological systems within which children are embedded and stresses that many of the vulnerabilities and risk factors that exist in physical environments of the child remain in play, and can be exacerbated, in the online environment. At the same time, interactions and experiences that take place in
cyberspace have consequences for children in the physical world. As a parallel example, cyber bullying can escalate traditional forms of face-to-face bullying because the perpetrator(s) can continue to harass and intimidate the victim from anywhere, at any time, 24 hours a day (Mishna, Saini, & Solomon, 2009). Humiliating text messages and compromising images of the victim online ensure quick identification by peers in the school and neighborhood, which can lead to further attacks in multiple environments.

Child sexual abuse images online are located where child sexual abuse and the Internet intersect (see Figure 1 for a visual conceptualization). Muir (2005) argues that the advent of cyberspace has profoundly transformed how children made the subjects of child sexual abuse images can be harmed due to the velocity at which child abuse images can be disseminated and the permanency of the images online. The “scale and longevity of materials entered into cyber realms, and the acceleration of impact occurring in physical settings” are distinguishing factors that illuminate the influence of cyberspace on child victims of sexual abuse and differentiate cyberspace as a virtual place distinct from the physical environment in terms of time, place, and space (Muir, 2005, p. 18). For instance, the sexual abuse of a child within a domestic (proximal) setting can be digitally recorded and then widely circulated through cyberspace (distal) to be collected and viewed locally or globally by anyone, anywhere, at any given time. Each abuse image captures the child at a particular moment in time that can be viewed online endlessly over time (chronosystem). While a child in a particular online image may never age, in contrast, a child can be seen to age in a series of abuse images that are posted online over time. Child victims who know, or become aware, that images of their sexual abuse are circulating online must live throughout their lives with the knowledge that these images may exist in cyberspace forever.

It is understood within social work discourse that “unexpected and exceptional crisis events” and “catastrophic threats” that jeopardize children occur within complex ecological environments (Gitterman & Germain, 1976, p. 604). Social work literature, however, has neglected to clearly identify cyberspace as a system of influence in the ecology of the child and family. This is made evident when, in conventional cases of child sexual abuse, the involvement of the Internet is overlooked by child protection services with the consequence that abuse images of the child are undetected (Carr, 2003; Mitchell et al., 2005; von Weiler, 2009). This is an area that clearly requires further exploration.
Overall, ecological systems theory applied to child sexual abuse holds that in understanding factors of abuse the interactional dynamics within and between each of the social structures in the ecology of the child and family should be taken into account. Belsky’s analysis of child abuse, however, focused responsibility on parents, specifically mothers, as both the cause and solution for child maltreatment. As such, the ecological framework proposed by Belsky does not take into consideration the social construction of ‘mother-blaming’ (Carter, 1999) and the power structures that foster a culture in which child sexual abuse is allowed to thrive. Feminist theory challenges this notion of blame and roots child sexual abuse within differential gender socialization, inculcated male privilege, and male power in a patriarchal society. Concepts of gender and power, in the context of child sexual abuse, are addressed through an analysis of Feminist Theory.
Feminist Theory

Feminist theorists argue that sexual abuse can only be understood in the context of patriarchy as a system of social structures and institutions created by men in order to sustain and recreate male power and dominance over women and children (Breckenridge, 1992; Dworkin, 1981; Itzin, 1997). From a radical feminist standpoint, acts of sexual violence are deemed explicit expressions of male power and control and fundamental to the subordination and exploitation of women and children (Burstow, 2003; Edwards, 2000; Driver & Droisen 1989; Harrison, 2006; Itzin, 1997; Solomon, 1992; Stoltenberg, 1990). Radical feminist discourses of child sexual abuse debunked the myth of “stranger danger” (Angelides, 2004, p. 141), exposed the widespread problem of incest in the patriarchal family (Itzin, 1997), and revealed that fathers, other male relatives, and male acquaintances were the primary perpetrators of child sexual assault (Itzin, 2000). As such, sexually abused children are involved in a manipulative process through which they are entrapped in a secretive relationship designed only to provide the sexual gratification of male perpetrators (Driver & Droisen 1989; Itzen 2000).

While a gendered analysis of the phenomenon holds that the producers of child sexual abuse images online are male (Harrison, 2006), Adam (2002) maintains that policy makers fail to address the gender dimension of child sexual abuse images distributed and collected online. From a radical feminist perspective, Breckenridge (as cited in Purvis & Ward, 2005) claims that the State has control over sexual violence, that the interests of men are manifested by the State, and that “legislative and policy responses to child sexual abuse enforces precisely the patriarchal familial relations that radical feminists argue is the cause of child sexual abuse” (p. 301). Harrison’s view is that social processes that support patriarchal and masculine practices in the physical world, such as underestimating the extent of the violence, minimizing the impact of the violence, and failing to implement the necessary resources to protect women and children from violence, are embedded and perpetuated in cyberspace. Harrison argues that “social collusion” (p. 366), delineated as: levels of secrecy and anonymity available in cyberspace to those who further the abuse of children online; the permanency of the abuse images once they are posted on the Internet; and, the lack of identification and protection of the children in the child abuse images online, are all supported by the same social and cultural values and attitudes that sustain child sexual abuse offline.
Some feminist theorists view child sexual abuse images on the Internet as an extension of adult pornography and state that both exist on the continuum of violence against women and children (Adam, 2002; Harrison, 2006; Kelly, Regan, & Burton, 2000). Harrison (2006) argues that the potential for deceit and secrecy in the perpetration (e.g., online streaming of offline abuse) and perpetuation of child sexual abuse (via the distribution of abuse images online) is unparalleled in cyberspace because the online abuse images are permanent and viewed endlessly for sexual gratification of those with a sexual interest in children. As such, Harrison (2006) explicates cyberspace as a potentially ‘dangerous place’ that promotes sexual abuse and domination of children and argues that gendered power relations and dynamics that sustain child sexual abuse in the real world are extended into cyberspace in order to perpetuate sexual violence against children online.

The subject of the radical feminist endeavor is male power, and men’s violence and sexual abuse of children. The radical feminist contribution made male violence visible and brought into focus men as primarily the sexual abusers of children. On the other hand, there are feminist writers who criticize the radical feminist argument that patriarchy is central to child sexual abuse and that the role of the State is to support and maintain patriarchal relations that sustain abuse (Featherstone & Lancaster, 1997). Some feminist writers caution against the notion that men possess power over all women as it implies that men never lack power and that women never have power. They argue that radical feminists fail to look at power as relational and circumstantial and neglect the possibility that men and women can share power (Waldby, Clancy, Emetchi, & Summerfield, 1989). Significantly, feminist theorists criticize the perspective put forward by radical feminists that proposes all men are potentially sexual offenders suggesting a lack of empirical scope in the theory (Purvis & Ward, 2005). Nevertheless, radical feminist discourse provided a gendered analysis of structural and personal power that emphasized patriarchy, male domination, and the complicit role of society to explain child sexual abuse. In the following section, Foucault’s (1977) concepts of power and surveillance are explored in the context of cyberspace and child sexual abuse images on the Internet.
Foucault’s Theory of Power and Surveillance

Foucault suggests that many forms of power exist and that there are many techniques through which power is exercised (McHoul & Grace, 1993). Foucault’s interpretations of the Panopticon, as a representation of power and surveillance, offers a theoretical lens through which to understand the harms done to children made the subjects of child sexual abuse images that are distributed and viewed online.

The concept of the Panopticon as a means of surveillance was first described by 18th century philosopher Jeremy Bentham as a prison designed as a circle of cells with windows facing inwards, towards a tower, wherein jailers could look out and inspect the prisoners at any time, unseen by their subjects (Foucault, 1980). The Panopticon was designed in such a way that individuals under surveillance could be seen but would “never know when or by whom; under control but without physical intervention” (Koskela, 2003, p. 293). The panopticon is a model that uses space to maximize and engage in omnipresent surveillance systematically, without detection or interruption (Foucault, 1977). Koskela (2003) posits that the threat of being under surveillance is an emotional experience “that evokes a variety of feelings: the objects watched can feel guilty without a reason, embarrassed or uneasy, shameful, irritated, fearful” (p. 300). The ultimate power exerted over the individual is that which is internalized and the individual becomes their own surveillor (Foucault, 1977). In Foucault’s words, the ultimate effect of the Panopticon is “to induce ... a state of conscious and permanent visibility that assures the automate functioning of power” (1977, p. 201).

New technologies, such as the Internet and web cameras, have been conceptualized in the literature as representations of panoptic power. Scholars suggest that through new technologies such as the Internet the panoptic power of surveillance has been electronically extended (Koskela, 2008) and space, understood to be crucial in explaining power relations, has spread from physical space to cyberspace (Harrison, 2006; Hughes, 2002). Proponents of a gendered analysis of power and space believe that male violence against women and children occurs within a context of “sexual inequalities, the privileged access of perpetrators to victims, and the extension of control through social space” (Stark, 2006, p. 1021). Web cameras and the Internet distribute images to the online audience thereby connecting ‘local gazes’ with the global community (Green, 1999). Adam (2002) argues that feminist thinking has long centred on the
effect of power on the body. This focus may go some way towards understanding the impact of cyberspace on the body in cases of child sexual abuse images online. For instance, from a radical feminist perspective, Adam (2002) considers issues of privacy and cyberspace in terms of bodily invasions of privacy, where “bodies are watched, looked at or subject to surveillance or indeed where bodies are actually violated and the violations are watched online” (p. 133). In cases of child sexual abuse images online, Adam argues that the gaze is used to “terrible effect” whereby the “difficulty of finally removing all copies of the images from computer networks means that others may continue to gaze upon the images long after the original perpetrator has been brought to justice” (p. 134).

According to Foucault, the Panopticon model becomes an architectural apparatus that allows a power relation to be viewed as independent of the person who exercises the power because the “threat of being watched never ceases” (Hannah, 1997, p. 347). Ainley (1998) refers to the “constant torture of the random but ever possible gaze” (p. 90). Palmer (2005) stresses that the harms done to children are incalculable when they discover that images of their abuse are being distributed and viewed endlessly online by offenders. Child victims are further anguished and shamed by the knowledge that images of their abuse exist in law enforcement databases and may be accessed and shared among legal agencies world-wide (Muir, 2005). The idea of ‘the gaze’ is related, therefore, to concepts of power and surveillance whereby the ability to look at something (or someone) and see it (or them) implies the ability to control and even inflict harm. As such, concepts of power and control espoused by Foucault (1977) contribute towards understanding the ways in which surveillance and power are constituted and function as factors that contribute to, and perpetuate, the harms done to the child victims in abuse images online that are distributed and ‘gazed upon’ by anyone, anytime, and anywhere in perpetuity.

**Chapter Summary**

Following the introduction, this chapter presented an overview of the objectives of the study, reviewed the theoretical literature regarding child sexual abuse and trauma, and explored multidisciplinary thinking to extend those theories to child sexual abuse images online. In order to do so, it was critical to consider the context within which the abuse images are produced. This chapter, therefore, included a review of conventional child sexual abuse statistics in Canada. Following, an overview of the scope of CSAIO was offered using the most recent
Canadian and International research and data available. Various theoretical frameworks used to analyze and explain child sexual abuse and trauma were considered in order to explore the relationship between offline child sexual abuse and child sexual abuse images online, the ramifications of the Internet on child sexual abuse, and the harms done to children made subjects in abuse images online. Concepts from trauma theory, ecological systems theory, feminist theory, and Foucault’s theory of power and surveillance were reviewed. As well, this chapter included an analysis of the legal and definitional challenges that complicate response and protection of children made the subjects of abuse images online. In the context of that analysis, ‘child pornography’ as a legal term was utilized. The following chapter examines available empirical literature related to CSAIO and provides an analysis of the research and data published in government and non-government reports and anecdotal records.
Chapter 2
Review of the Literature

Search Strategy

The following English electronic databases were searched: Medline, Psychological Abstracts (PsychINFO, PsycLIT), Social Sciences Citation Index, Education Resources Information Center (ERIC), Scholars Portal, Social Work Abstracts, Child Abuse, Child Welfare, Dissertation Abstracts International (DAI), and Google. The search terms were child sexual abuse, child sexual abuse images, Internet, cyberspace, online, child sexual exploitation, and child pornography. Grey literature, such as government and non-government reports and conference proceedings that were published or available online, was included. Articles and reports that were included focused on minor children under the age of 18 years; were limited to child abuse images online (excluding luring, solicitation, trafficking); and represented victim-focused research rather than being extrapolated from offender-focused literature.

Literature Review

Child sexual abuse images distributed on the Internet is a new area of inquiry and, as such, there is scarce knowledge or understanding specific to the harms done to children whose abuse images are in perpetual circulation online. The impact on the child when conventional child sexual abuse intersects with the Internet is made evident in the following quote:

"I can’t even remember all the abusive things he did to me. Unfortunately, though, I can’t forget because there are pictures of the abuse. Hundreds and hundreds of pictures of (him) doing horrible things to me ... The absolute worst thing about everything that happened to me was that (he) put my pictures on the Internet. He traded them with other people like baseball cards. What kind of people want to see pictures of a little girl being abused in this way? I have been told that my pictures are the most popular on the Internet. How can so many people delight in the horrible things that happened to me? I still don’t really understand why this happened to me or why so many people want to see these terrible things. I know that these pictures will never end and that my virtual abuse will go on forever. Usually when someone is raped and abused, the criminal goes to prison and the abuse ends. But since (he) put these pictures on the Internet, my abuse is still going on. Anyone can see them. People ask for them and are still downloading them. Day after day. People want to see me being abused. I want every single person who downloads my picture to go to jail and really be
punished as much as possible. They are as evil as (him). They want to see me suffer. They want to see me starved and hurt and sad and abused. Child pornography is not a victimless crime. I am a victim and I still suffer everyday and every time someone sees me being abused. I ask that you think about me and everything I have gone through….”


The advent of the Internet has a dark side that has created unfortunate opportunities in the global distribution of sexual abuse images of children on the Internet. Despite an increase in research related to those who produce, access, and trade such images of abuse, there is little empirical work concerning the children within the images (Quayle & Taylor, 2011). It is indeed difficult, however, to envisage another phenomenon of comparable magnitude, commanding as much political and media attention, that is as deficient in supportive research and conceptual inquiry. What is understood is that child sexual abuse images on the Internet are the permanent online record of the sexual abuse of a child, a record that can never be retrieved, controlled, or deleted (Jones & Skogrand, 2005; Muir, 2005; Nyman, 2007; Quayle et al., 2008). Clearly, the potential additional harms done to children made the subjects of abuse images online are of vital concern and require greater attention, analysis, and support.

Privacy

Every instance of viewing images of child sexual abuse represents a renewed violation of the privacy of the children in the images and the continuation of their abuse (Holland, 2005; Muir, 2005; Palmer, 2005). Furthermore, the sheer number of instances in which a child’s abuse image may be distributed and collected in the indelible context of the Internet is incalculable. Children are victimized and objectified in abuse images that are controlled, managed, ordered, arranged and consumed online. Just as the abuse was non-consensual and out of the child’s control so it is with the distribution, collection, and viewing of the abuse images. The child cannot control the distribution of the images or consent to their use. The child has no control over who sees the images and fears those who have access (Palmer, 2005; Soderstrom, 2006; Svedin, 2009). As Butt (2006) clearly articulates, children in online abuse images endure the “forced recording of nonconsensual sexual victimization and the subsequent and equally nonconsensual circulation of those images world-wide” (p. 7). At issue here is the abrogation of
the child’s fundamental human right to protection from abuse and the egregious violation of the child’s rights to privacy (Butt, 2006).

Muir (2005), Jones and Skogrand (2005), and Coccaro (2009) stress that explicit responsibilities that exist in the physical world to uphold the human rights of children to be protected from harm must be applied to cyberspace. These concepts resonate with social work doctrine and bring into focus the critical issue of extending child protection practices and duty of care directly into the online environment. While children may be valued within society, there seems to be a limit on how much emphasis society is prepared to place on the rights of a child when these rights are in conflict with the interests and rights of adults. As such, it is necessary to reconsider which has higher value: an offender’s right to anonymity in cyberspace or the real harms being done to children in the images online (Office of the Federal Ombudsman for Victims of Crime, 2009).

The Internet is driven by adult philosophies of privacy. Rather than a primary consideration, the protection of children in child sexual abuse images online appears to be a postscript to the principles guiding society’s acceptance of the Internet. Adult rights, rather than the protection of children, still appear to guide much policy in relation to the abuse images on the Internet (Butt, 2007). Very real and violent harms must be committed against a child to produce images of child sexual abuse (Carr, 2003; Muir, 2005). The impact on the child whose abuse images have been shared online is significant and ongoing and, knowledge that the abuse images will be repeatedly collected and viewed for the sexual gratification of others exacerbates the harms suffered by many of these children (Carr, 2003). Palmer (2005) argues that the distribution of sexual abuse images online should not be considered a secondary trauma, but rather, a continuation of the harms inflicted upon the child.

The collection and viewing of abuse images online objectifies children as sexual objects used for the sexual gratification of others and fuels demand for progressively more graphic and violent images of younger children thereby perpetuating and extending the sexual victimization and traumatization of children for these purposes (Chase & Statham, 2005; Holland, 2005; Quayle et al., 2008). This underscores that ongoing viewing of the images means that the harms done to these children have no real end, which is of grave concern. At present, there is very little information about what happens to children therapeutically when they are the victims of sexual abuse images online. There is a need to further this research to establish ‘best practices’
with regard to response, assessment, and treatment for children made subjects of sexual abuse images online.

The Child in the Image

That the effects of sexual abuse on children can be deeply traumatizing and detrimental has been well documented (Berliner & Elliott, 2002; Harvey & Taylor, 2010; Hunter, 2010; Kendall-Tackett, Williams, & Finkelhor, 1993; Negrao II, Bonanno, Noll, Putnam, & Trickett, 2005; Neumann, Houskamp, Pollock, & Briere, 1996; Polusney & Follette, 1995; Putnam, 2003). Little is known about the potential psychological harm experienced by children whose abuse images are distributed online. Furthermore, of vital importance, is the recognition that harms done to the child may extend well beyond the immediate abuse evidenced in the image (Palmer, 2005). The implications for children harmed in this way are complex and unique yet understudied (Jones & Skogrand, 2005).

Certainly, the production of child sexual abuse images predates the advent of the Internet. An analysis of the research literature indicates that much of what is known about the effect on the child victims in abuse images online originates from a limited number of studies and anecdotal reports that examine cases of conventional child sexual abuse in which the abuse experience of children has been photographed. The phenomenon of child sexual abuse images has not been subjected to continuous study but rather, to periodic efforts that cannot be characterized as rigorous. Over two decades ago, American social work scholars Robert Lee Pierce (1984) and Kenneth J. Herrmann (1987) called upon the profession to make a formal commitment to deal with the issue of child pornography and to develop initiatives to protect children from sexual exploitation, particularly, children made subject of sexual abuse images. In the Pierce (1984) article titled Child pornography: A hidden dimension of child abuse, the author reminded social workers that their role of child advocacy was essential in cases of child pornography and implored the profession to respond to the phenomenon. Three years later Herrmann identified effects of the harms done to children made the subjects of child sexual abuse images, including guilt, confusion, shame, and anger, with the “aim to further involve social workers in ameliorating the conditions experienced by this victimized population” (1987, p. 523). Herrmann argued the need for social work to put forward a strong policy statement regarding
the issues of child pornography and sexual exploitation because “how social workers address this problem is a test of their professional values and principles” (p. 525). At the time, both scholars encouraged social work to develop initiatives and interventions for children harmed in the production of child sexual abuse images to ameliorate or prevent further abuse and trauma. Nevertheless, research on the phenomenon is scarce and, since the advent of the Internet, there remains a dearth of empirical studies on harms done to children made the subjects of abuse images distributed online.

**Recording the Abuse**

An analysis of the literature revealed four studies that examined cases of conventional child sexual abuse that included the production of child sexual abuse images (Burgess & Hartman, 1987; Hunt & Baird, 1990; Scott, 2001; Silbert, 1989). These studies did not set out to specifically address the particular harms done to children made the subjects of sexual abuse images, rather the discovery that the children had been photographed during their abuse experience was serendipitous and only came to light during the research.

Research by Burgess and Hartman (1987) and Hunt and Baird (1990) involved the organized abuse of children in sex rings that included the production of child pornography. In both of these studies, sex rings were characterized as including multiple adults, multiple child victims, and a wide range of sexual abuse activities that included the production of sexual abuse images. The study by Burgess and Hartman (1987) examined the sexual abuse of 15 boys, aged 8 to 17 years, over a two-year period by an adult male scout leader. The offender involved the children in a sex ring made up of multiple child victims and in the production and viewing of child pornography. Information for the study was derived from interviews with the 15 child victims and the results of analysis of the Nader and Pynoos Child Post-Traumatic Stress Parent Questionnaire (Burgess & Hartman, 1987). The researchers described how photographs of abuse were used to invoke fear, force compliance and enforce silence on the children in the images. The abuse images were used to normalize sexual harm, for “blackmailing” the children to engage in sexualized behaviours with each other, to manipulate and control the participation of the older boys in the sex ring, and to prevent disclosure (p. 50). Of the 15 boys in the study, “four made overt suicidal attempts and six were psychiatrically hospitalized for extended periods” (Burgess & Hartman, 1987, p. 253). The researchers discussed treatment issues and
made recommendations for a treatment protocol that included psychological and cognitive testing and strategies to address the sexualization of relationships. Given the experience of the children in this study, what is remarkably absent from the recommended protocol is a clinical conceptualization of sexual abuse images and strategies that specifically address the clinical implications for the child when images of their abuse are recorded and used to manipulate, control and silence them. Similarly, Holland (2005) found that, in some cases, social workers did not think that the existence of child sexual abuse images made any difference in treatment and believed that “the impact on the victims would be the same irrespective of whether the abuse had been recorded or not” (p. 85).

Anecdotal reports by Nyman (2007) and Palmer (2005) suggested that while the scope of the sexual abuse may be immediately evident in the images, the ‘grooming’ and manipulation of the child is not. Nyman (2007) pointed out that children are often directed in their ‘performance’ and violence of the abuse is intensified specifically for the camera. In some cases, children have been forced to upload, and view online, images of their own abuse while in other cases images were used to lure and exploit other children (Palmer, 2005; Quayle et al., 2008; Svedin, 2009). Children may be drugged, threatened, and forced to smile while the abuse is being recorded all of which can obscure the violence perpetrated against them (Jones & Skogrand, 2005; Nyman, 2007; Palmer, 2005). Images that appear to show children ‘enjoying’ or not suffering during the abuse depicted in the images may lead some to believe that such activity is ‘normal’ or that the children were complacent (Burgess & Hartman, 1987; Jones & Skogrand, 2005). This notion was reinforced in the context of ritual abuse, when Scott (2001) described how offenders showed children their own abuse images as a way of demonstrating to the child their level of engagement and enjoyment. Children consequently fear what parents, caregivers and others may assume if they discover, or are shown, the abuse images (Palmer, 2005). This further instills feelings of guilt and shame, and the child’s sense of complicity increases (Burgess & Hartman, 1987; Jones & Skogrand, 2005). Devaluation and blame silences the child and may cause them to socially and emotionally isolate themselves (Palmer, 2005), especially children whose families hold taboos and negative attitudes about sexuality (Carr, 2003; Jones & Skogrand, 2005; Muir, 2005). This is particularly salient in societies that are repelled by sexual crimes against children, which is shrouded in secrecy and denial (Carr, 2003; Quayle et al.,
Within the context of social taboo and stigma, there can be cultural tendencies to blame the child for their own abuse.

Silencing of the child may be intensified if they fear the consequences of disclosure from the family, feel guilty for consequences to the perpetrator, or fear subsequent retaliatory actions from the perpetrator (Carr, 2003). These issues were brought to light in a study by Hunt and Baird (1990) that involved ten children aged three to five years who had been abused in sex rings over a period of three years by multiple adults. Two fathers and one uncle were the offenders in three cases and childcare providers were the offenders in the other seven cases. Cameras and/or videos were used by the offenders to record the abuse of the children. The researchers concluded that while children’s reactions to sexual abuse can greatly vary recording and creating a permanent image of the abuse is likely to result in a higher level of emotional and social trauma. The children in the study were more resistant to disclose their abuse if they had been videotaped or recorded and, for those children, “denial of the abuse becomes even more important in order to deny the photography, and is achieved at greater psychic cost” (p. 202). Recording children during the abuse “exacerbates the shame, humiliation, and powerlessness that sexual abuse victims typically experience” and children will use “massive denial and repression” to repudiate what has happened to them (Hunt & Baird, 1990, p. 202). The researchers described how the offenders threatened the children that if their mothers saw the abuse images they would become enraged with the children and kill them. Children terrorized in this way suffer overwhelming fear, guilt, and shame and become “the instrument of their own torture” (p. 201).

As a result of their study on sex rings, Hunt and Baird (1990) noted the likelihood that practitioners “will have an increased resistance to acknowledging this type of child exploitation” (p. 202). They reasoned that practitioners just coming to terms with the prevalence and seriousness of CSA were now required to “expand their awareness to another population waiting to be acknowledged – children of sex rings” (p. 202). Some practitioners would be overwhelmed by the notion of sex rings and would thus find it easier “to deal with an individual acting alone in committing the abuse than groups of adults joined together for the sole purpose of child sexual exploitation” (p. 202). Concerned with subjective resistance to investigate even the possibility of the involvement of children in sex rings, the researchers argued that
“addressing the denial and resistance within the child welfare system in relation to child sexual exploitation by a ring is crucial to a practitioner’s effectiveness” (p. 195).

A longitudinal study conducted by Silbert (1989) involved 100 children and youth between the ages of six and 21 years who had been involved in child prostitution. In the course of this study, the researcher discovered that many of the children had either been exposed to child pornography and/or pornographic images had been taken of them. Silbert (1989) argued that victims of child pornography may be forever psychologically damaged and their self-image and future relationships may also be adversely affected. Results of the study indicated that the victims continued to be traumatized by “desperation, hopelessness and psychological paralysis” over the years and that “such a trauma is set to continue indefinitely” (Silbert, 1989, as cited in Svedin & Back, 1996, p. 23). Long after the abuse has ceased victims of child pornography suffer severe anxiety worrying about who has seen the abuse images and whether they will be recognized (Silbert, 1989). These findings support the notion that when images of a child’s abuse are produced they become a permanent reminder of their victimization and, even if the child never sees the images again, they know they are in existence.

Unfortunately Burgess and Hartman (1987), Hunt and Baird (1990) and Silbert (1989) did not provide detailed descriptions of their methodology. What these studies did provide, however, was insight into how children perceived the knowledge that images of their abuse had been recorded and how abuse images can be used to humiliate, threaten, manipulate, and silence child victims. These studies are broadly similar in the accounts that they give of the symptoms exhibited by the children due to the abuse. The studies focus, however, on conventional sexual abuse and photography and fall short of addressing the velocity at which abuse images can be disseminated in the online environment and the layered complexity of potential harms done to child victims whose abuse images are perpetually distributed, viewed, and collected online anywhere in the world. In these studies, response and treatment for children specific to the effects of the images is not addressed.

Disclosure

It appears that the element of silencing extends beyond the dynamic between the offender and the child when photographs are involved in the abuse. Indeed, Palmer (2005) argues that the
most significant inhibitor of a child's disclosure of sexual abuse is the humiliation of their abuse experience being recorded and the ongoing fear of being recognized. Silbert (1989) used the term “silent conspiracy” to describe this notion of ‘enforced’ silence (as cited in Quayle et al., 2008, p. 48). In a study conducted through the youth psychiatric clinic at the University Hospital in Linkopping, Sweden, Svedin and Back (1996) interviewed 10 children involved in “child pornography operations” (p. 25). All of the children had been sexually abused and photographed during the abuse. Law enforcement officials in Sweden notified the researchers when child victims were identified through images confiscated during their investigations and subsequently located. The purpose of the study was to: establish a general profile of children exploited in Swedish-produced child pornography; study how children disclosed abuse when questioned by the police; discover what children remember of their participation in relation to the actual course of events depicted in the pictures and/or videos; and, understand what prevented children from disclosing (Svedin & Back, 1996). According to the researchers, the children were most reluctant to remember and talk about the abusive activities related to being photographed. The study highlighted the shame that the children experienced and how recording of the abuse in some cases prevented disclosure. For example, none of the children spoke spontaneously of the abuse and five of the children denied that anything had occurred even when confronted with images of their abuse. Svedin and Back (1996) found that only after the children were shown images and videos of their abuse did they accept what had happened to them. These findings support the other studies’ findings regarding children whose sexual abuse has been recorded (Burgess & Hartman, 1987; Silbert, 1989) in which children, when confronted with their abuse images, experienced a sense of degradation, blame, and fear of the possible consequences of exposure (Svedin & Back, 1996).

This study demonstrated that children would adamantly deny their abuse even when informed by law enforcement that images of their abuse had been discovered and the child had been unequivocally identified in the images. The study inadvertently (and disturbingly), however, draws attention to how abuse images may potentially (re)traumatize children when used during the course of an investigation by those whose intention it is to protect them. Palmer (2006) and Soderstrom (2006) cautioned that the traumatic impact on children when informed that images of their abuse have been discovered online should not be underestimated. As recommended by Palmer (2006), all aspects of disclosure processes, from discovery to treatment, should be
reviewed and reconsidered to reflect the differential harms done to children made the subjects of sexual abuse images on the Internet. For example, the use of technology by law enforcement officials during the disclosure process may cause further harms to the child by “evoking feelings and responses in the child that echo those they experienced at the time of the abuse” (Muir, 2005, p. 42).

Child victims in the abuse images online rarely have control over the disclosure process because: 1) the abuse images that appear online are usually found during the course of a police investigation; 2) they have been silenced by fear and shame; or, 3) they were unaware that they were being filmed or photographed while they were being sexually abused (Jones & Skogrand, 2005). The disclosure process involved disparate factors when the child’s abuse images had been distributed on the Internet. As Soderstrom (2006) explained “the child’s cognitive perception of the abuse is made more difficult since the child constantly needs to defend him/herself from facing the fact that images were taken” (as cited in Quayle et al., 2008, p. 46).

Soderstrom delineated four ways the abuse images can become part of the disclosure process: 1) when the child purposefully discloses abuse and recording of the abuse; 2) when the child purposefully discloses abuse, but reveals existence of abuse images later in treatment 3) when the child is brought to treatment after abuse has been disclosed by others; and 4) when the child is informed that abuse images have been discovered by others (e.g., law enforcement) (2006, p. 15). Furthermore, there is vast difference between a child who has made a purposeful decision to disclose and a child who is not ready for disclosure but is confronted with explicit images of their abuse. The child may be emotionally devastated by the knowledge that law enforcement officials have discovered and viewed images of their abuse and may suffer further trauma if they are required to verify the authenticity of an abuse image (Muir, 2005).

Nyman (2006) argues that children who are unaware that images of their abuse exist (e.g., due to their young age or the covert recording of the abuse) should never be told of the images because this knowledge would “prevent any possibility of rehabilitation” (p. 51). In contrast, Palmer (2005) posits that while little is known about the impact of such a disclosure, the child has the right to know information that is directly related to them. Clearly, due to the impact of such a disclosure, questions must be raised regarding the age at which the child would be
informed of the images; the criteria used in making that decision; and, who would be responsible for decision-making.

Overall, even when considering the impact of abuse images on the child it is within the context of the effects of the sexual abuse. The images, as such, are seen as an aggravating circumstance that deepens some of the symptoms of the sexually abusive experience rather than the specific effect that the images have on sexually abused children. This has implications for how such cases are responded to and how the therapeutic needs of the children are addressed. An analysis of the literature found that, to date, only two studies have attempted to discern the impact of the online aspect on children in sexual abuse images and to describe how new technologies become a part of the abuse experience.

Child Sexual Abuse Images Online

From 2004 until 2007, von Weiler and colleagues (2010) conducted a nationwide study of practitioners in Germany regarding the care and treatment of children who were victims of child pornographic exploitation (CPE) online. Between the years 2000 and 2005, a total of 245 (197 girls, 48 boys) confirmed child and adolescent victims of sexual abuse images were treated as were 280 suspected cases of children who were sexually victimized via images on the Internet. The purpose of this study was to “raise awareness for specialized counselling centres and trauma therapists in Germany concerning the special issues CPE and its distribution via the internet” and “to enhance and enlarge already existing networks working with child and adolescent victims of CSA and CPE” (von Weiler et al., 2010, p. 212). There were three stages to this study. In Stage 1, a one-page questionnaire was sent to a total of 555 agencies and practitioners working with CSA in Germany to gather quantitative data regarding demographic information (e.g., level of education of practitioners, number of victims treated, gender of victims) with a response rate of 29.4 per cent. In Stage 2, a 20-page questionnaire was sent to practitioners who had indicated their willingness to participate via the first questionnaire. This questionnaire was designed to gather a more detailed understanding of casework with victims of CPE. A total of 84 practitioners representing 39 agencies participated in this stage of the study. In Stage 3, semi-structured face-to-face interviews, one to two hours in length, were conducted with a subset of 28 professionals (from Stage 2 of the study) representing 13 agencies. The findings were that participants were particularly concerned about how to deal with the issue of
permanence once abusive images had been distributed online and were “at a loss as to how to treat victims of CPE to the fullest extent” (p. 221). The researchers concluded that “even though the distribution of child-abusive images has been rising continuously since the late 1990’s it seems that it has not fully reached the everyday practices of therapists and counsellors working with sexually abused children” (von Weiler et al., 2010, pg. 221). Practitioners are not consistently aware of or do not probe possibilities of online sexual victimization in the investigation, assessment, and treatment of child sexual abuse. Nor is this issue adequately addressed in their education and training. Findings from this study highlight that even though clinical practitioners are aware of the phenomenon of child sexual abuse images online, there is a lack of expertise regarding the psychological impact on the child victims and a lack of knowledge about how to identify, respond, and provide treatment for these children.

From clinical practice experience, Leonard (2010) presented two case studies of girls, aged 14 and 18 years, with the aim of examining the additional impact on the victims of online abuse. In the case example of the 14-year-old, photographs of her in her underwear were taken by a girlfriend while they were trying on outfits in the bedroom and subsequently emailed to a friend. The following day everyone at school had seen the images which were also posted on YouTube. In this case, the victim expressed “how overwhelmed she feels when she thinks of how many people have access to the pictures of her, and the realization that anyone could be viewing them, anywhere, at any time of the day” (p. 252). The other case example involved an 18-year-old whose father was convicted of taking “obscene photographs” of her and posting them on the Internet (p. 251). In both cases, the victims experienced “a general feeling of unsafeness” and were “very withdrawn, unable to socialize, and remain very reluctant to go outside” (p. 252). Leonard described both victims as “continually traumatized when they think of how many people look at them on the Internet at any given minute of the day” and as “struggling with the knowledge of what the unknown perpetrators are doing sexually to their picture” (p. 253). As a result, victims whose abuse images are online in perpetuity cannot be approached as ‘post-trauma; because “they are still very much living and experiencing the trauma” (p. 254). Children who know their abuse images are in circulation online experience a sense of “sickening anticipation” due to the “ongoing sense of being re-abused by someone for whom they do not have an identity” (p. 255). Leonard challenged clinical perceptions “of internet offending as causing fewer traumas than contact offending” because, as a result of their images being in
perpetual circulation online, children will never experience closure and this aspect must be considered within assessment and treatment (p. 255).

These studies provide a vital ‘starting point’ in understanding how the online aspect effects child victims of sexual abuse and point to the serious gaps in the research regarding how to respond to these children therapeutically. The results of these two studies, combined with the paucity of investigation into response and treatment for CSAIO, generate more questions than answers. Questions for example include the conceptualizations of the Internet aspect for helping professionals responding to and working with child victims of sexual abuse. In conclusion, research is needed to contribute to knowledge about how practitioners understand the harms done to children made the subjects of sexual abuse images on the Internet and how they integrate this understanding into their response and treatment approaches. This consideration was the impetus for this study.

**Chapter Summary**

This chapter examined the available empirical literature related to child sexual abuse images online and provided an analysis of the research and data published in government and non-government reports and anecdotal records. The unique factors that contemporaneously affect children made the subjects of child sexual abuse images online were delineated. The act of recording and distributing sexual victimization images over the Internet is a new and unknown variable in the work of responding to CSA. There is evidence that practitioners do not consistently probe for information about the possibility of involvement of the Internet in their investigations of CSA. Possible recording of the sexual abuse needs to be determined as it affects assessment and treatment planning for child victims whose images are in the public domain and irretrievable. This chapter pointed to the need for research to understand the potential negative effects on the child victims of online sexual abuse images and the implications of this understanding for assessment and treatment interventions. This study explored the following research questions:

1) In what ways do practitioners describe their understanding of child sexual abuse images on the Internet?
2) In what ways do practitioners describe their understanding of the impact of the Internet on children made the subjects of sexual abuse images online?

3) How do practitioners integrate their understanding into their approaches to assessment and treatment for these children?
Chapter 3
Method and Design

Method

Grounded Theory method was chosen as the design for this research based on a thorough review of other qualitative research methods. Grounded Theory (GT) is an inductive, discovery-oriented methodology that is well suited to and commonly used in studies examining areas in which theory is sparse and/or underdeveloped. The exploratory nature of grounded theory methodology was considered ideal for the current study given the absence of investigation regarding understanding the harms done to children made the subjects of sexual abuse images online. The primary purpose of this method is to discover or build a theory that is ‘grounded’ in the data of everyday experience thereby generating new theoretical understandings and tentative hypotheses about the phenomenon of interest. Grounded Theory encourages rich, thick description and calls for what Charmaz (2010) describes as “imaginative understanding” of the studied occurrence (p. 126). Theory evolves during the actual research, through continuous interplay between data collection and analysis (Denzin & Lincoln, 2000). A major strength is that GT provides a systematic and rigorous set of procedures and techniques for collecting and analyzing data and of creating new theoretical understandings.

In recent years, the grounded theory method has evolved to account for a range of ontological and epistemological underpinnings. Charmaz (2010) juxtaposes two forms of grounded theory: objectivist and constructivist. She contends that the positivist philosophical stance of objectivist grounded theory (Glaser & Strauss, 1967) assumes a shared truth between researcher and participant that can eventually be generalized. By assuming the existence of an external reality, Charmaz (2010) asserts that objectivist grounded theory promotes positivist proclivities that compromise the potential to address symbolic interaction between researcher and participants. On the other hand, a constructivist approach to grounded theory complements symbolic interactionism because both emphasize the study of how action and meaning are constructed and provide an interpretive portrayal of the studied world. Charmaz (2010) argues that constructivist grounded theory is part of the interpretive tradition that presupposes multiple realities, recognizes mutual creation of knowledge, and aims towards interpretive understanding.
of participants’ meanings rather than the discovery of truth. As she explains, constructivist grounded theory “does not adhere to positivist notions of variable analysis or of finding a single basic process or core category in the studied phenomenon” but, rather, “aim[s] to show the complexities of particular worlds, views, and actions” thereby leading to more nuanced and reflexive results (Charmaz, 2010, p. 132).

Notwithstanding, the strategies essential to a Grounded Theory research design, such as coding, constant comparison and the use of memos, remain unchanged and include “a) simultaneous collection and analysis of data b) two step coding process c) comparative methods d) memo writing aimed at the construction of conceptual analyses e) sampling to refine the researchers’ emerging theoretical ideas and f) integration of the theoretical framework” (Charmaz, 2000, p. 510-511).

**Study Design and Data Collection**

**Study Design**

Employing a constructivist grounded theory approach, the aim of this research study was to explore how practitioners working with sexually abused children understood child sexual abuse images on the Internet. In particular, I was interested in the ways that their understanding might influence assessment and treatment approaches and I developed an interview guide that would achieve this from the practitioners’ point of view. With this in mind, between February 2011 and July 2011, I conducted individual interviews with 14 practitioners using an interview guide that I developed. Prior to conducting the interview a brief demographic chart was used to collect basic information from study participants (e.g., gender, years of experience in the field of CSA).

**Sample and Recruitment**

In accordance with the research and ethics protocol for this study, a Recruitment Flyer was developed that indicated the nature and purpose of the study and that included the phone number (with confidential voicemail) and email address of the researcher for individuals interested in responding. The flyer was delivered in person, sent through the postal service, or sent via email to selected agencies in the Greater Toronto Area, Barrie, and London, Ontario, which provided
assessment and/or treatment for sexually abused children (see Appendix A for the Recruitment Flyer). As indicated on the flyer, practitioners were invited to participate in the study on a voluntary basis. Volunteers were subsequently contacted by the researcher and, as part of the recruitment process, the study was described in detail to each volunteer including the background, purpose, consent process (e.g., risks and benefits, privacy and confidentiality), and the interview procedure. The inclusion criteria for this study were: 1) paid practitioners in agencies; 2) practitioners in private practice actively practicing in the assessment and/or treatment of children and youth, up to the age of 18 years, who have been sexually abused. The exclusion criteria were: 1) practitioners who are not able to speak English well enough to participate in the interview process; or, 2) any practitioner with whom the researcher had a current or previous professional relationship. Each participant gave informed consent, including consent to be audiotaped, and they received a copy of the signed consent form prior to the interview (see Appendix B for the Informed Consent form). It was anticipated that some practitioners might experience distress during the interview should they become aware that they may potentially have missed an aspect of a child’s abuse (Internet images). Participants were made aware of this potential risk at the outset of the study and were informed that they could withdraw from the study at any point in the process without consequence. As well, a list of counselling services was available for participants if needed (see Appendix D for Counselling Support Services List). Over a period of six months of recruitment 14 practitioners, representing 10 agencies, were interviewed for the study.

While participants self-selected during the initial phase of data collection, additional participants came to the attention of the researcher through a ‘snowball’ effect with practitioners referring their colleagues to the study. Additional participants were purposely sought who were likely to present a different point of view thereby increasing the likelihood of diverse viewpoints and experiences among the participants. In Grounded Theory, theoretical sampling is used and refers to the process employed to select a portion of the population for study for the explicit purpose of obtaining the richest possible source of information to answer the research questions and is deemed critical to the development of a conceptually-dense and complex theory (Draucker, Martosolf, Ross, & Rusk, 2007). Charmaz, (2010) explains that the process of theoretical sampling involves “seeking and collecting pertinent data to elaborate and refine categories in your emerging theory” (p. 96). In keeping with theoretical sampling, additional
participants were recruited based on emergent themes in the initial interviews that required expansion, clarification, or confirmation. For example, after several practitioners mentioned the importance of supervisors in the assessment and treatment of child sexual abuse, supervisors were specifically sought to pursue this area of inquiry. As explicated by Charmaz (2010), the aim of theoretical sampling is to “fill out and check the properties of a tentative category, not to achieve demographic representation of those chosen for the study” (p. 167). Theoretical sampling continued until no new theoretical insights or properties of core categories emerged during data collection (Charmaz, 2010).

**Data Generation and Data Collection Procedures**

Data collection consisted of 14 in-depth individual interviews with practitioners (11 clinical practitioners and 3 child protection workers) who worked with children who had been sexually abused, using an interview guide with open-ended questions and prompts following the lead of the research participant (see Appendix C for the Interview Guide). Each interview was conducted in person, at a private location of the participant’s choice and convenience, and lasted approximately sixty minutes. At the end of the interview, each participant was thanked for their contribution to the study.

In the tradition of grounded theory, the process of data collection and analysis occurred simultaneously and revisions to the interview guide were made accordingly. When emerging themes indicated further areas to be explored these were added to the interview guide. For example, after several practitioners mentioned “permanence” as an important consideration for child victims in online abuse images, the interview guide was modified to include the question “Tell me about your understanding of permanence of online abuse images for children made the subjects of the images.” Interview questions were purposely open-ended and non-judgmental so as to encourage participants to share what they felt was relevant and meaningful regarding the phenomenon. In several situations, a participant shared an idea that required further probing during the interview process. Probes included phrases such as “that’s interesting, tell me more about that.” At times, participants were asked to clarify their responses in order to obtain accurate information and to learn more about their subjective experiences and reflections. Implicit in the development of a grounded theory study is the necessity to begin from the ‘ground up’ in terms of listening to and hearing the emerging story proposed by each participant
thereby enabling the researcher to “travel a path through the interview with the participant” (Birks & Mills, 2011, p. 75).

Sampling continued until theoretical saturation, determined when “gathering fresh data no longer sparks new theoretical insights nor reveals new properties of core theoretical categories,” occurred (Charmaz, 2010, p. 113) and no new information emerged from the data. The decision that theoretical saturation had been reached was guided by the following criteria outlined by Strauss and Corbin (1998): (1) no new relevant data emerged regarding a category, (2) categories are well developed in terms of their properties and dimensions demonstrating variation, and (3) relationships among categories are well established and validated (e.g., with the data, with participants through member checking). In this study, theoretical saturation occurred after 11 interviews which is in line with what other researchers have found when the sample is so specific (i.e., based on strict criteria), the research questions narrowly focused, and the interview data sufficiently rich (Bowen, 2008; Guest, Bunce, & Johnson, 2006; Morse, 1995, 2000).

**Data Management and Analysis Procedures**

All interviews were conducted by the researcher and were digitally recorded. The researcher transcribed each interview verbatim to ensure dependability of the data, and then coded each interview initially by hand and thereafter using N*Vivo 9 (a qualitative software analysis system). Information obtained during the study was held in strict confidence. To ensure confidentiality of participants all identifying information was removed from the interview transcripts (Padgett, 1998) and no identifying information will be used in any publications of study findings or other scholarly dissemination activities. Furthermore, due to the low proportion of male practitioners in the sample and the potential for their identification, all participants are referred to as female in this study. Consent forms were secured in a locked file cabinet. Consent forms, audio-recordings, transcripts, and other data collected over the study period were kept in a password-protected computer that was stored in a locked filing cabinet. Seven years after the completion of the study, the raw data will be destroyed to ensure continued long-term privacy and confidentiality. The study protocol was submitted to the Research Ethics Boards at the University of Toronto and was renewed annually until study completion.
Coding and Constant Comparison

Consistent with constructivist grounded theory as outlined by Charmaz (2010), this study employed initial, focused, and theoretical coding in the data analysis process. The first three interviews were open coded line-by-line by hand on hard copy and notes were made in the margins next to the text. This first step of analysis was used to generate initial categories of the phenomenon “so as to compare incident with incident, name apparent phenomena or beginning patterns, and begin the process of comparison between the codes” (Birks & Mills, 2011). The next step was to import the data into N*Vivo in order to organize and manage the information. The detailed and meticulous process of line-by-line coding helped to open up the text and interpret the transcript in new and at times unfamiliar ways. Following this step, themes and emergent concepts in the data were compared and interpreted, and triangulated with previous text. Strauss and Corbin (1998) describe initial coding as a particularly reflexive activity that requires the researcher to self-examine regarding early analytical decisions made in order to avoid the subconscious application of particular theoretical codes. Analysis of each transcript was followed by a comparison of findings across transcripts as one way to improve the reliability of the data (Charmaz, 2010). Additional codes were added to the coding schema as they emerged. According to Strauss and Corbin (1998), the codes must be readily (not forcibly) applicable to and indicated by the data and must be meaningfully relevant to and able to explain the phenomenon under study.

During initial coding the participants’ own words (in vivo codes) and/or gerunds (words ending in ing that reflect process rather than topic) were utilized to preserve participants’ meanings of their views and actions in the codes themselves. This was in order to convey a sense of action and imagery as well as to stay close to the data, and therefore the meanings the participants were conveying. Starting with the words and actions of the participants provided a way of looking at their experience from their perspective. For example, when asked how practitioners might ask a child about the possibility of online sexual abuse images, one practitioner said she had consulted with her colleagues about this because she didn’t want to be stumbling around in the dark. Stumbling around in the dark was an initial in vivo code from early analysis that is also in the form of a gerund. Expressing this concept as a gerund preserves the sense of action that is part of the participant’s experience of ‘not knowing’. Replacing the gerund ‘stumbling’ with a noun
such as ‘stumble’ or ‘unsure’ for this code risked reducing this important notion to a static topic and losing the sense of action and process inherent within it (Charmaz, 2010).

Following initial coding, focused coding assisted in examining patterns and in developing main categories. Focused coding is more directed, selective and conceptual than initial coding. The process of focused coding often required a reconsideration of codes already identified through line-by-line coding. Codes were merged or eliminated in order to synthesize data. One of the main aims of focused coding is linking together categories that move the data from large amounts of low-level conceptual codes to the realm of medium-level concepts and categories (Birks & Mills, 2011). Finally, theoretical coding integrated the developing concepts and categories in order to refine the emerging theory and form the initial theoretical model through which all substantive categories are related to the core category. According to Charmaz (2010), “theoretical codes are integrative; they lend form to the focused codes you have collected” and bring the analysis to a level of integrated theory building (p. 63).

Throughout the coding process, I used the constant comparison method to make comparisons between data, codes, and categories to advance conceptual understanding. Data incidents under one code were compared to each other, refining code labels and the properties of codes. For example, all codes about ‘training’, both within and across participants, was gathered together to explore what these experiences had in common. Subsequently, codes were compared to each other resulting in several codes becoming subsumed under a substantive category. In grounded theory, data analysis and the later stages of data reduction operate iteratively. At times, however, this process led to a further elaboration of codes. As articulated by Charmaz (2010), grounded theory methodology is “an emergent process that relies on interacting with our participants, the data we gather, and how we develop our nascent ideas, as well as what we know and who we are” (p. 172).

**Clustering**

Charmaz (2010) describes clustering as a “non-linear, visual, and flexible technique to understand and organize your material” (p. 86). Similar to conceptual or situational mapping, clustering offers a diagram of relationships between codes and categories (Charmaz, 2010). In this study, clustering was used to reflect on and understand the relationships between and among
emerging categories. The initial themes that were generated through open coding were organized through clustering. Placing sub-categories and categories in relationship to each other allowed me to think about their conceptual closeness or distance. Drawing diagrams was an analytic tool that facilitated movement from descriptive details of the data to thinking more abstractly. For example, the placement of arrows in a diagram stimulated thinking about how concepts might be related. Sharing diagrams with my doctoral supervisor during data analysis facilitated thinking about relationships among categories and subcategories. Diagrams became more abstract as I considered relationships between categories and interpreting practitioners’ descriptions. Throughout the data analysis process diagrams were hand drawn, dated, and kept in a journal.

**Memo Writing**

Memos were detailed following each interview throughout this study. Memo writing is a sustained and successive analysis of emerging categories and reflects properties of tentative categories, the conditions when a category is evident, how the category accounts for data, and comparisons between codes and categories (Charmaz, 2010). While constantly comparing categories during the coding process, hunches, ideas, and related questions were recorded in memos. Throughout this study, I have incorporated field notes, memos, and methodological journaling to develop insight regarding thoughts, feelings, and decisions made in relation to transcription and analytical processes and to guide future actions. According to Strauss and Corbin (1998) memos are “working and living documents” that should “begin with the first analytic session and continue throughout the analytic process” (p. 118). Birks and Mills (2011) explain that when working with data “the researcher extracts meaning using a process of interpretation” and that writing memos enables the researcher “to articulate, explore and question these interpretations” as they interact with the data (p. 40). With this in mind, I began writing reflective, analytic memos early, coupling analysis with observations in an iterative process that provided the means for developing and working through new conceptual connections and analytic understandings. Analytical memos contained thoughts and ideas about what I was seeing in the data, and decisions concerning themes and categories as they developed and continued to emerge and evolve. For instance, in a memo dated June 18, 2011, I noted the revisions I had made to the preliminary findings based on committee feedback. Methodological
memos were written on decisions such as theoretical sampling (e.g., conceptual leads to follow up with in subsequent interviews). Theoretical memos were written on areas such as participants’ use of metaphors (i.e., stumbling around in the dark; off my radar), clustering/diagram ideas, theoretical questions, and later, provisional hypotheses of how categories might relate. Memos led to a number of successive versions of an overarching interpretive template or theoretical coding scheme. Memo-writing, “the pivotal intermediate step between data collection and writing draft papers” was perceived as essential to data collection because “it provides space to become actively engaged in your materials, to develop your ideas, and to fine-tune your subsequent data-gathering” (Charmaz, 2010, p. 72). All memos were dated and titled.

**Strategies for Rigor**

Qualitative researchers have conceptualized the idea of rigor in multiple ways (Chiovitti & Piran, 2003; Hall & Callery, 2001). Interpretive researchers hold differential assumptions about the nature of reality; Lincoln and Guba (1985) suggest that a different criterion of rigor is required to reflect these differences and posit the alternative criterion of trustworthiness. Trustworthiness is established when findings as closely as possible reflect the meanings as described by the participants (Lincoln & Guba, 1985). According to Lincoln and Guba (1985) there are four issues of trustworthiness that demand attention: credibility, transferability, dependability, and confirmability. Credibility is an evaluation of whether the research findings represent a “credible” conceptual interpretation of the data drawn from the participants’ original data (p. 296); transferability is the degree to which the findings of this inquiry can apply beyond the bounds of the study; dependability is an assessment of the quality of the integrated processes of data collection, data analysis, and theory generation; and, confirmability is a measure of how well the inquiry’s findings are supported by the data collected. Strategies to manage threats to trustworthiness include prolonged engagement, triangulation, peer debriefing, persistent observation, member checking, negative case analysis, and reflexivity (Creswell, 2007; Horsburgh, 2003; Johnson & Waterfield, 2004; Lincoln & Guba, 1985; Mauther & Doucet, 2003; Padgett, 1998). As well, the skill of the interviewer is an important component for trustworthiness of the data and is evident in the quality of the interview transcripts (Kvale & Brinkmann, 2009). Findings are enriched when the interviewer frequently explores meaning
within the interview rather than imposing their own interpretations of the data. Given my
‘insider’ knowledge of the area of investigation, I was particularly mindful of clarifying areas
that I thought I was already familiar with to ensure that I was not imposing my own
interpretations onto the data.

In this study, prolonged engagement was achieved through my years of experience providing
assessment and treatment for sexually abused children. According to Strauss and Corbin
(1998), the ability of the researcher to generate hypotheses and convert them into theory can be
attributed to the researcher’s academic, research and professional background, as well as to their
understanding of the area under study. This means that data can be gathered from many
different areas during the course of a GT study, even from the researcher themselves.
Triangulation, according to Cresswell (2013), is the use of different sources of data and in some
cases theories to analyze and corroborate findings. Charmaz (2010) explains “when you
theorize, you reach down to fundamentals, up to abstractions, and probe into experience”
(p. 135) thereby developing theoretical sensitivity. This idea of negotiating within social
interactions and social processes (Becker, 1986) is central to the generation of a grounded
theory due to its roots in symbolic interactionism. In this study, I utilized available relevant
documentation within children’s mental health and child welfare (e.g., workshop/conference
materials, training manuals) to triangulate information and provide validity to my findings.

To improve credibility, peer debriefing was utilized. My thesis supervisor and another social
work colleague in the doctoral program reviewed the data to determine whether their
interpretations were similar to my own. This measure helped to ensure that study findings as
closely as possible reflected the meanings as described by the participants. In addition, my
dissertation committee members were provided with details of coding and data excerpts that
were part of an extensive audit trail of how the codes evolved. Throughout the gathering and
analysis of data, I engaged my supervisor, members of my thesis committee, and/or my social
work colleague to facilitate peer debriefing and to assist in probing for and debriefing any biases
I may have had.

Persistent observation occurred through preparatory screening and calls to potential participants,
the interview process, and member checking. Member checking involves taking the analysis of
the data to key informants for confirmation (Birks & Mills, 2011). All participants indicated at
the end of each of their interviews that they could be contacted for clarification or confirmation of initial findings. Three participants (two practitioners and one child protection worker) were contacted by telephone at the end of the study and were asked to comment upon initial findings and interpretations to determine whether these made sense and resonated for them. A sample question asked of the participants in this process was: “I am finding that practitioners will likely not ask children about sexual abuse images if these questions are not already included in the assessment tool; does this fit for you?” All participants involved in member checking indicated that the emerging information fit with their experiences. The provision of participant quotes in the final report provided rich description and confirmed that findings were grounded in the data. Thick description to increase transferability, and the utilization of systematic data analysis for dependability, was adhered to for establishing trustworthiness. Negative cases, described by Corbin and Strauss (1998), are cases that do not “fit the pattern” and that present “the exception to the action/interaction/emotional response of others being studied” (p. 84). In this study, negative case examples are provided throughout the analysis of findings.

Although I have stayed as faithful to the original interviews as possible, participant quotations provided in this thesis have been altered for readability. For example, such expressions as ‘um’, uuhhu’ and ‘uuhum’ have been removed between words as they may interfere with the flow of the reading. In the final thesis, all participant voices are represented.

**Reflexivity**

Reflexivity, the constant self-conscious, scrutiny of the self as researcher and of the research process, is necessary in order to make explicit personal assumptions that are brought to the research process and data analysis. Reflexivity, defined by Horsburgh (2003), is the “active acknowledgement by the researcher that her/his own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation” (p. 308). In constructivist grounded theory, intimate familiarity of the researcher with all aspects of data collection and management is thought to be desirable in that such close involvement enriches the data analysis process. According to Leitz, Langer and Furman (2006), “there is a sense that researchers need to immerse themselves in the data in a way that embeds the narrative of the participants in the final research outcome” (p. 448). Charmaz (2010) cautions that neither the data nor the subsequent analyses are neutral and reflect positions, conditions, and contingencies
of their construction, that influence “what we attend to and how we make sense of it” (p. 67). To balance the risk of assumption and bias, she recommends the researcher take a reflexive stance and question preconceived ideas and perspectives in order to safeguard against imposing them on the data. Accordingly, through reflexivity, it is important to consider how who we are may interfere with portraying the voice of the participant (Bowen, 2006). Not doing so may result in missing important meanings presented by the participants or influence the direction (and ultimately the content) of the interviews.

Charmaz (2006) proposes it is impossible for the researcher to distance themselves from who they are, what they know, or from their experiences. The expectation in a grounded theory study is to actively draw on such experiential knowledge in both collecting and examining data. My experience and knowledge of relevance to this study emerge primarily through 20 years of experience working in the children’s mental health system. In my clinical practice I provided trauma assessments and treatment for sexually abused children and facilitated support programs for non-offending parents in cases of CSA. In this study, when asking about approaches to assessment and treatment, I anticipated that most practitioners working with children who have been sexually abused were employing Trauma-Focused Cognitive Behavioural Therapy (TF-CBT). This is a trauma treatment model in which I am also trained. I expected that practitioners would employ this practice method because it is an evidence-based treatment that has been manualized, well promoted, and training in this treatment approach has been broadly and regularly provided to practitioners.

Throughout this study my goal was to ensure that the words of the participants were in the forefront of the findings regardless of whether their experiences fit with any preconceived notions or theories that I held. Charmaz (2010) reminds us that a grounded theory is constructed “through both our past and our present involvements and interactions with people, perspectives and research practices” (p.10). However, as Mauthner and Doucet (1998) point out, regardless of our best efforts to put the voices of participants foremost, we ultimately fall short because: “in deciding which ideas to follow-up we are undoubtedly influenced, whether consciously or not, by our own personal, political and theoretical biographies” (p. 122).

Through my experiences working in the field I share professional experience with the study participants. Therefore, throughout the study process, I needed to be mindful of potential bias
arising out of my experiences as a practitioner. Grounded theory methodology and my Thesis Committee assisted me in maintaining this awareness. In order to reflect on my assumptions and to consider how these assumptions influence my interaction with research participants and impact data analysis (e.g., how I might be influencing interpretation of data based on my experience working with sexually abused children and my knowledge of the literature), I maintained a research journal throughout the research process to enhance the credibility of data interpretation (Creswell, 2007). This reflexive journal included my impressions, evolving thoughts and reactions to participants, data, and my experience of the research. An audit trail was kept which included the raw data, evidence of data reduction, data reconstruction, and process notes on data collection and analysis. I also kept a methodological log that included methodological decisions made along the way.
Chapter 4

Findings

The purpose of this study was to explore how practitioners understand child sexual abuse images on the Internet and how they integrate this understanding into assessment and treatment approaches. The research questions were:

1) In what ways do practitioners describe their understanding of child sexual abuse images on the Internet?

2) In what ways do practitioners describe their understanding of the impact of the Internet on children made the subjects of sexual abuse images online?

3) How do practitioners integrate their understanding into their approaches to assessment and treatment for these children?

Description of Sample

The sample consisted of 14 participants (11 practitioners and 3 child protection workers) representing 10 agencies from the Greater Toronto Area, Barrie, and London, Ontario. The participants (11 female and 3 male) had a range of educational levels; BSW, MSN (Master of Science in Nursing), MSW, PhD; work experiences (Screening/Intake, Child and Family Therapy, Psychotherapy, Nursing, Training, and Supervisory positions); and, a high level of experience (ranging from 2 to 31 years), with the majority having more than 6 years in the field (9 participants) and no one having less than 2 years experience (see Table 1 for a demographic profile). All participants were engaged in providing assessment and/or treatment for child sexual abuse. Of this sample, 3 participants engaged in assessment of child sexual abuse and 11 participants engaged in both assessment and treatment of child sexual abuse. All participants reported they had received formal training in child sexual abuse and 12 practitioners indicated that they had not received formal training pertaining to child sexual abuse images online. Two practitioners reported having been trained to work with child sexual abuse images online.
Process of Data Analysis

First efforts at open coding were done by hand on hard copy with notes made in the margins next to the text. Important words, or groups of words, were identified in the data and labeled accordingly. To remain close to the data, initial codes were generated that represented concepts based on participants’ original words or descriptive statements (Charmaz, 2010). At times throughout the coding process, I used the same code to represent different but similar concepts.

After I completed coding the first transcript I made a separate list of all codes, 248 in total, cut them into strips of paper, and clustered them as a visual representation of different concepts developing from the data. Themes gradually emerged as a result of the combined process of constant comparison and interaction with the data (Charmaz, 2010). This process resulted in the identification of 12 categories or themes: Interest in the Field; Education and Training; Practice Experience; Integration into Assessment; Integration into Treatment; Understanding Child Sexual Abuse Images Online (CSAIO); Impact of CSAIO; Being Prepared; Responsibility; Awareness; Integration of Awareness; and, Terminology. I coded the second interview by hand on hard copy and again typed the list of codes and cut them into strips. Themes and emergent concepts in the data were compared and interpreted, and triangulated with the previous text. While some codes fit into existing categories, new categories were created and some codes from the first interview were moved into different categories. The second interview generated 402 codes and the following 8 new categories: Making Assumptions; Sense of Professional Self; Expert Knowledge; Systems Response; Viewing Images; Vicarious Trauma; Hinders Asking about CSAIO; and Helps Asking about CSAIO. I repeated this process with the third interview, using constant comparison between data, codes, and categories to advance conceptual understanding (Charmaz, 2010). Two new categories were generated from the third interview using the original words of the participants: Indelible Images; and, Silencing Response, for a total of 22 themes. At this point, the data were imported into N*Vivo in order to organize and manage the information. Data collection and analysis continued, categories were “filled out” (Charmaz, p. 72) by adding codes within existing categories, new categories were created, and other categories renamed for an expanded total of 35 themes. Constant comparative analysis led to successive levels of abstraction. A “core category” (Out of Focus) emerged, with four sub-categories and seven themes subsumed within this core category.
In coding complete interview transcriptions, researchers develop ideas that might otherwise be overlooked and that can bring them to a deeper level of understanding (Birks & Mills, 2011). I realized that some of the labels used for open coding were common concepts or too general in scope and did not access the deeper meaning in the data. For example, a common concept, ‘lack of training’, is a term that held more significance for participants in the context of this study than might commonly be attributed to this term. Charmaz (2010) cautions that the use of established concepts associated with common meanings may create bias in interpretation or mask something new in the data. Staying close to the data and starting from the words and actions of participants helped to preserve the experience of the participants from their perspective. Charmaz (2010) emphasizes that coding with gerunds helps the researcher gain a strong sense of action and sequence that preserves the fluidity of participants’ experience. Thus, when describing participants’ descriptions of their ‘lack of training,’ I coded using their original words as gerunds, such as “struggling,” “challenging,” “grappling,” and “stumbling.” Coding this way provided a way of thinking about how participants conceptualized their training with regard to online abuse images and revealed indicators and dimensions of their understanding.

**Summary of Findings: Thematic Analysis**

Themes, while presented as separate entities, interacted and overlapped. The interaction among themes emerged as a way of explaining how practitioners understand child sexual abuse images online and how their understanding was integrated into approaches to assessment and treatment. All participants believed that specialized training was a requisite to work in the field of child sexual abuse, and most thought it was important to be knowledgeable of “current trends” in their practice particularly pertaining to the Internet and new technological developments. Nevertheless, most participants stated that the potential role of technology in cases of child sexual abuse was “off their radar.” Participants’ definitions of child sexual abuse images online ranged considerably from explicit violent images of abuse to apparently harmless images of children. The most notable challenge identified by the majority of practitioners was their inability to come to terms with the indelible aspect of the online abuse images in treatment. Overall, the participants were adamant that their training did not prepare them to respond to children whose sexual abuse images were online. Most participants felt uncertain and frustrated about where “specialized” training in work with CSAIO could be accessed. This lack of
specific training presents a critical challenge for 1) agencies whose mission is to provide best practice interventions for children who have been sexually abused, and 2) for practitioners who have considerable training and expertise in working with children who have been sexually abused and yet describe feeling “ill-prepared” and “at a loss” as to how to respond to this particular group of children. Participants viewed supervisors as essential to the work because they provide clinical guidance and in-house training. How participants integrated their understanding of child sexual abuse images online in their approaches to assessment and treatment varied according to factors such as their experience, training, and clinical judgment. The following themes emerged through analysis of the interviews.

‘Expert Knowledge’ refers to the education and training in which practitioners engaged to develop knowledge and skills in working with sexually abused children. According to the participants, specialized training was directly linked to their ability to work with CSAIO and to their ability to respond to the child victim. ‘Being Aware’ was connected to participants’ knowledge of abuse images online and to whether a child’s abuse that was recorded and distributed online was “on their radar.” ‘Being Aware’ affected whether practitioners explored the possibility of abuse images online during assessment. This theme is directly related to ‘Being Responsible’ for responding to CSAIO. All participants indicated that it was their responsibility to seek resources and obtain training and “good information” about CSAIO, as they were accountable to the children and families in their practice. They also considered it their responsibility to include questions about the use of technology during assessment and some stated that not having done so may have resulted in “missing” these cases. Practitioners described working with CSAIO as “inevitable” and saw ‘needing to know’ how to work with these children as “unavoidable.”

The quality of this data is rich, with the identified themes described evident in the majority of the interviews. At this point in the analysis, the data were taken from thematic analysis to a level of abstraction that identified the relationships among the categories. This led to the final refinement of an overarching core category, ‘Out of Focus.’ This core category is comprised of four sub-categories: Knowing, Trying to Make Sense of Child Sexual Abuse Images Online, Silencing Response, and Needing to Know No Matter What, and seven themes: Being Qualified, Coming to Terms, Struggling to Understand the Impact on the Child, Trying to Make it Fit, Don’t Tell, Don’t Ask, Questioning the Training, and Needing to be Prepared (see Figure 4.1 for
a conceptual model). Although presented separately, these sub-categories and themes intersect with each other and converge to produce unique responses to illustrate how practitioners understand child sexual abuse images on the Internet and how this understanding is integrated into approaches to assessment and treatment. While the data are not set forth in a linear or sequential format of collection, the following findings have been prepared to provide a logical flow.
Figure 4.1: Conceptual Model of Core Category, Sub-Categories and Themes
THE CORE CATEGORY: Out of Focus

Throughout this study, all participants described how they “struggled” to understand child sexual abuse images online and “grappled” with how to respond in assessment and treatment to the child in the images. Practitioners reported that their understanding of online abuse images was ambiguous and described feeling confused and uncertain about how to work with children whose abuse images were online. Participants’ definitions of child sexual abuse images online included a broad range of images from “explicit” to “innocuous”. Many practitioners reported having difficulty clarifying what was represented in the online images and were therefore unclear about what to focus on in assessment. In attempting to distinguish the possible effects of online abuse images on the child, practitioners varied in their expressed concern as they tried to bring the images into focus in their practice. Some practitioners viewed the online abuse images to be as serious as child sexual abuse, several practitioners viewed the online abuse images as different from CSA and not as serious, and many viewed the online abuse images as different from CSA and serious. Some participants questioned whether the online images were harmful to the child. The way in which practitioners viewed the images influenced their response. These challenges are captured by the core category ‘Out of Focus.’

The core category ‘Out of Focus’ signifies that most practitioners did not have a clear understanding of child sexual abuse images online nor did they have a clear view of how to respond to the child in the image. Moreover, many practitioners revealed that child sexual abuse images online were not a focus of their clinical practice – the online images were altogether out of the purview. ‘Out of Focus’ represents the practitioners’ depiction of attempts to fit their knowledge of child sexual abuse to online sexual abuse images, terms such as “blurred” and “unclear”. Participants were influenced by their training and experience in the field and by the ways in which online abuse images are socially constructed and reported (e.g., through media, law enforcement). The core category ‘Out of Focus’ encompasses four sub-categories: Knowing, Trying to Make Sense of Child Sexual Abuse Images Online, Silencing Response, and Needing to Know No Matter What. It emerged through analysis that participants’ understanding of the online abuse images came in and out of focus as a result of the interplay among the four sub-categories, which are aspects of the core category ‘Out of Focus’. For some practitioners, the study interview was the first time they had focused on the
possibility of working with online abuse images in their practice.

**SUB-CATEGORY: Knowing**

*Theme: Being Qualified*

The first main sub-category, ‘Knowing,’ captures all references made by participants to the training that qualified them to work in child sexual abuse. All participants deemed it vital to approach their work with sexually abused children from a position of ‘knowing.’ The importance of specialized knowledge was apparent throughout the category and, as can be seen in the quotations, was evident when participants discussed ‘being qualified’ to work in the field. At the beginning of each interview, participants were asked to describe their training in child sexual abuse. This question was intended to invite participants to talk and to be put at ease in order to segue to the central research questions. An unexpected finding was the significance of this “opening” question for each participant, how strongly it resonated, and how important it appeared to be for each participant to relate the extent of their training in working with child sexual abuse. All of the practitioners talked about their expectations for themselves, as well as for their colleagues, to maintain high standards of practice and to continue developing their knowledge and skills in working with sexually abused children. The theme ‘Being Qualified’ is a component of the sub-category ‘Knowing’ and emerged through analysis as an underlying aspect in all sub-categories (‘trying to make sense of child sexual abuse images online’; ‘needing to know no matter what’; ‘silencing response’). How participants try to ‘make sense’ of and ‘come to terms’ with online abuse images of children is based largely upon their training and experiences that ‘qualify’ them to do the work. It is for this reason that these findings begin with ‘being qualified’.

Participants spoke about the quality and relevance of training currently available and the need to obtain ongoing professional development in child sexual abuse (CSA). All talked about “specialized training” which was considered essential to understand the complexities of CSA and to develop “clinical best practice” in approaches to treatment, as illustrated by the following quotation: “Well, certainly I like to say it’s all empirically based, it’s evidence based” (#005). In the following excerpt, a participant described her “specialized training” as:
"Extensive. I’m a certified trauma specialist. I am a certified traumatologist. I am trained in TF-CBT. I’m a certified EMDR therapist. I have taken courses through the International Society for Traumatic Stress Specialists and the International Society for the Study of Trauma and Dissociation which is very common in working with sexually abused children and adolescents and adults. So ongoing, ongoing courses and specialized training around the world that I take to keep up my skills and the knowledge that’s necessary to do the work." (#006)

All of the practitioners talked about trauma-focused cognitive behavioural therapy (TF-CBT) when they described “specialized training” in CSA. This was understandable because, internationally, TF-CBT is considered an evidence-based best practice approach for trauma-related difficulties in cases of child sexual abuse:

“Well, the training that we get here and that we used at my other place of work is based on a model called Trauma Focused Cognitive Behaviour Therapy. So that’s a research model in the U.S. that’s evidence-based. We also follow it here so I’ve done the online training for that and I’ve attended the training workshops conducted by the I guess the inventors of this therapy model from the U.S. yeah.” (#001)

“I think it’s the training, the TF-CBT stuff that’s coming out of the States. I think it’s completely relevant and really its effective like I’ve, the kids that I’ve worked with, we’ve used the model, they seem to, it helps them.” (#004)

“Probably most often with kids we would use TF-CBT. So it just depends upon the client, what the client thinks works best with them but I think TF-CBT for a lot of kids.” (#003)

Some agencies provided specialized training by trainers who are considered experts in the field. As an example, this participant expressed her satisfaction with the level of in-house training provided through the agency and the associated quality of services offered:

“As high as you can get simply because it’s really who I would consider some of the leaders in the child sexual abuse field who are internationally known in the field. And we have the two agencies that are probably doing the highest quality of work in Ontario. We get referrals from everywhere just recognizing the quality of treatment that we do there. They specialize. They’re not too general, general mental health agencies where you do a bit of everything and childhood sexual abuse is a part of that. It’s really, that’s the only area they look at. So I think in terms of relevance it was as relevant as it could be and the quality of treatment is so high. We have clinicians who have been doing it for 30 years and they’re on that end of the continuum, the really long-term treatment piece. So I thought it was quite excellent.” (#008)
Some participants indicated, “most of the training, the relevant training, is through attending conferences and specialized workshops” (#007). As illustrated by the following quotations, participants considered it “the norm” to travel, at times extensively, to attend national or international conferences and workshops in order to receive specialized training and professional development:

“So, I’ve been to Stockholm, taken the European courses on trauma, I’ve been to Croatia, I’ve been throughout the U.S. We sort of watch for specific courses that are relevant to our work. So, whether it’s dealing with complex sexual trauma, dissociation in trauma, dissociative identity disorders as a result of sexual trauma that those are the areas that we have to know how to deal with them.” (#006)

“Gosh, I’ve gone to a San Diego conference for child maltreatment every year and so I’ve gone there three or four times and I’ve gone to the Annual Professional Society for the Abuse of Children conference and presented a poster and then gone for the training as well, and would attend talks on a range of child maltreatment issues.” (#012)

For another participant, ‘knowing’ included understanding that the work was unpredictable and intense and that practitioners needed strategies to protect themselves from the emotional impact:

“It’s never what you expect. It’s never what you plan so you have a plan but it never goes the way it is so until you’re doing the actual clinical work I don’t think you know. And then the impact it has on you it can be so overwhelming because it’s emotional work so you have to have good supervision and self-care.” (#013)

‘Being qualified’ also emerged as meaning practitioners remain up to date with “new developments” in the field. To this end, training may be financially supported by the agency or practitioners may have to take on the cost of professional development. Regardless of who shoulders the cost, the following practitioner explained the importance of connecting with those involved in current research and being present for the dissemination of that research:

“I’m with a really good organization training-wise. They really pick up on the needs of that. Sometimes they can support it financially more than other times just because of funding pressures and whatever but they certainly support it. And it’s needed because the work we’re doing is fairly specialized. So you’ve gotta keep up with the training and the issues, no question. If it’s not intensive training then at least keeping up with trends in research. I find it’s one thing to read papers, it’s another thing to actually go to a presentation by somebody who’s doing the research. You’ve gotta be there.” (#009)

According to the participants, staying current and relevant in their practice was essential particularly now with the advent of new technologies and the potential use of technology in the
sexual abuse of children, as explained by the following participant:

“Times have changed. Just in the eight years I’ve been doing the work the focus has been changing. What people consider best practices in child sexual abuse have changed and it’s really about being up on new ideas and new research and what people are talking about like technology. So it’s so important to stay relevant in the work.” (#005)

Finally, one participant expressed concern that some practitioners may not be as qualified to do the work as others because training was inconsistent. From this practitioner’s perspective, specialized training alone was not sufficient and ‘being qualified’ to work with sexually abused children was inextricably linked to both specialized training and special characteristics of the practitioner:

“I would like to believe, but I can’t, that everybody has good training in trauma treatment and they don’t. I mean the reality is that they don’t and I think the reality is that it takes a specialized, specialized set of skills, knowledge and experience, as well as a personal competency, an innate ability, to be able to work with this population well.” (#007)

‘Being qualified’ to work with child sexual abuse was crucial to all of the participants. The findings showed that practitioners endeavored to maintain currency in their practice and to obtain the training, resources, and supervision necessary to do the work. As a result, all practitioners indicated they were able to provide best practice approaches to assessment and treatment for clients who had been sexually abused. However, as the findings made clear, all practitioners were referring to clients who had been sexually abused but not necessarily clients who were victims of online sexual abuse images.

**SUB-CATEGORY:** Trying to Make Sense of Child Sexual Abuse Images Online

**Themes:** Coming to Terms; Struggling to Understand the Impact on the Child; Trying to Make It Fit

The sub-category ‘Trying to Make Sense of Child Sexual Abuse Images Online’ (CSAIO) is an in vivo code that is made up of three themes: ‘Coming to Terms,’ ‘Struggling to Understand the Impact on the Child,’ and ‘Trying to Make it Fit.’ Practitioner and child protection worker participants were ‘trying to make sense’ of online sexual abuse images in the context of their
Participants varied in their expressed concern when considering the possible impact of online images on the child. Most practitioners believed that child sexual abuse images online were harmful with serious implications for the child; some considered the online images to be separate from the abuse and believed that the images may not be as serious as conventional child sexual abuse; some considered the online images to be separate from the abuse and serious, while several practitioners questioned whether the images were harmful to the child. Some practitioners thought that a number of children who have grown up in environments in which a camera (e.g., cell phones, webcams) is eternally present, and image transmission is part of the everyday, may not experience the online images as necessarily harmful. On the other hand, some other practitioners indicated that the potential effects of online abuse images on the child were “overwhelming” and consequently reported that they would avoid discussing the online images altogether in fear of re-traumatizing the child. Most practitioners were confused by issues of permanence related to the online images and worried about harm to the child due to shame and the “sickening anticipation of not knowing when the image may appear” (#006).

Only one practitioner indicated working with a case involving online sexual abuse images, described as a “young adult female client” (#003) who had been sexually assaulted and a video of her assault had been uploaded onto the Internet. To protect the privacy of her client the practitioner did not discuss details of the case, however, based on her experience working with CSAIO the practitioner shared her understanding of the possible effects of the online abuse images on the child.

Participants attempted to bring online abuse images into focus in their practice by trying to ‘make it fit’ into their current approaches to assessment and treatment. This presented particular challenges for most participants: “Trying to make sense of this [online images]. I’m just trying to understand it and put it together. It’s just a blur” (004). Several participants indicated that the term CSAIO was confusing for them because it covered a wide range of images, consequently, they “didn’t know what they were assessing for.” As an example, in their descriptions of online abuse images participants included varying levels of victimization that ranged from explicit images showing the sexual abuse of a child, to “sexualized images” (e.g., sexualized images shared between “consenting” adolescents), to images of children that
“appeared to be relatively harmless” (#014) (e.g., images of children in swimsuits). Consequently, they reported feeling “very unclear” about how they would ask a child during assessment about the possibility of online abuse images. Overall, most practitioners reported that to their knowledge they had never worked with CSAIO.

Coming to Terms

All participants were asked how they understand the term ‘child sexual abuse images online’ (CSAIO). For the following participant, the term brought to mind a “lawless new frontier” where everything is “there for the taking”:

“I often describe the Internet in regards to sexual content as the wild west right now. Everything’s there, everything’s there, you can get it all” (#009).

Attempts to understand CSAIO take place in the context of participants’ training and work experience in child sexual abuse. Based on their experience, participants described what constitutes online sexual abuse images. The following practitioners talked about understanding CSAIO based upon the Criminal Code definition of child pornography:

“So legally, you know, sort of the legal piece of it, child sexual abuse pictures would be, you know, sort of naked sexualized pictures of children under the age of 18. That’s how I would, you know, sort of blanket, you know, description of child sexual abuse images. So exploiting children under the age of 18 through the use of media.” (#008)

“My understanding of it? Okay, I would say that child sexual abuse images are any type of image of a child under the age of 18 that depicts some form of sexual behaviour or sexual positioning, nudity, and also if there are other children or adults who are involved I would define that as sexual abuse images.” (#005)

“Any image of a minor child that would be inappropriate right, a sexually inappropriate image where it might be sexual abuse images where it might be more of the act of sexual abuse. An image of the act itself.” (#003)

In the following quote, the participant extended the description of abuse images to include those that have “potential sexual qualities” (e.g., depict sexual interest in children) as well as those that clearly represent the contact sexual abuse of a child. As this practitioner indicated, sexual abuse images are not limited to photographs; rather, there is a vast array of sexual abuse material online that is easily accessible:

“I think it can be anything from an undressed child or a scantily dressed child to
actual children engaging in sex, adults engaging in sex with children so it can be the gamut. I think that they’re, they’re readily available online. I think that not only is it the pictures, I think it’s videos and movies.” (#013)

At first, this participant did not consider the child as the subject of the online abuse images and expressed some difficulty integrating that notion into her understanding of abuse images online. She believed that child sexual abuse images were pornographic images of adults that children were exposed to as an aspect of their abuse: “I think about images of online adult pornography that children are exposed to or forced to watch as part of their abuse …. I didn’t think they were images of kids, but it’s, that it’s images of kids …. Yeah, that’s not, that’s not what I thought” (#001). The following narrative illustrates how challenging it was for her to ‘get a clear picture’ regarding online abuse images of children:

“Sometimes they have been exposed to pornography like being forced to watch pornography online along with being sexually abused themselves …. When I first hear that [child sexual abuse images online] I think oh, it’s adult pornography in general then I think oh okay exposure that kids would experience like adult pornography that’s happening and the impact that would have on kids. But when you say sexual abuse images of kids online now I’m thinking oh, I get it, it’s the kid, they’re being sexually abused …. and then there’s the image. It’s the kid in the image. Yeah, I didn’t know that.” (#001)

The following participant ‘made sense’ of online abuse images through the experiences of others: “You know, I think it’s my work with first responders that helped. Because I work with first responders I have heard stories of these images.” Based upon her experience providing counseling to members of law enforcement who view abuse images online, this practitioner described a comprehensive understanding of CSAIO:

“How I understand what it is. There is such a variety. There are images of children being raped, sodomized, performing oral sex, being told to do graphic things by a controlling parent. There are images of rooms being scanned with perpetrators showing power over children who are in groups being sexually abused, infants with umbilical chords still attached being simulated sex upon. That’s one component. Another component is somebody stalking a teenager online pretending to be a child of a similar age wanting to develop a relationship with them. I’ve had teenage clients who were approached online by their employer, by somebody who was a trusted person in their life showing images of masturbation to them. You know it can take any range of it being a visual image to it being a written image of sexuality. Someone convincing a teenage girl to send them photos of her undressing from her cell phone. Any type of enticement, endangerment of that child to show or do something as the child gets older or being done to a young child who has no awareness of it being done. Does that give you an
idea of the variety?”  (#006)

As this and the following excerpts illustrate, participants understand CSAIO as encompassing a broad range of sexual abuse images and sexual abuse behaviors (both contact and non-contact abuse) that may convey sexual interest; sexual abuse; sexual exploitation; stalking and bullying online; as well as “acts of poor judgment”:

“Innocuous images, you know, images of fully clothed children playing in a playground, sexualized images that young people take of themselves and post online. They could be sexualized images of a kid that peers post online with or without the knowledge or consent of that kid, and, you know, images of a kid, of sexual abuse that get posted online. It’s a pretty wide range, right?”  (#004)

“So I think that it’s a whole range of images. There’s the little ones who really have no knowledge that they’re being photographed or photographed for different reasons. They don’t know what it’s gonna be used for, they have no concept. And so I think that that’s very different than adolescents who get, make really poor judgments in taking pictures of themselves doing things and sending them to other people. And so you know, I think that when I think of images on the Internet there’s a whole range.”  (#007)

Several participants described how they “struggled” to ‘make sense’ of the images when definitions of CSAIO cover such a broad spectrum:

“I will probably try and work that into it [assessment] somehow, an understanding of it, I don’t know, maybe a list of questions. What am I looking for? What am I asking about? I struggle with that, that there’s so much.”  (#004)

This participant, a child protection worker, suggested that those working in child protection: “look at the images differently.”  She explained that in child protection work the images are: “used to verify whether a child has been abused” and are: “viewed as evidence of the abuse”. From this worker’s perspective, the consequences of the online abuse images for the child in the image are currently outside the purview of child protection, which she expects will change:

“Like we would see it, we would see it as evidence, right? We would see it as something to consider in whether or not we’re verifying that abuse took place. But I think we haven’t yet turned our mind to that that is actually part of the abuse. If that makes sense, that we see it as evidence as opposed to part of the abuse.”  (#010)

Some participants at times used the term “child pornography” during the interviews indicating: “it’s a different term used for the same thing” and “it can be used interchangeably [with child sexual abuse images]”  (#007). Most participants, however, stated they were uncomfortable
using the term child pornography: “So I don’t know how that ‘child pornography’ slipped out. It shouldn’t have” (#008). This practitioner explained the reason for the discomfort:

“I think the move is for clinicians who are working in the field to not use it because the term dismisses the impact on the child in the image.” (#007)

This concern was shared by the following participants:

“I think the term pornography implies a consensual sort of sexual event and I think just knowing what those images are it’s not a consensual event and I think that the term pornography is very sensationalized. So, I think it’s a very, it’s just not a nice word just knowing what the image, what the child abuse images are. I don’t think it adequately reflects it.” (#002)

“I think the term minimizes the, the experience of these, these abuse images with these children and the victims in these abuse images. I can see why people use that word but in terms of education and providing support to these children victims then I think that there certainly should be a shift or movement in the media in general in terms of how to describe what actually is happening.” (#005)

Nevertheless, most participants acknowledged that child pornography “is the term most often used by media, the police and everybody else” (#007). As the following participant indicated, it is a legal term used in the Criminal Code so likely will continue to be used:

“But I think, unfortunately, in the law enforcement field that’s the terminology that has been used, still exists in the Criminal Code, and is still that word that is used to, you know, that is used to describe that.” (#002)

In describing their understanding of abuse images online, several participants found it difficult to ‘make sense’ of the fact there were groups of people “out there” who were “in the market” to collect and exchange images of child sexual abuse:

“I think, you know, that it would be something that people almost trade. I mean that there’s almost a community out there that is so interested in this that, I don’t know, that they almost encourage one another to locate and produce more and more of these images. It’s almost hard to imagine....” (#010)

“So my understanding then of that is that it’s used for pornographic purposes or for like adult, probably males in most cases in terms of watching it like as a form of pornography. That I guess is my understanding of what child sexual abuse images online are, that like otherwise I mean, it’s disturbing you know, that it would be, that people feel that they need to do that and then it’s, I don’t know, yeah. So I think that’s I guess that’s the purpose of it, to video tape or tape or to have pictures of children being
abused, to have it online, would be to sell it and for like, pornographic purposes so I guess that’s my understanding sort of, where those two things are connected.” (#004)

“People are collecting those images. Hundreds of thousands of people are watching them being abused day in and day out and getting off on it. I can’t, I just, I just don’t get it.” (#006)

This practitioner defined child sexual abuse images as encompassing two distinct groups of children; those whose abuse was initiated off-line and those whose abuse was initiated online:

“So I think what I find with the younger kids is that there is a face-to-face relationship that happens and then photos are taken and then probably distributed on the Internet for other means. With the older kids and adolescent group I find that they meet online and that interaction online is more established and developed and then photos maybe get shared or video gets shared back and forth, perhaps starting off in a consensual way but then those images and that relationship gets exploited further in a way that I don’t think that adolescent understood or consented to. So, we are seeing sort of two sort of camps of kids.” (#002)

Finally, and of importance, half of the participants revealed that the current study interview was the first time they had taken time to consider and reflect on issues related to child sexual abuse images online – that before the interview it “just wasn’t on the radar”:

“Well, I think, I think that this talk has been, has provoked a lot of feelings and, and thoughts. I really haven’t had a chance to sit down and, and think about it. And I think it, it is going to make me think about what it is that we ask and how we ask it and then what do we do. I mean, this whole notion of, you know, the anticipatory thing is, I’m just thinking that’s gonna be, you know, an issue. It may not be an issue or there may be lots of other issues that I haven’t thought about. So just being able to have a forum to talk about that and what could be the issues and so I’ll probably take that to the team.” (#007)

“So now I’m talking to you about this I’m realizing that, yeah, very interesting. Kind of an eye opening, whoa, I need to do that. Which is good. It’s good learning for me, yeah.” (#013)

So yeah there’s a lot to think about definitely. It’s been good to have a chance to think about, talk about these things. Yeah, just this chance to talk about and try to make sense of the images yeah. There’s a lot of things that I hadn’t thought about before now that I’m thinking about. So yeah this has been good to think about it more in depth and sort of be more aware of stuff. Like, prior to this conversation I probably wouldn’t have been thinking about the Internet or pictures or photography or any kind of documentation of the abuse in terms of how I’m going to ask questions during the assessment. It just wasn’t on my radar.” (#004)
**Struggling to Understand the Impact on the Child**

Across all participants’ definitions of online child sexual abuse images included a broad range of abuse images and sexualized behaviours and some participants described a range of what they considered to be abuse images online. Several factors influenced how participants characterized the images and the impact of the online images on the child. These factors included whether the practitioners viewed online sexual abuse images as the same as conventional sexual abuse, whether they viewed the online images as different from sexual abuse and not serious, whether they viewed the online images as different from sexual abuse and serious. Some practitioners questioned whether the online images were harmful and indicated they “can’t assume” the impact. The range of concern expressed by practitioners influenced response to child sexual abuse images online.

This practitioner was firm that online sexual abuse images were the same as child sexual abuse – and serious:

“We don’t consider it different from any other form of sexual abuse and we’d treat it the same. That child has been sexually abused and we are very clear in letting them know that. That is a form of sexual abuse …. They have been exploited sexually so we have to help them understand that this was a serious offence against them.” (#006)

In contrast, a few participants suggested that the online images were different and not as serious as “off-line” contact abuse. This participant believed that some might “rank” the recording and online distribution of the images as “less harmful” and “less relevant” to the child than issues related to “conventional sexual abuse,” thereby, treatment would focus on the effects of the contact abuse:

“Like a two-tiered victimization piece. So you have the contact face-to-face sexual abuse versus the images online. I would wonder if that would sort of strike a chord with some people that they would hold, maybe give less weight to the online victimization and spend a lot more time with contact stuff because theoretically maybe that has a greater impact because the Internet stuff is, you know, not as serious, it’s not as intrusive.” (#008)

Several participants considered the online images different from child sexual abuse and thought they might not be serious for some children – that some children may not be impacted by the images. As shown in the following narratives, the participants acknowledged that the current generation of young people has grown up with technology and may have a different perspective
when it comes to their images being viewed online. They cautioned about making assumptions about the impact on the child and suggested that the online abuse images may not be perceived as “traumatic” by some children – that for some it may not be “an issue”:

“I think we really have to take the time to understand these kids and adolescents and their experiences with the Internet and what it means because I don’t think that we can assume that they’re going to be traumatized by the images because maybe not. Maybe that’s not an issue for them.” (002)

“So, I always have to think you know our generation is very different from the youth now in terms of the Internet. They’ve grown up online so to speak. So can we just assume because it would be uncomfortable for us that it would be uncomfortable for them? Because I’m not sure that we can assume that. We have to better understand that.” (007)

In the following narratives, participants believed society viewed the online images as different and not as serious as conventional child sexual abuse. This child protection worker acknowledged never having explored the possibility of online images during abuse investigations. In retrospect, she considered this “oversight” to be part of a “bigger picture” that involved social attitudes towards “child pornography”. She believed that society did not perceive online abuse images as harmful to the child, a perspective that she suggested may have influenced her lack of response. In this case the online images are overlooked because they are not considered as serious as conventional child sexual abuse:

“Yeah, like I mean, like I said, I’ve never asked the question before, I can own that, like I, looking back I don’t why I wouldn’t have considered it, it just never crossed my mind. Maybe because I think as a society, we think of it as a lesser abuse, as not harmful. Like we don’t think of it as harmful like contact abuse, right? We’re more interested and we think that’s the grave concern, the contact the child has had with the perpetrator. And so, in doing investigations we sometimes focus so much on that, sort of, intense piece of it as opposed to the other pieces which are more hidden and maybe less I think people do, people probably do see it [online images] as less of a victimization than actual direct contact …. How can the image abuse the child, right?” (010)

The view whereby the impact of online images was minimized or overlooked was supported by the following participant who explained that society “does not want to hear about or talk about child sexual abuse images …. they just can’t face the images” because the subject is too distressing. In this case, child sexual abuse images are overlooked precisely because they are considered so serious and thus too upsetting. She explained that when “society avoids
confronting sexual abuse issues” the children are silenced and that as a practitioner working in child sexual abuse she also felt ‘silenced’:

“I hadn’t even thought about the images until now .... We don’t know the impact on the child in those images. Society, as a society, we don’t know because we aren’t looking. We avoid anything to do with the abuse images. I think this could be said about sexual abuse in general that people don’t want to know that it’s happening and that children are abused and that kind of thing. I can see that people they don’t want to hear it because it’s disturbing, right? So I try really hard not to actually tell people like including my friends and family and stuff like that. I try not to tell anybody like really what I hear on a regular basis because jaws drop and eyes glaze over, yeah. Sometimes I just want to tell them that I run a daycare or something like that.” (#004)

Several participants spoke about how society “downplays” and “denies” the impact of sexual abuse in general. As a result, this participant believed that society did not consider online images as abuse – “it’s just an image, right?” - and that is why these children were not seen in treatment:

“You know, when we talk about finding ways to connect with those kids cause we don’t see them and to be able to see them as abuse victims and I think maybe that could be why they’re not in our doors because people don’t see it as abuse in that the Internet, you know, it’s only your image. It’s only a picture on the Internet. So I think a lot of people could be very dismissive. It’s like, oh, your grandfather only touched you once. It wasn’t that bad. So that kind of minimizing, denying of harm. I, I think as a society we do that.” (#007)

Some participants spoke about the dilemma of making assumptions about the impact of sexual abuse images online on the child in the image. This practitioner worried about trying to provide treatment for the child based on assumptions and talked about the possible consequences for the child if she was mistaken in her assumptions: “You know, and you don’t want to assume, so it’s, I think it’s coming from a place of wanting to help and do the best that you can without doing it wrong” (#013). These practitioners questioned the impact of the online images: “How can we know? We can’t just assume” (#014). They revealed feeling “terribly unsettled” about “doing more harm than good” as a result of “not being able to grasp” the consequences for the child when their images were online. As an example, when talking about the impact of online images on the child in the image, one participant, a trainer, indicated that it was “like being between a rock and a hard place”: “We can’t assume there is harm and we can’t assume there isn’t.” She explained that not knowing was taxing for her because as a trainer in the field other practitioners expected her to ‘know.’ In the following excerpt, she thought the online abuse images might be
different from the contact abuse and indicated how she struggled to get a clear picture of the implications of the online images on the child:

“Yeah, you can’t assume. Obviously depending upon what’s gone on with those children you could look at the impact of sexual abuse similar obviously that they would have experienced the same impact. But then I think that there is a whole other piece to it with respect to the images on the Internet that we just don’t really understand or know. So I struggle with that because I don’t know. I don’t know what the answer is. I don’t know if there is an impact.” (#002)

In this passage, the participant identified unique treatment issues (e.g., privacy, consent, permanence) she considered salient regarding child sexual abuse images online. She reflected on those issues and on assuming the impact that the online abuse images would have on the child. As she revealed her thoughts, her uncertainty regarding some of those assumptions surfaced:

“So what I struggle with is, as practitioners, can we assume what the impact is? We could. So some of the assumptions that I’ve made are, you know that, that their privacy has been taken away from them, that there is no consent for those images being shared, that those images are forever on the Internet and will never be removed. So that ongoing sort of knowledge and possible re-victimization that they experience by knowing that their images are out there could be fairly impactful and cause distress. And so for me those are some of the assumptions that I’ve made but I don’t know if that’s, if that’s for sure. But it’s hard. I think it’s a very unknown area what the impact is.” (#014)

The following practitioner also indicated that the online images were different from contact sexual abuse - and serious – although she “struggled to understand the difference” and described how this left her feeling immobilized:

“I don’t know if we know what the impact is. We can imagine, knowing what we know about child sexual abuse, but I don’t know that we know the impact so, it is, it’s a struggle. You think, okay, so we assume it’s different, because it’s a different type of invasion and violation, so is it different? Is it not different? So I don’t know if we know enough and we don’t want to, you never want to do harm so you don’t want to assume .... You just don’t know what to do or if you should do anything at all .... You don’t want to do harm, like you don’t want to screw them up, right?” (#013)

While some practitioners struggled with the dilemma of assuming harm, many practitioners believed there were implications for the child when their abuse images were online – they considered online abuse images to be different and serious. One practitioner differentiated the
actual recording of the abuse from the contact abuse and the distribution of the images online and wondered how to address those differences in treatment:

“A fairly traditional sexual abuse experience but then there’s the taking of the pictures and then what’s being done with those images online? So, perhaps a bit easier for many practitioners to manage because you’re providing sort of traditional kind of assessment and treatment but then suddenly how do you just fit that image piece into it? You just don’t know. And then there is the recording of it.” (#002)

The following participants expressed concern about how the online images transformed the sexual abuse of the child from being “a secret” to being permanently in the public domain of the Internet – which they emphasized as having distinct implications for the child and for treatment when the magnitude of the harm is unknown:

“Well, I think this whole notion of private versus public. So when someone has, if you want to say conventionally been sexually abused, it’s within a, a relationship between a between a small group of people. So it’s either one-to-one or you know, a couple, and it stays within that, that private range – a secret. The person, other people don’t necessarily know. But I think once it gets on the Internet it becomes within that public domain and I really believe that we don’t know the extent of harm that can be caused by that. Like the long-term shame. It’s inconceivable.” (#007)

“I think it makes the trauma one step worse because it is no longer just the two people in the room. It’s no longer silent and hidden. That there are so many other people, when there is, it’s so much, another step of violation when it is now recorded for the world to see. It is permanent. And it will never be erased. The abuse is ongoing. That’s different.” (#006)

“You know I think it’s very different from you know hands on sexual abuse because for example not only is the child a victim of a hands on sexual offence but their images are there permanently. And the idea that you have no idea where this image is, who has it, that it’s there lifelong, and that there’s no control over where that image goes, I would say there are certainly unique impacts to a victim of sexual abuse on the Internet compared to other forms of sexual abuse given the permanency, the spreading of those images and how international really it is versus something that could be considered more private within the family or community based or whatever.” (#005)

One practitioner described working with a client, a young adult, whose sexual assault was digitally recorded and uploaded online. As the following excerpt illustrates, each aspect of the assault had particular ramifications for the victim, in this case the most distressing being the online image:
“She reported that she had been sexually assaulted and that a video was taken of that unbeknownst to her and then put on the Internet and how she was struggling. What’s become apparent is the sexual abuse and the sexual assault and the image of that being on the Internet don’t always have the same impacts, right? For her, the sexual assault was very minor compared to the impact of it being on the Internet .... Knowing the video was online was devastating for her.” (#003)

In the following scenarios, participants struggled with how to help the child manage the potential of seeing their own abuse images:

And, you know, what’s the likelihood of the children ever coming across their own images is probably pretty rare, but it is a possibility, right? So it’s almost giving them the skill and the ability to deal with that possibility. And that’s difficult to do because again it’s so abstract and it’s so unclear. It’s not like “Okay, so what are you going to do if you see your offender walking down the street?” Okay, so how are you going to respond to that? How are you going to mange those feelings and those emotions?” It’s not like that, it’s not like that at all. So what do we do about that?” (#002)

Of being confronted with images of their abuse by someone else:

“How do you desensitize the child to the, how do you desensitize a child to the potential that their abuse will be sent thousands of times a day throughout the world. Someone could be revisiting their abuse. That may be a child being resilient, you know, just put it out of their mind. But how do you prepare them for their own exposure to their own abuse in the future or someone confronting them about it?” (#014)

Or the impact on a child who actually views images of their own abuse:

“Now they are seeing it in another context. They felt it in their body. They have all of the sensory memories and they had the sound and they had the smells and now they visually they are watching it almost from a dissociative place but seeing every single component. Their own reactions. Absolutely. It so intensifies the trauma when the child then has to watch themselves being tortured in that image whatever it may be. Shamed and humiliated and degraded.” (#006)

The concern expressed by the following participant was whether a child who was made aware in treatment that their abuse images were online might then go searching for those images. The practitioner worried about “opening up that can of worms”:

“Depending on the child’s age they are going to think that their picture is the only one on the Internet. As they get older they are going to think okay I’m not the only one. What else is out there? And so that curiosity, that could be, that’s a whole other layer of complexity because then they are going to see these disturbing images and be re-traumatized and be like, [pause] oh boy.” (#004)
The following participant, a trainer, talked about how likely it would be for a child to see their abuse images. She provided examples of how this could occur and discussed the need to prepare the child for this eventuality “without re-traumatizing them”:

“Yeah, so, it’s interesting because that comes up, has come up, in two situations. One, in the treatment process where the images are talked about and they [the child] want to see and two, in the potential court process. So if the case and when the case goes to court and images are part of the evidence our worry is do you want to pre-expose the child or the adolescent to those images in a therapeutic setting to prepare them versus being thrown those images in a court setting where you know it’s a much more different environment.” (#002)

According to some practitioners, the effects of the abuse images were crucial to understand in treatment and if not considered in relation to the online component of the abuse then implications for the child could be missed. As the following excerpt shows, for some practitioners the terminology used in the assessment and treatment of child sexual abuse took on new meaning in the context of online abuse images:

“And now it’s online, right, a whole other maybe element of shame that they might be going through, fear, you know all these emotions that they might have as a result of the abuse itself might just be heightened to know that that’s online, right, embarrassment. I think all of those things could come into play. Certainly feeling out of control. I’m sure that a lot of kids already feel like they’re not in control and they don’t have power in that situation and then to have that be online, right, it’s just another way they don’t have control over that. And now it’s out there for everyone to see, right, so I would imagine that would be really, really difficult on top of an already really difficult situation.” (#003)

This participant pointed out that the act of recording the abuse required a degree of forethought and wondered what impact this facet of the abuse might have on the child:

“I’d also be really interested in what impact the trauma would have, the idea that, okay, not only has this person abused me, this person filmed it. There’s a real aspect of planning to that.” (#009)

In the following scenario the participant also referred to the deliberate act of recording and distributing the abuse images and worried about the extent of the harm to the child particularly if the offender was someone who the child knew or even a relative:

“And what if that was someone you know? What does that mean if that’s the person who did that abuse, who recorded and posted those images? What if you have a relationship with them, meaning it’s a brother, or an uncle or a sister, or an aunt or
“whatever? And those images are out there forever?” (#014)

Another participant pondered the impact if the abuse images were recorded and posted by their peers:

“I guess that would be a big part of the work, that fear of like who’s going to see this? It’s out there on the Internet. Which makes me think of that story in BC where that girl, she was a teenager who was sexually assaulted at a party and it was posted on the Internet which is… I can’t even imagine… that poor kid. That was just really horrifying and disturbing so yeah.” (#004)

In the following passage, this participant described her client trying to contend with the ever-present anticipation that the video of her sexual assault would reappear online at any time and how she felt powerless to prevent that:

“For her the fact that her name can be Googled and this comes up. The fact that perspective employers might, you know, nowadays employers are looking up Facebook accounts and looking up, you know, just to sort of get a background on people. This link, this video, although the link has been made, has been disabled by the police she is concerned that the person who owns this information hasn’t yet been charged. Hasn’t yet handed over this information. So at any time it can go back on the Internet, right? Or find its way to another place where people could stumble upon it. So what’s most concerning for her is that she feels like that at any time this this could come back to haunt her. So it’s really hard for her to move through that and to still be frightened about what what’s on the Internet because really it comes down to she’s got no control over it and that’s what she’s struggling with, right? It’s very limited control over this really upsetting, damaging video that’s on the Internet.” (#003)

As this and the following quote demonstrates, as participants struggled to ‘come to terms’ with the online images they talked about the images in terms of a “spectre” waiting to “torment” the child in the image: “You know, they’re gonna apply for a job one day and their prospective employer’s gonna Google them and bring this stuff up. It’s kinda the ghost in the closet for them” (#004).

In this narrative, the participant described how distressing it may be for a child to cope with the ever-present threat of seeing or being seen in the online abuse images and how the ramifications for these children may be extreme – even life threatening:

“I mean, how do you disappear from that? Sometimes the only way is to, is to take your own life or to try and take your own life because you can’t get away from the fact that indelibly printed somewhere or through some search mechanism you’ll be able to find a picture of yourself to remind you of what happened to you and it doesn’t let you possibly engage some of the same defense mechanisms, not that those defense
mechanisms are healthy but they are never, they are sometimes, they do sometimes allow people just to cope and move ahead but you don’t even get a chance to engage in some of those when you know that it’s public and, and, you know, it can stare you in the face.” (#011)

Some participants talked about “feeling powerless” and expressed concern about identifying with the child’s sense of helplessness regarding their inability to delete or control the online image:

“I mean it’s a challenging issue because even as a clinician you don’t really have a lot of control over that aspect of what’s on the Internet right. And I think you, sometimes you can get drawn into that with the client right. You know you can pick up on their lack, on their feeling of a lack of control and sort of at the end of the day that, that’s true, right? You can’t do anything about it. You, you can’t always control what’s on the Internet once it’s on there, and so it’s sort of managing how you deal with the impact of that right and that’s the harder part.” (#003)

Participants indicated that the notion of “safety” in trauma treatment is different when permanent online abuse images were taken into account. This practitioner explained that, from her perspective, the child’s sense of safety would be perpetually threatened due to feeling “relentless peril” as a result of their abuse images circulating permanently online – the child would never feel safe:

“I think it adds a sense of almost hyper-vigilance to, when are people gonna find out, or who knows about it so that it’s more of a long-term, them thinking that it’s never gonna be gone. I’m never gonna be safe. Whereas we can really move kids through that, you know, a sexual abuse experience. But there’s that kind of anticipation of, you know, or that kind of watchfulness of, I wonder who’s gonna find out and when and what am I gonna do to deal with that.” (#007)

This participant echoed that concern and explained that when children did not feel safe their healing can be impeded. She worried that issues related to the permanence of the images online would be “barriers to healing”. She believed the issue of “lack of safety” was serious in these cases and clearly stated, “we need to figure that out”:

“The image is permanent online. I think that really challenges safety, like I think that challenges their healing and moving forward because it’s, there’s always that chance it’s going to pop up and, so that’s a, so that’s a challenge and I think the, the research, and maybe this will better move it forward and I think that we need to, I don’t know what the answer is but we need to figure that out because that is a challenge, that is a barrier to moving forward, I really think it is, and I don’t know that I have the answer to that.” (#012)
The “overwhelming challenges” that many practitioners reported as they tried to understand the impact of the images on the child were directly related to the complexities presented due to issues related to the permanence of the images online. Many practitioners “grappled” with how, and whether, to raise the subject of the online images during assessment and were unnerved by the thought of potentially (re)traumatizing a child with this knowledge if the child had been unaware that images had been taken. One participant explained that the practitioner’s role in treatment is to “promote recovery and restore power and control” to the child. She emphasized that if practitioners planned to raise issues of permanence with the child they “need to know no matter what how to help the child deal with the knowledge that their abuse images are online forever.” From her perspective, practitioners should not bring that component of the abuse to the attention of the child if they did not know what to do with it:

“We have to think now what are the positive and negative effects of the child suddenly finding out who didn’t know and now might know because of our questioning and don’t enter into the field of that if you don’t know how to deal with it because you just can’t leave the child there open with that now if you’re not going to help them resolve what you just helped them learn.” (#006)

Several practitioners were concerned that because many online abuse images did not show the actual abuse of the child, for some people, the images might not appear to be serious: “some images may appear to be relatively harmless” (#006). This participant believed that the online images were serious. She emphasized how important it was for practitioners to understand the context in which online abuse images were made so that they would accurately “get the picture” and not underestimate or overlook the possible impact of the images on the child. This same participant went on to explain the “danger of misunderstanding those so-called harmless images”:

“We have to think about you know maybe this picture, this image, was taken before or you know this was maybe taken after the kid was abused. We have to think about this, you know, what it took to get that picture and what that means to the kid …. You know it doesn’t matter how compliance is achieved, whether it’s coercion, you know, manipulation or violence, one of the things they do to these kids is force them to smile. We know this …. This is a separate victimization piece for these kids and we need to be pretty clear how serious this is.” (#014)
Trying to Make It Fit

This theme illustrates how practitioners tried to make sense of child sexual abuse image online in the context of their work in child sexual abuse. All participants attempted to integrate their understanding of the online abuse images into their assessment and treatment approaches.

Assessment: All practitioners considered how current treatment approaches in child sexual abuse (CSA) might be applied in these cases:

“Well, I mean, I think the bottom line is it’s a very new area of clinical work because it’s a newer phenomenon so I think people who’ve maybe been doing this work for awhile are going to probably use some of those skills and approaches that they’ve already used and try to apply them to the kids who’ve had the online victimization experiences.” (#012)

Participants talked about assessment protocols and all of the practitioners concurred that, to the best of their knowledge, no specific protocol existed for CSAIO:

“I have not seen an assessment tool that specifically asks for the questions related to an Internet component of their trauma. There isn’t, as far as I know, there isn’t any specific treatment protocol that includes the Internet.” (#005)

The lack of assessment protocol for CSAIO was of concern for many participants. They suggested that if questions about online images were not routine they would not know to ask the child about abuse images; consequently, there was a good possibility of a missed opportunity for intervention. For this reason, the following participant decided she would inform her colleagues of this possibility:

“I’m thinking about the fact that those questions, questions about the Internet, yeah, those aren’t built in, aren’t part of, part of what we ask. We’re relying on, on the child to tell. Yeah, yeah, so not knowing to ask the question, not knowing that actually happened .... And I’m thinking in my head, you know, we don’t, we probably don’t ask enough, right, so I’m going to have to take that back to my team to make sure we build it in more.” (#013)

While most participants described using “informal assessments” (#003), several practitioners indicated they used “pretty comprehensive assessment practices, so that would mean probably several hours of clinical interviewing” (#005) which included:
“A discussion about being touched inappropriately in their private parts, physical abuse, sexual abuse, and part of it is exposure to any inappropriate, any, depending again on their language, any inappropriate sexual material, so again, yeah, we would ask about have they ever been exposed to that on a computer or anywhere else, in magazines, in books, have they overheard people talking in a sexual way, have they witnessed any sexual activity in their home, so yeah, there’s sort of a general screen about that, including not just media but also actually witnessing sexual activity or sexual talk or that kind of thing.” (#012)

For this practitioner, assessment would be “tailored to fit the unique situation” of each child including those who had experienced online victimization:

“The assessment would depend on whether or not there was an online victimization. So, it’s not you know, maybe it’s misleading, but it’s not a prescriptive template that this is the one you use with all adolescents or children and so it’s not, I don’t ask the same questions every single time for every single guy or girl. It’s going to depend on, you know, what the victimization is. So if it were an adolescent or child who had been victimized online then it would probably look a bit different.” (#008)

The following participant explained how she would assess for the effect of online abuse images on the child and how the impact could then be integrated into treatment - as long as she knew about the images “up front” and the child wanted to do the work:

“You know if a child indicated that that had happened, or if we had information that that had happened about a child I think we would assess the impact of that on the child, and their awareness, well obviously we would want to know that they’re aware of that before we go down that road. But to know how that’s impacting them, how they feel about that, you know, what that’s done to them, right? To know that not only has that happened but now it’s out on the Internet. So we would, I think we would assess the impact of that and that would become part of the treatment plan or the goals that we make with them. If that’s something that they want to work on, right?” (#003)

Three practitioners indicated that they asked about the child’s use of computers during assessment. This participant indicated that she included questions about online sexual exploitation in assessments and assumed other practitioners were doing the same:

“Personally, and I’m sure other clinicians have been asking about this too, but personally probably over the last five years, you know. There’s been some child exploitation conferences that have happened and then just in terms of connecting with the people who do similar types of assessments it was more of an agreed upon, I don’t know if it was really formal, it was just like we need to start asking, so let’s make sure we ask about this .... That we fit some of those questions in.” (#005)

This practitioner explained that she had developed her own assessment for abuse images and
went on to describe the types of questions included in her assessment:

“It’s really about providing the right type of questioning to a child who potentially could have experienced this, so “Who’s the biggest or most oldest person who has taken pictures of you when you were naked?” or “When has somebody showed their private parts to you on a web-camera?” “When has somebody asked you to show your private parts on a web-cam?” “How often did so and so take pictures of you or videotape you when the abuse was happening?” (§005)

One participant suggested that “simply including a few questions about abuse images” during assessment might be a “simple solution” to a “complex situation.” From her perspective, not all clinicians “get the picture” when it comes to “how children disclose” or the “potential aberrant nature” of abuse images online. And if they do “get it” she suggested they might be overwhelmed by what the images represented. Consequently, she believed some clinicians may not ask the “right questions” or may not raise the subject at all. This same participant, also a trainer, expressed her concern:

I think that there’s a simplistic kind of understanding that, ‘Oh yes, that’s there and we need to ask about it.’ Do they think these kids are just going to tell us? To admit to this? I don’t think there’s the sophistication of knowing how kids can be used in these images. That, that people just aren’t aware. I think unless we understand what the scope of that is then we’re not gonna be able to ask the right questions. And I also think that for many, many people those ideas are, they can’t even go there. They’re just really affected by even thinking, you know, I’m talking about clinicians now, thinking about, ‘people actually do this to kids?’ you know, and some of those images that I mean, the Internet adds a whole other dimension in that people are doing some really [pause] I don’t want to put a judgment on them, but really deviant kind of sexual things to children that I don’t think was around before. Or certainly not talked about.” (§007)

This child protection worker participant stated that the focus of assessment in child protection is to determine risk while “assuring the child is safe and protected from harm.” She explained that risk assessment tools in child protection tended to be “outdated” and did not take into account the impact of the abuse images on the child. This concerned the participant because child protection workers may consequently overlook the potential effects of the abuse images on the child over time and, as a result, may not be aware how to protect or support the child. ‘Trying to make sense’ of this aspect of the abuse was of consequence in child protection, as this same worker explained:

“I think people just don’t really think about the fact that it’s being recorded. Like I think people think if they’ve addressed the fact that the actual abuse has stopped, they aren’t
looking at the fact that there’s still images of it out there, at least in child protection. Like I really feel like our focus is so much on “is it happening?” If it is we need to stop it, but we don’t get to really be involved in the aftermath and I think maybe the images are part of the aftermath or part of the therapy in terms of how did it feel to have, you know, to have these pictures taken of you or to know that these pictures are out there. But in child protection, I think that at least in what I do which is very much the initial 30 days, the investigation, the forensic piece of it, it’s just so focused on ‘is abuse taking place?’ and if so, what do we do to make sure that it stops? So I’d say, like, for us, the one thing that we can do or should be doing is just turning it around to ‘is there another context? ‘Is there another piece to this abuse that we’re just not turning our mind to?”

In summary, all practitioners acknowledged that CSAIO was a “new area of clinical work” in child sexual abuse and they reported that “to the best of their knowledge” no assessment protocols existed specific to online abuse images. The lack of an assessment protocol was of concern for most participants. They indicated that without a protocol to follow practitioners would not routinely be prompted to ask about abuse images online during assessment and that consequently these children would likely be overlooked. One participant explained that she would ask the child about online images only if she had been informed “up front” that Internet images were an aspect of the child’s abuse. Three practitioners reported that they inquired about the child’s experiences with technology and the Internet during assessment. Of these three practitioners, one had developed an “informal” assessment tool that included questions about abuse images. Another practitioner suggested that including questions about abuse images during assessment was a “simple solution” to a “complex situation.” She believed that many practitioners did not understand the “barriers to disclosure” particularly when images are involved. She expressed concern that should a child disclose about online images, the practitioner may be overwhelmed by what the images represented. As a result, she believed that some practitioners would not ask the “right questions” or would avoid inquiring about the online images. One child protection worker participant reported that CSAIO were not a focus in child welfare risk assessment tools – that their assessment tools were “outdated.” Consequently, she believed that these children would be overlooked by child protection services.

**Treatment:** All participants attempted to integrate their understanding of child sexual abuse images into their treatment approaches. As illustrated by the following participant, who was a trainer, they were “grappling” with how to ‘make it fit’ into the current best practice approaches to trauma treatment, described as a difficult endeavor:
“Well, I think we’re just trying to figure out a way to address that issue within the TF-CBT model and I’m not sure that we’re sure how to do that quite yet because again it’s so new. It’s been, it’s been a challenge. We’re still struggling with how to do that. I know we’ve really struggled with how to incorporate this issue within the traditional sort of treatment approaches.” (#002)

Another participant explained that a goal of trauma treatment was “to correct cognitive distortions about the abuse experience.” She stated that exposure techniques desensitized the child so they were no longer “triggered” by intrusive memories. She believed that this technique could be applied when abuse images are online:

“You know, some of those thoughts about the images online are really cognitive distortion type things and stuff. You can get right in there and start muddling around and correcting a little bit for them, you know, and, and then getting the child to talk about it to the point where they talk about it like they describe what they had for breakfast that day to get rid of those triggers and flashbacks and memories and all of that stuff.” (#012)

On the other hand, as some participants attempted to apply their intervention approaches for CSA to child sexual abuse images online, it occurred to them that some of the treatment principles did not apply and could make the child feel further misunderstood or traumatized. In the following excerpt, after talking about correcting the child’s “cognitive distortions” about the online images, the participant reconsidered:

“I mean potentially they could have some cognitive distortions around the photographs or videotaping that happened and sort of work through some of that and try to understand that a bit better and work that into a trauma narrative and sort of like what happened to them, so, yeah. To correct the distortions they have about it sort of being online. Well I guess it's not really a distortion, I guess, see I'm working under the assumption that those images are not accessible on the Internet so I don't know. That's where, I don't know, it's not a distortion, really, not a cognitive distortion, if they are accessible, if people are looking, so really it's really about managing the anxiety around it and yeah.” (#004)

Several participants spoke about using the trauma narrative with the child to address issues related to the permanence of the images online and to the possibility of their abuse images being viewed by others. The following participant believed the trauma narrative could be used to help the child cope with the knowledge that the abuse images cannot be removed from the Internet and that there was nothing to be done about that aspect. At the same time, she acknowledged that the issues of ‘permanency’ and ‘ongoing re-victimization’ were distinct in these cases – an added layer - and may need to be dealt with differently in treatment:
“I would see the narrative with a child who has experienced Internet abuse is also adding in that piece of that realistic thinking about their abuse. That despite knowing that my images are out there forever this is how I’m going to cope with it or this is how I’m going to think about it and how I can think about it instead that’s more helpful. Now that I know more about this this is what I’m going to do, this is what’s going to help me kind of get through knowing this is the reality because that’s the reality. We are not going to change that it’s about how they are going to cope with that. Even with a child whose experienced just sexual abuse that we can’t change that experience and so it’s just really a matter of making it less distressing. But with children with abuse images experiences there’s that added layer of almost a permanency and an ongoing re-victimization that I think might need to be tweaked in counselling.” (#005)

Some participants talked about how, in treatment, victims of conventional sexual trauma were helped to make meaning of the abuse as an experience that has happened in their past in order to help them move forward in their lives. In such cases, participants described how they would help the victim identify a beginning and an end to their abuse experience – to find “closure.” This participant was emphatic, however, that this approach to treatment “just doesn’t apply” when the abuse images are permanently online and when the child is persistently worried about who may be viewing them – when the abuse is “ongoing”:

“Frequently we discuss it as an incident that happened in their life and how you move on from it and how it doesn’t become you. You’re never going to forget about it and that isn’t the goal of therapy, to wash your brain of it. It’s to put it in context and move forward and that sort of stuff. But what if that’s still happening out there? If that video is still being shown on the Internet, and you’re aware of that and you’re aware of the fact that there’s no way for it to be erased, it’s out there forever and that you’re being, that youth could, “Wow, I’m going out with this person, are they watching my video?” You know what I mean? It’s like an ongoing abuse. Where other forms of abuse could end, and this one’s ongoing .... ” (#009)

This same concern was expressed in the following excerpt by a participant who believed that it was these aspects of permanence and lack of closure that would be of paramount importance to the child:

“One of the pieces that you really, I think is, you know, most salient for young people as well is that it seems like there is no end. So if it’s, you know, contact abuse the abuse can stop and then perpetrators arrested and you know, all of that reparative work can happen related to the trauma throughout the treatment. But if it’s pictures and they’re out over the Internet they can’t be taken down forever then it’s like the abuse is still happening.” (#008)

In the following scenario, the participant explained that if the child identified “closure” as a salient issue she would address it in treatment. She indicated that because this characteristic of
the online abuse image cannot be changed, practitioners would have to ‘know no matter what’ how to help the child cope with this knowledge. She explained:

“Again, I think I, again, I’d want to know for that particular child, I’d want to hear them articulate what that means for them, like, and if it is, I mean I think it’s this closure issue, right, that I talked about initially. And I think it’s really if a particular kid does articulate that as an issue there has to be again some way to some other way to have closure for that child. Because the reality is you can’t control that process that’s been put in place. So if that means that you deal with a situation where they’re at a cocktail party when they’re 32 and somebody takes them aside and says, ‘I, this is what I saw,’ whatever for them to have some strategy to deal with that in that given moment.” (#012)

As demonstrated in the following excerpt, some participants assumed that if the child is in treatment the offender had been arrested and the abuse images had been removed from the Internet. In this case, the participant attempted to ‘make it fit’ into a treatment frame with which she was more familiar:

“I guess I’m assuming too, as a clinician, I would know that the child had had, that their abuse was on the Internet. Presumably, the person who’d put it there had been caught or had been taken down anyway from the internet assuming if child had been identified and was receiving treatment, then likely the authorities would know and that child wouldn’t, like that picture would no longer be on that, accessible on the Internet. I’m assuming. I don’t know. That just is sort of what I assume is how sort of that would work. So it would be sort of working through with the child like, you know, them knowing that there had been those pictures posted but they’re down now and working through that and what that would mean.” (#004)

To summarize, most practitioners indicated that they were unclear about how to relate their current treatment approaches to CSAIO because many of the trauma treatment principles did not apply to these particular children. For example, one practitioner talked about correcting the child’s “cognitive distortions” about issues related to permanence of the abuse images online and then reconsidered because the images were permanently online and “there is nothing I can do to correct that” (#004). Several practitioners spoke about using the “trauma narrative” and “desensitizing techniques” to address issues related to permanence of the images online and to the possibility of the images being seen by others. They acknowledged however, that issues of “permanency” and “closure” were distinct in these cases and may need to be dealt with differently in treatment. Most participants reported having difficulty ‘coming to terms’ themselves with the reality of the impact of the permanence of the online images. Considering there may be differential impact on these children that is currently unknown, and because so few
have appeared in treatment, ‘knowing’ how to respond to these children presented a new daunting challenge to all participants.

**SUB-CATEGORY:** Silencing Response

**Theme: Don’t Tell – Don’t Ask**

The sub-category ‘Silencing Response’ and the theme ‘Don’t Tell – Don’t Ask’ are in vivo codes and comprised references made to not talking about or asking about sexual abuse images online. When the following participant was asked what might hinder practitioners from talking about online abuse images with a child she responded unequivocally, “the silencing response:”

“The silencing response is when the therapist doesn’t want to be overwhelmed with the answer so doesn’t ask the question because they don’t want to have to deal with what the outcome will be or doesn’t want to have to hear the story for they’re burnt out or vicarious trauma and they will be impacted by it so they don’t ask the question so they don’t get the impact of the results. They may feel that if they have this information now that they have to report and therefore reporting could then betray the trust that’s already developed with the client. They may not know what to do with it when they get that information. How to work with it now. They may feel that they’re opening something up with the child that may make their situation even worse. There could be many reasons why the therapist wouldn’t want to ask that question.” (#006)

Some participants suggested that if practitioners lacked confidence in their ability to deal with the online images in treatment they would avoid talking about it with the child or disregard it altogether: “This whole online piece is just opening up a whole can of worms that I wasn’t even aware of and I can see clinicians being worried about that. Yeah, not going there, not opening that can of worms” (#004). As another participant explained:

“I don’t know of a lot of specific treatment approaches that really include this aspect in it, right? So really well known ways to work with kids around this are maybe not so available right now so if you don’t sort of know where to go with this issue maybe you would not ask a lot about it right or maybe you would you would just, just, you know shy away shy away from it.” (#003)

The following participant explained that she had never thought about working with online abuse images prior to the interview, “it wasn’t on my radar,” and until the interview believed that abuse images would remain outside her range of practice experience:

“Like I hadn’t really, I’ve been thinking about child pornography or child abuse images on the Internet as being a bit more sort of like out there. Something that like I’m not maybe not ever going to come across but it’s something that I can avoid and I do avoid.
So the Internet component is something that I’ve been keeping at a distance and like intellectually in terms of understanding or whatever .... until now.”  (#004)

In the following excerpt, one participant described how practitioners could ‘silence’ children due to their own discomfort talking about sexual abuse and how this could be extended to sexual abuse images:

“Some people in sexual abuse work feel like they shouldn’t talk about the actual sexual abuse. It’s the elephant in the room. They don’t talk about it. They talk around it. Everybody’s got their own style, right, but that, that happens. I’ve seen that happen, you know; especially with people newer in the field that they don’t actually talk about what happened. It’s a secret. Well, that’s not helpful, but you know, but it, it does, it absolutely happens .... And I can see this happening with abuse images.”  (#013)

Another participant echoed a similar concern:

“What are in those images?.... So if people can’t tolerate some of the, the deviant sexual behaviours that are out there they’re not going to ask about them. I mean a lot of, you know, if you can’t say the word masturbation you can’t ask about it right?  (#007)

From the perspective of this child protection worker participant, workers may avoid asking about online abuse images in their investigations because exposure to the images has the potential to be a traumatic experience for them:

“If you’re not familiar with the potentiality of technology you just can’t, you’re so overwhelmed how could this possibly be happening? How could it really, this is just, you’re shocked, ’cause it’s against, it goes against, ’cause you’re not thinking oh, I should ask about this. Some things are going to trigger you and make you just think, oh my gosh I cannot believe it, oh, that’s sickening. You’re not going to go there, you just can’t.”  (#011)

This practitioner, a trainer, acknowledged the potential impact of abuse images on practitioners and then pointed out how distressing the images must be for the child in the image:

“You know, vicarious trauma is a big piece, but I think it’s you know aside from vicarious trauma you know images of children of any age, but particularly young children, can be really upsetting and whether or not the clinician sees those I think they have to find a way to deal with that so they can work with the kids. I mean if they’re that upset or that impacted by it then I can only imagine how upsetting it is for the child who’s gone through that right?”  (#002)
One participant explained how difficult it was for children to disclose abuse and worried that the child could be “silenced” if they thought the practitioner was unable to “handle” a disclosure of online abuse images:

“It’s real hard sometimes for kids to actually verbalize what has happened to them. They think oh my goodness if I say this has happened to, you know, me then [name of the practitioner] might think what? This is strange. What do you mean? I’ve never heard this before.” (#001)

Most participants indicated that if the child did not disclose the abuse images, in all likelihood, the practitioner would not ask. One participant referred to “don’t tell, don’t ask,” hoping that this had not happened in her practice. She went on to explain:

“With the kids that I work with there’s never been any kind of disclosure about their picture being on the Internet or their pictures being taken or anything like that. It hasn’t been something that I’ve factored into the work that we’re doing because it wasn’t something that was brought up as a concern. Like, it wasn’t something that the child was presenting or disclosed. Like there was in any of the kids I’ve worked with who’ve been sexually abused that hasn't been an issue that anyone knows of. I mean I don't know.” (#004)

On reflection, the following participant wondered why cases of CSAIO were not “showing up” at her agency. She considered reasons why this may be the case:

“We have enough clients, doesn’t mean that’s not happening to them, I don’t know, it’s that they’re not coming here, like I don’t know what that’s about, why we haven’t been getting them. That doesn’t seem to be what our clients are reporting and I don’t know if it’s that they’re not reporting it, I don’t, because I know that it’s happening, like I know, so I’m curious what that’s about, but I, I, so are we asking them, so I would be curious, I can kinda see that, like if I think it out, okay so I’m like, okay, so now what do you do?….. Are they getting treatment, and what do we do with them, and so I’d love to hear what the research says so that we can implement it, yeah.” (#013)

As shown in the following narratives, some of the practitioners struggled with the thought that they may have worked, or may currently be working with, a child whose abuse images were online without knowing about it:

“It very well may be that some of the clients we’ve had, or currently have, have had this experience but because we haven’t asked about it directly it’s not been shared at the session, right.” (#003)

“But in my head I guess that's been sort of like, to my knowledge, I haven't seen children here who've had that experience. That doesn't mean that, not to my
knowledge, they could have been right, like victims of like, where it's on the, and I wouldn't know that.”  (#004)

The possibility of missing these children in treatment was distressing for another participant. She indicated that, after the interview, she would seek support through supervision and consultation to help her work through the likelihood that this may have happened. In the following excerpt, she described the resources she would access to prevent this from happening again:

"So I guess my anxiety is building now as I know that it could be a possibility that I’ve missed these kids but I know I will have, you know, supervision and we do have a consultant in the U.S. that we do meet with, you know, the team once a month to be able to guide me through that should that be a possibility and get consultation from maybe CAS, the police and what, you know, they could do about that with child pornography like, its really, you know, unknown right now but I do have that in my head now, yeah .... Now, I’ve talked about this today, yeah. I’ll, you know, I’m gonna go and bring it up in supervision .... So I don’t want to have that happen again."  (#001)

A participant who is a trainer explained that practitioners could be unnerved about how to respond because so few have had experience working with these children - but stated, “this cannot go on forever”. She was optimistic that the system would eventually “get a clear view” about assessment and treatment approaches for these children and that it would come into sharp focus as more children in the images were found, seen and heard:

“I mean there’s millions and millions of images of kids but when you actually find kids who’ve had images taken of them and then to actually be able to work with them is rare. It’s a pretty unusual, that may change, and hopefully that will change over time because as we get better at finding kids and, and asking questions about images in those early stages of a sexual abuse investigation I think we may get at it better and a bit sooner and maybe able to study it a bit more. It’ll become more clear to us.”  (#002)

The following participant suggested that other systems may be involved with these children and their families and that this information needed to be shared between systems to ‘break the silence.’ She expressed concern that these children would “get lost in the system” and worried that, in some cases, parents may not understand the possible effects of abuse images on the child and therefore not seek treatment:

“You know when they have those child pornography, you know, busts and they identify all these kids, I don’t know where those kids go once they’re identified, because they don’t necessarily find their way to the agencies that I work at. We’re not getting them in the door, I don’t think. I mean, I think that the police have to, we have to have better
rapport with the police once they identify these kids. Then where are they directing them to, right? There’s no child protection issues so CAS often isn’t involved, unless, unless there is a child protection issue. And they could be referred to community mental health programs or if the child’s not symptomatic the parents may say, you know, let’s just forget about that and move forward and, and I don’t think they’re making their way to the doors in the numbers that, you know, that we hear about.” (#007)

And if families did seek treatment, they may be expected to disclose information about the abuse “upfront.” As one participant explained, she did not ask clients about online images expecting to be informed “from the get-go” if this was an aspect of the abuse - she expected the child or family to disclose this information at intake:

“We don’t come right out and ask about that [the Internet] and we sort of leave it up to the clients and clients’ family, whoever is calling us, to provide us with the situation right from the get-go.” (#004)

This participant stated she did not ask because she presumed information about online abuse images would be provided by the referral source, usually child protection services or the police:

“So to be honest I haven’t directly asked any of the children whether they’ve been the victim or the subject of images on the Internet. Usually, depending on where they’ve been referred from, like CAS, I assume I’d have that information before they come here for the first time. So I have a bit of the history around the situation. Certainly if the police have that information they would share that with us if they were making a referral and that would become part of what we are doing in our assessment.” (#003)

The assumption that information about child sexual images online would be identified by the referral source was restated by several practitioners. They indicated that they expected information about abuse images would be gathered during the investigation by the police or child welfare and therefore would be included in the referral reports:

“I would think depending on the police synopsis or the CAS synopsis, it has to be verified by CAS or the police, so really only if it’s been mentioned as part of the abuse scenario I would say then I would know. I assume it would be in the scenario. So, if it was in the scenario like, you know, when CAS sends a synopsis of what happened and what they verified, if it didn’t say, you know, anything about that I don’t know that we’d go after it ‘cause we’re not investigating so it wouldn’t cross our mind.” (#013)

One child protection worker participant however, understood her role in the referral process differently and highlighted limitations of the assessment process regarding questions about sexual abuse images online:
“We investigate a lot of sexual abuse cases but like I said there’s no specific questions built in or if we haven’t, it hasn’t come to our minds to ask those questions, we might never know that the taking of abusive images was part of the abuse. And so if we don’t know, there’s no way that we can then forward that information to the therapist.” (#010)

The following participant, also a child protection worker, supported this depiction of their work: “We aren’t trained to assess for abusive images on the Internet.” She also expected that the police would include questions about abuse images in their investigation and in their reports to child welfare:

“Usually we’re not interviewing, it’s usually police when it’s a, a declared sexual abuse. The police interview and that information should be in their reports. That’s how we’d know about it.” (#011)

According to these participants at each step along the way, from investigation to treatment, they expected the information would be passed on through referral. If referral reports did not indicate the Internet as an aspect of the abuse, many practitioners agreed that considering and asking about the possibility of online images would be out of their purview or altogether off their radar:

“Like if it’s not, if it’s not in the referral I’m not sure we would ask ‘did that person ever take pictures of you’ or ‘did anybody else ever take pictures of you?’ They would just focus on what’s walking in their door is that, you know, this person’s been sexually abused by this person.” (#007)

Finally, in trying to bring the phenomenon of online abuse images into focus, participants reflected on what had happened to the children in the images. This participant suggested: “We now have the images. We don’t need to locate the children. Locate or really ask them a lot of questions” and then clarified: “I’m not saying that we’re missing a whole bunch [children] but I wonder if there is a lot more out there that we just haven’t quite tapped into” (#002).

**SUB-CATEGORY: Needing to Know No Matter What**

**Themes: Questioning the Training; Needing to be Prepared**

The sub-category ‘Needing to Know No Matter What’ reflected participants’ concern that their training to work with child sexual abuse did not prepare them to work with child sexual abuse images online and reflected their belief that they needed to be prepared to work with these
children. This category is made up of two themes: ‘Questioning the Training’ and ‘Needing to Be Prepared.’ Participants talked about children and families coming to them for treatment and indicated the ‘tremendous responsibility to know what we are doing’ (#009) because of the significant implications for children if the practitioner does ‘not know’ how to respond effectively. This participant clearly reflected this concern, “This work is important. We have to know what we’re doing. Not knowing is not an option” (#014). All practitioners spoke about their training in child sexual abuse as “specialized” and many referred to the training as “evidence-based.” The majority of participants, however, indicated that their training did not address issues related to child sexual abuse images online and that they felt unprepared to work with these children. Most participants questioned why child sexual abuse images “did not come up” in their training - but were adamant that it should:

“I don’t recall any mention of the Internet in any of my training so, it hasn’t been, you know, sort of discussed, you know, I think not a lot so I, like I said, I think it’s one of those areas that’s seriously lacking just in terms of what’s written about it [child sexual abuse images] and are there particular trainings. I should say I did do a one day, I’m just trying to think of who, I can’t even remember her name, it was about pornography. I don’t know if that counts.” (#008)

“Because it’s not really been discussed in the trainings that we’ve attended with TFCBT even in the trauma assessment trainings or even in our consultations you know, in talking about sexual abuse cases it’s just not brought up. Yeah so…” (#001)

“I mean really in the training that we had I don’t remember talking about the Internet. Yeah, I think that’s something that we need to be thinking more about as an agency, like across the city. I mean across this country and the continent probably.” (#004)

Some participants indicated that while information regarding online child exploitation is made available through workshops and training, in some cases offered by the police, they questioned the focus and the utility of these trainings from a clinical perspective particularly in relationship to the child victim:

“I did a training as we talk about it, around the, you know, kids who are exploited online through Internet use and that was about three years, three and a half years ago and it was a two-day conference type thing and you had to take from it what, what, if there was, you know, if it was, what was relevant to your practice.” (#012)

“He [police officer] talked about the traits of the offenders, so that was interesting. Just the prevalence and it was the discussion among the clinicians and, you know, the
awareness and that kind of thing. So yeah, I don’t know if it was clinical but I mean they were officers so that’s not really their job to be clinical but I think it was sort of a bit of a starting point to kind of make us go oh, really? We need to start discussing this more.”  (#013)

In contrast, one practitioner asked during the interview: “Do you know if any training is out there actually for this?” and then speculated that the police might be a good resource for training:

“Yes. I’m just thinking about right now like, I think the police would have so much great resources because that is their task force in dealing with like child pornography and kids being exploited sexually on the internet and I, I can imagine they have a wealth of resources about how this impacts the families and the child [pause] I think they might be a good starting point in seeking out the resources in this field.”  (#001)

Most participants stated that training needed to move beyond “information sharing” and needed to include the specifics of providing treatment for these children:

“So I know that there’s a lot of workshops now on sexual exploitation of children where they talk about the harm. There isn’t anything about, so what do you do with that? How do you, how do you specifically work with them? I think that that, that could be an area that would be really helpful to be developed.”  (#007)

“You know, I get flyers for conferences and, I haven’t had one for, you know, child sexual abuse specifically that I thought, you know I should go to that but I often think that when we do conferences on children and adolescents there’s a bit of a lip service piece to, ‘oh, and we’ll address the Internet. Oh, we’ll address the impact of the Internet, and oh, keeping in mind that the Internet’s also there.’ So I would wonder if the resources of course need to be there so treatment manuals, you know, more work that’s specializing in victimization online, would definitely, you know, sort of help. But then also treatment trainings, and you know sort of the workshops that get put on, on trauma and instead of lip service be paid to Internet, I mean, something that’s specific to the Internet and online victimization.”  (#008)

Some participants expressed their frustration because they felt ill equipped to work with these children even though they tried to “stay up to date” and routinely attended trainings. As shown in the following quotes, these participants felt a sense of helplessness about “falling behind” in their practice:

“I think that’s the, I think it’s the scope of it and the magnitude of it that I don’t think I’ve really wrapped my head around even though I’ve attended these conferences and trainings. I mean you try. You go to the trainings, but they don’t talk about this so now what? What do we do now?”  (#010)
“I think, as the Internet is growing so fast we’re not, we’re just not keeping up enough, we don’t know enough. I mean, I know there’s an entire unit with the Toronto Police that that’s all they do but I don’t think we’re keeping up fast enough. We don’t know, we don’t know what to do to help these kids.” (#013)

While in some cases sexual abuse training included working with children who had been exposed to pornography, the training still did not deal with CSAIO: “I would love to have more consultation and training about that yeah because that’s lacking. It’s about how to deal with kids who have been sexually abused or kids who have viewed pornography but not like, if that has happened to them, then what?” (001). Participants felt uncertain about how to respond and about not knowing what to do should children who have experienced such abuse present for treatment: “To be honest I think it would be totally intimidating because for me it would be the first time working with a child whose had that experience. I don’t like feeling this way” (#013).

Only two participants reported having received training specific to providing treatment to children in cases of CSAIO from trainers connected to their agencies – although of the two, one acknowledged that the training had taken place “some time ago.” This is an important distinction because there has been such dramatic growth in technology that training “a number of years ago,” while helpful, would still be out of date in some respects:

Well, certainly I have had opportunities for quality training here, with trainers who are highly skilled, who, who know and are trained around these issues of sexual exploitation that, the, the online victimization piece, so treatment issues around that piece. Certainly, that training has certainly been made available here so I’ve had that.” (#005)

“It was a number of years ago though when there was this, this sort of need identified about, you know, we’re starting to see these kids who are coming in with these online victimization experiences and are they different and how are they different and how do we change our service? So there was a push to try to provide a clinical service for these kids. So I’ve had this training here, and they, they’ve gone on to do this sort of road show, they’ve been sort of locally at the protocol groups and that kind of stuff.” (#012)

When asked how training addressed treatment in cases of CSAIO, the following trainer responded: “It doesn’t. We just not really prepared to do that yet” (#007). As another trainer explained:

“The problem is again we’ve had such a small sample of kids that its hard to sort of say this is what you should do in assessment in your assessment and in your treatment
because we’ve seen so, so few cases and they’ve all been so different and although we see some themes I think it’s a bit too early to say in any kind of training this is what you should, this is how you should incorporate it or talk about it.” (#002)

As they clearly indicated, most participants were concerned that their training to work with sexually abused children left them “ill-prepared” to work with online abuse images. They indicated that feeling unclear about their ability to do the work was “unnerving” particularly because working with CSAIO was “inevitable”.

**Needing to be Prepared**

The theme ‘Needing to be Prepared’ is connected to the inevitability of working with the Internet as an aspect of child sexual abuse and to participants’ expressed need for specialized training to do the work. Despite their experience and training to work with sexually abused children, most participants indicated a “serious lack of confidence” (#004) that their knowledge and experience would “get them through” the work in CSAIO. As the following quotations illustrate, practitioners were adamant about needing specialized training regarding CSAIO because they believed that work with these cases was inevitable. They conveyed the ‘need to know’ how to respond to CSAIO ‘no matter what.’ This participant wondered if her colleagues were aware, as she was now, of child sexual abuse images online and if they were feeling the same need to ‘be prepared’ to do the work:

“You know, we do need to get prepared and we do need to, you know, figure out, you know in dealing with this because we’re going to be getting kids who have experience with this and I don’t know, maybe other clinicians in the GTA have experienced, you know, this as well. But we just need to get ready I think and prepared, and to, and is now, now I’ve had the chance to talk about this, is now at the forefront of now every child I work with in terms of this.” (#001)

Participants talked about the certainty of working with children whose abuse images are online and how daunting they viewed this task. As evidenced in the following excerpts, participants clearly articulated their sense of “urgency” to ‘be prepared no matter what’ because these cases were imminent in their practice:

“We don't want to just have the next client that I see have that and then have me be unprepared so I would certainly put things in place to try and get as prepared as I can for that. Do you know if any training is out there for this?” (#004)
“It’s something I know I will encounter in the future but right now it’s just I just haven’t had, you know, an encounter and I would be kind of unprepared and I would just be going through the process, you know; with this with some support, you know, in place but it would be great if there was some kind of formalized training or something to address that. I really need to know what I’m doing here.” (#001)

“Yeah, well obviously the fact that I don’t have a lot of knowledge around how best to work with kids who’ve had this experience right. So, certainly that’s something I’d like to seek out myself and try to find out more information because you know we’re bound to service a child who’s had this experience at one time or another and I’d like to be prepared as best I can. Yeah, we’ve really gotta get on this. I already feel like I’m stumbling around in the dark.” (#003)

Chapter Summary

These study data revealed a core category entitled ‘Out of Focus’ that encompassed the sub-categories ‘Knowing’; ‘Trying to Make Sense of Child Sexual Abuse Images Online’; ‘Silencing Response’; and ‘Needing to Know No Matter What’. The four sub-categories contained seven themes (‘Being Qualified’; ‘Coming to Terms’; ‘Struggling to Understand the Impact on the Child’; ‘Trying to Make it Fit’; ‘Don’t Tell – Don’t Ask’; ‘Questioning the Training’; and, ‘Needing to be Prepared’) all of which were involved in the considerable challenges faced by practitioners as they tried to understand and make sense of child sexual abuse images online. Most practitioners in the study indicated that they struggled to comprehend online abuse images and described their perception of the images as “blurred.” As a result, they were not consistently aware of or did not probe possibilities of online abuse images in assessment and treatment of child sexual abuse. As revealed in the findings, many of the participants in the study had not considered child sexual abuse images in their practice prior to the interview – online images were not at all a focus of their practice.

All participants in the study attempted to ‘come to terms’ with definitions of CSAIO and described a continuum of online abuse images that ranged from “relatively innocuous” images of children to explicit images of sexual abuse. Participants’ responses indicated varying levels of concern about whether the child’s sexual abuse victimization was compounded by having the abuse images distributed online. The findings showed that some practitioners viewed the online abuse images to be the same as child sexual abuse, several practitioners viewed the online abuse images as different from CSA and not serious, and many viewed the online abuse images as
different from CSA and as serious. Some participants indicated they did not know whether the online images were harmful to the child – “you can’t assume there is harm and you can’t assume there isn’t” (#002). Most participants in the study reported how they “grappled” to understand the impact of the permanent online abuse images on the child and how they “struggled” to come to terms themselves with the implications of the indelible online abuse images. That online sexual abuse images were not addressed in their training contributed to the images being ‘Out of Focus’ and to practitioners’ lack of clarity regarding how to respond to the children in the images. The findings indicated that practitioners were adamant that their training to work in CSA must prepare them to work with CSAIO. Most practitioners expressed feeling helpless to assist the child in resolving issues of “permanence” and “closure” of the abuse images online and conveyed reluctance to address this issue with the child in treatment as a result. Some practitioners reported worrying about feeling overwhelmed and distressed because they did not know how to respond to the child in the image or how to help the child cope with the “relentless fear” that their images may be seen at any time by anyone. On reflection during the interview, some practitioners revealed that consequent to their of lack clarity about how to provide effective treatment, or because they feared being overwhelmed by the abuse images, they would avoid asking the child about online abuse images overall. Many participants expressed concern that they may currently be working with a child whose abuse images were online but, because they had avoided asking about online images, were unaware of these children. Moreover, some reported feeling distressed by the possibility of having worked with children in the past that involved online abuse images but had overlooked this aspect of their abuse. The study findings indicated that practitioners and child protection worker participants assumed that another “system” had assessed for abuse images online. It emerged that most practitioners expected that information about abuse images would be included in referral reports from child welfare or law enforcement. As indicated in the findings, they seemed unaware that child welfare assessments did not probe for CSAIO and that this information may not be included in police reports. The significance of these findings will be discussed in the next chapter in relation to the current state of the literature.
Chapter 5
Discussion and Implications for Practice

The aim of this study was to explore how practitioners understand child sexual abuse images on the Internet and how they integrated their understanding into assessment and treatment. A main finding that emerged from the study was that most practitioners did not know how to respond to child sexual abuse images online (CSAIO) particularly in regards to the therapeutic issues related to the permanence of the images online. The findings indicated that practitioners held different conceptualizations of the effects of the online abuse images on the child that indicated various levels of concern regarding the effects on the child. Several factors were identified as influencing their conceptualizations including whether practitioners viewed online sexual abuse images as: 1) the same as conventional sexual abuse; 2) different from conventional sexual abuse and not as serious; 3) serious but different from conventional sexual abuse. Several practitioners questioned whether online abuse images were harmful to the child, suggesting that it must not be assumed that online abuse images cause harm to the child. The core category ‘Out of Focus’ denoted that most practitioners did not have a clear understanding of child sexual abuse images online nor did they have a clear view of how to respond to the child in the image. Many practitioners revealed that CSAIO was not a focus of their clinical practice – the online images were altogether out of their purview. Moreover, the core category ‘Out of Focus’ represents the practitioners’ depiction of attempts to fit their knowledge of child sexual abuse to online sexual abuse images, terms such as a “blur,” and “unclear.”

I approached this investigation holding some assumptions that were challenged by the participants’ narratives. Earlier in the thesis I wrote about the importance of reflexivity and the advice offered by Charmaz (2010) to: 1) balance the risk of assumption and bias by taking a reflexive stance; and 2) to question my preconceived ideas and perspectives in order to safeguard from imposing them on the data. Through reflexivity, it was important for me to consider how my own preconceived notions might become super-imposed on the voices of the participants and result in my missing important meanings presented by the participants. It was with this in mind that I approached the interview data and the process of analysis and interpretation. I used peer debriefing with others to check my interpretations and assumptions. While I expected certain responses I was careful to keep an open stance in both the interviewing
process and the interpretation of the interview data. As an example, I assumed that like myself practitioners would consider child sexual abuse images online harmful for the child in the image. Participants’ responses however, actually indicated varying levels of concern about whether the child’s sexual abuse victimization was further exacerbated or extended by having the abuse images posted on the Internet. Furthermore, some practitioners expressed feeling unclear about whether children were harmed by the online images – whether there was harm was out of focus for them. These practitioners were confused about whether to “assume harm” or to “assume there was no harm” to the child who was aware that their abuse images were online.

Going into this study, I believed that all of the study participants would be aware of child sexual abuse images online and I assumed they would be asking about abuse images in their assessments. Many of the participants however, indicated that the study interview was the first time that they had considered child sexual abuse images in their practice and most stated that they did not include questions about online images in their assessments. I anticipated that some practitioners would be providing treatment for children whose abuse images were online. As the findings indicated, only one practitioner reported that she was working with an individual whose images of abuse had been distributed online. Most practitioners said they simply did not know how to respond to the online images and many had not probed to even know if they were counselling child victims whose images had been circulated online.

At the outset of this study, another assumption I held was that all practitioners would be trained in Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and that findings would be based on how participants applied this model to child sexual abuse images online (CSAIO). I also expected practitioners to be employing TF-CBT because it is an evidence-based treatment that has been manualized and well promoted, and because training in this treatment approach has been broadly and regularly provided to practitioners. Indeed, the Kauffman Best Practices Project (2004) identified TF-CBT as the ‘gold standard’ in child abuse treatment. I also anticipated that if practitioners felt unsure about treatment concerns they would fall back on treatment approaches with which they were familiar and which they were comfortable implementing. As expected, all of the practitioners in the study reported having received training in TF-CBT and indicated that they utilized this model in their practice with sexually abused children. An unexpected finding was that when many of the practitioners were uncertain
about how to respond to cases of CSAIO they did not refer back to their training and experience; rather, they revealed that they avoided addressing the online images in assessment and treatment. Contrary to what I had anticipated, the majority of practitioners were emphatic that their training in child sexual abuse (CSA) did not prepare them to work with CSAIO as their training did not fit the issues. They consequently expressed their confusion about how to respond to the child in the online image. This was the case regardless of practitioners’ years of experience working with CSA. Also unexpected was the candor with which practitioners responded to the interview questions. That is to say, they did not “shy away” from revealing their concerns, their fears, or their significant self-perceived shortfalls in working with children in online abuse images. In “telling it like it is” the practitioners in this study revealed that understanding child sexual abuse images and how to respond to the children in the images in assessment and treatment was complicated, “messy,” and not easily reconciled.

This grounded theory study was guided by the broad question: How do practitioners understand child sexual abuse images online? As shown throughout the course of this investigation, practitioners struggled considerably to understand online abuse images and to respond effectively to the children in the images. The core category ‘Out of Focus’ provided an overarching theme for understanding the research problem and signified that practitioners did not have a clear understanding of child sexual abuse images online, how to apply their training and experience in CSA to CSAIO, or how to respond to the child in the image. It emerged from the findings that when many practitioners tried to bring the online images into focus during the interviews they experienced difficulty understanding the online images and how to respond was not clear to them. As one participant indicated, “I’m just trying to make sense of it. It’s a blur” (#004). Moreover, some practitioners revealed that the interview was the first time they had focused their attention on child sexual abuse images and the possibility of working with online abuse images in their practice. An unanticipated effect of the study was that practitioners reported they would consequently change their practice.

Within the core category, ‘Out of Focus,’ there were four sub-categories: 1) ‘Knowing’ how to work with CSA; 2) ‘Trying to Make Sense of Child Sexual Abuse Images Online’ based on their knowledge, experience and training in CSA; 3) ‘Silencing Response,’ describing what may hinder or prevent practitioners from addressing CSAIO in practice; and finally, 4) ‘Needing to Know No Matter What’ in terms of how to respond to CSAIO as an inevitable requirement of
working in CSA. The following discussion explores the overarching category of ‘Out of Focus’ within the context of the research findings and contextualizes the study results within the literature to consider the ways in which practitioners understand CSAIO. As the findings revealed, the phenomenon of child sexual abuse images online presents new daunting challenges for practitioners working in child sexual abuse. These findings are discussed as they relate to critical considerations for practice with children made the subjects of sexual abuse images online.

**COMING TO TERMS**

All participants in the study tried to come to terms with definitions of sexual abuse images online within the context of their training and experience in child sexual abuse. In describing the online images they used various terms such as child pornography, child exploitation, and child sexual abuse images. Practitioners described CSAIO as a continuum of images including varying degrees of seriousness and a wide range of images and behaviours (including contact and non-contact abuse) that may convey sexual interest in a child, sexual abuse, sexual exploitation, online bullying, exposure to pornography, as well as acts of “poor judgment” (such as when adolescents send sexualized images of themselves via email) and “relatively innocuous images” of a child. Some practitioners found the term child sexual abuse images online to be a “catch-all” expression that was confusing for them. These practitioners indicated that due to the “all-encompassing” nature of the term CSAIO, it was difficult for them to differentiate the type of abuse being referenced or to distinguish between the degree of potential harmful behaviours inferred by the term. They suggested that including such a broad range of images within the term CSAIO minimized the gravity of some of the images. For example, several practitioners reported finding it difficult to reconcile explicit images of “contact sexual abuse” with “innocuous images of children” being represented by that same term. As a result of their confusion regarding the term CSAIO, some practitioners described not knowing what questions to ask about the possible online aspects in their assessments. Moreover, they revealed they would consequently avoid introducing questions about online abuse images with the child because they were unsure what it was they were assessing: “What am I asking about? ….. Is it an image of abuse? There’s just so much” (#004). The findings revealed that feeling overwhelmed by the online images or confused regarding the definition of the term CSAIO
might influence whether a practitioner inquired about the possibility of online images in assessment.

Although some of the images seemed to be open to practitioners’ interpretations, as indicated in the findings, others were not - such as explicit violent images of abuse. In contrast, another of the challenges identified by practitioners was related to the view that some images may be perceived as “less serious” because the content was not explicit. A few participants emphasized that it was essential for practitioners to understand the context in which abuse images are made. Still, several practitioners indicated that some children may not “experience” online images as abuse. Although a child may not experience an online image as abuse (Palmer, 2005), this does not mean that the behavior is not abuse, which raises other issues of how to respond (Coccaro, 2009). Such lack of apparent abuse occurs with any form of abuse but may have unique features related to images online (Leonard, 2010; Palmer, 2005).

**Struggling to Understand the Impact on the Child**

The findings of this study illustrated the complexity of therapeutic issues intrinsic to online sexual abuse images. Particular issues related to sexual abuse images online emerged as distinct from typical issues related to child sexual abuse. Most practitioners stressed that therapeutic issues related to permanence of abuse images online were the most daunting because of the “very real possibility” that there may not be resolution of the sexual abuse experience for the child in the image. This confirms similar findings whereby therapists pointed to treatment challenges associated with issues of permanence and, consequently the possible lack of closure for children whose abuse images were online (Leonard, 2010; von Weiler et al., 2010).

Practitioners in this study expressed anxiety about trying to help the child manage the knowledge that their abuse images were online; the possibility that the child could either inadvertently or purposefully come across their own abuse images; or the possibility that someone else might one day confront them with the online images of their abuse. Some practitioners worried about informing a child that their images were online for fear that the child would search for their own images on the Internet and possibly be exposed to “other harmful material.” Due to these issues, most of the practitioners strongly felt that they did not know how to help the child cope with the “anticipatory fear” that images of their abuse could appear online at anytime. Some practitioners reported that they avoided asking the child about the online
images because they were afraid of being overwhelmed or distressed by the images. A few talked about the possibility of vicarious trauma experienced by practitioners who were exposed to the online abuse images. Some described worrying about “over-identifying” with the child’s helplessness to control the images or remove them from the Internet. For example, most of the practitioners did not understand how the abuse images could be removed from the Internet; whether the images could be removed; or if they could be removed who would be responsible for removing them. Most of the practitioners expressed feeling “utterly powerless” to help the child resolve these issues. In many instances, they reported that because they “don’t know how to help these kids” they would “ignore” the online images in assessment and treatment and rather, focus their work on the “contact sexual abuse” - an area with which they were familiar and had expertise. The findings suggest that to work with the children, the practitioners need to ‘come to terms’ themselves with the reality of the impact of the permanence of the images. The findings showed that all practitioners’ in this study had considerable training and experience in working in child sexual abuse. Most found that their training however, did not prepare them to work with child sexual abuse images online and many practitioners revealed avoiding asking questions about sexual abuse images online. Several practitioners expressed concern that some may be distressed by the images and would avoid working with sexual abuse images due to vicarious trauma. These findings are supported in the literature that suggests practitioners working in trauma are vulnerable to over-identification (countertransference) with their clients’ trauma responses (e.g., experiencing child’s fear, shame and helplessness) and to vicarious trauma that can lead to practitioners’ avoidance (Pearlman & Saakvitne, 1995; Pryce, Shackelford, & Pryce, 2007; Sexton, 1999). This vulnerability can increase when practitioners believe that their training does not adequately prepare them for the trauma work (Neuman & Gamble, 1995). While some of the reasons practitioners might experience vicarious trauma or over-identification with the child may parallel those in the traditional trauma treatment literature, such as a practitioners’ own history of trauma or feeling that the world is not a safe place (Dalenberg, 2000; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Sexton, 1999), other reasons are clearly unique to CSAIO (Leonard, 2010; von Weiler et al., 2010).

Specifically, it emerged that when practitioners felt powerless to help the child deal with issues of permanence, they reported refraining from talking to the child about the online images
altogether in order to avoid “opening up that can of worms” in treatment. Other reasons given by the practitioners for not inquiring about the possibility of online abuse images include:

- the fear of re-traumatizing the child if they were unaware of the online images
- the concern that the child may search for their images online and be exposed to images of their own abuse or other harmful material on the Internet
- the expectation that the child would voluntarily disclose the online images if they were of concern to the child and that if they hadn’t the belief that it wasn’t an issue
- the assumption that the online images were less harmful therefore focusing treatment on “contact sexual abuse”
- the assumption that another professional would have asked the child about the online aspect of the abuse (e.g., child welfare worker, police)
- the fear of being exposed to “deviant sexual behaviours” represented in the images and consequently feeling overwhelmed and distressed

One practitioner suggested it would be “unethical practice” to “open up” the question of permanence of the online image in treatment if the practitioner could not or did not know how to help the child resolve the issue. Most practitioners reported however, that they were not clear about how to help the child resolve issues related to permanence of the online images and indicated that as a result they would avoid asking about the images. In this case, in order to maintain ethical practice, practitioners should continue to avoid asking the child about the online images - thereby, posing a paradox for the practitioner.

Half of the participants in the study acknowledged that child sexual abuse images were entirely “off their radar.” As a result of reflecting during the interviews, these practitioners expressed concern that they may currently be working with a child whose images were online but, because they had avoided asking about images during assessment, were unaware of these children. Furthermore, practitioners reflected on the possibility of having worked with children in the past that involved online abuse images but had overlooked this aspect of the child’s abuse. When uncertain about how to introduce the possibility of online images in their assessment with the
child, many practitioners indicated they would “shy away” from the overall subject. As a consequence, a number of practitioners expressed feeling “extremely anxious” about having missed these children in their practice. This is an important finding because it is the practitioners’ responsibility to uncover to child’s sexual abuse experience by asking questions and gathering information (Cheung, 2012; Deblinger & Heflin, 1996) and this responsibility must be extended to include child sexual abuse images online. Of note, the participants concurred with this view that the responsibility was theirs.

Only three practitioners in the current study said they included questions in their assessments about the use of technology and the possibility of abuse images. For these practitioners, knowledge of technology and its influence on other aspects of their practice heightened their awareness of the issue of abuse images of children being recorded and distributed online. This finding indicates that the recording of sexual abuse is in the awareness of some practitioners while for most it remains out of their scope of practice. While the production of child sexual abuse images, however, predates the Internet previous research on the impact of child sexual abuse has not explored the recording of the abuse as a potential traumatic experience for the child. Historically, recording the sexual abuse of the child has not been considered in sexual abuse investigations or assessments (Herrmann, 1987; Itzin, 2000; Pierce, 1984; Svedin & Back, 1996) and, as the findings of this study indicated, it appears this oversight may be extended to abuse images in the online environment. This is a neglected area of research, which may in part relate to attempts to isolate the effects of being photographed from other sexually exploitative behavior (Söderström, 2006; Svedin & Back, 2003) rather than viewing being photographed as an extension of the abuse of the child (Itzin, 2000; Nyman, 2007; Palmer, 2005).

The Dilemma of Making Assumptions

Several practitioners in the study, including the trainers, raised the dilemma of “making assumptions” about the impact of online abuse images on the child - “we can’t assume there is harm; we can’t assume there isn’t harm” – and identified the challenges this presented in assessment and treatment. How practitioners conceptualized harm to the child in the context of abuse images online appeared to directly influence their approach to treatment. Most practitioners talked about the harm of the permanent image and the “endless anticipatory fear” of the child regarding the possibility of family, friends, and potential future employers viewing
the images. One practitioner for example, explained that she was working with a “young adult” whose sexual assault had been videotaped and uploaded onto the Internet. The client had told the practitioner that the “sexual assault was very minor compared to the impact of it being on the Internet” because she had “no control over it” and at any time someone “could stumble upon it.” Findings suggested that most practitioners believed the online images impacted the child’s sense of “safety” and their ability to bring “closure” to the abuse experience. These findings parallel the limited research in this area suggesting that because the abuse images are permanently online, the child in the image “has no sense of this being a past experience” (Leonard, 2010, p. 255). Rather, the recording of the sexual abuse “by either still photography or video through webcam” created for child in the image “a sense of ongoing abuse” because “they are aware that at any time, on any day, in any country someone, male or female, of whatever age, could be looking at the pictures of them and using them as sexual stimulus for their own self-gratification” (Leonard, p. 254). Some practitioners expressed distress due to their inability to help the child cope with the “relentless fear” of not knowing when the online images would “come back to haunt them.” Leonard (2012) refers to this notion of “when,” not “if,” as “sickening anticipation” (p. 255). At the same time however, some practitioners in the study acknowledged that “our generation is very different from the youth now in terms of the Internet.” These practitioners therefore hesitated to “assume” the impact of the online abuse images on the child, out of the recognition that they were growing up in environments in which a camera (e.g., cell phones, webcams) was eternally present and image transmission was part of the everyday. This finding suggested that some practitioners did not want to assume “harm” and wondered whether some children may not be harmed by the online images. This corresponds to research which suggests that children experience victimization differently (Finkelhor, 2008) and that some children have the capacity to resist negative consequence resulting from adverse events (Perry, 2006). Although none of the practitioners in the study used the term “resilience” during the interviews, the notion that some children are able to resist the negative impact of adversity has been explored in the literature related to resilience (Luthar, Cicchetti, & Becker, 2000; Perry, 2006; Rutter, 2007; Ungar, 2004). Research indicates that resilient children are “better equipped to resist stress and adversity …. and to recover faster and more completely from traumatic events” (Newman, 2002, p. 2). Rutter (2007) argues that some children may have a “relatively good outcome despite suffering risk experience that would be expected to bring about serious sequelae” (p. 205). Newman (2002) suggests that practitioners’ should
develop therapeutic interventions that focus on how to support children to build their resilience. As the findings in the current study indicated, practitioners held different conceptualizations and assumptions about the effects of the online abuse images on the child, demonstrating varying levels of concern regarding the effects on the child.

**Trying to Make It Fit**

As the findings indicated, the majority of practitioners revealed that they were not clear about how to respond to child sexual abuse images online. During the interviews, as they tried to integrate child sexual abuse treatment approaches to child sexual abuse images online, it occurred to several practitioners that some trauma treatment principles actually did not apply and indeed, could make the child feel further misunderstood or traumatized. As an example, one practitioner talked about correcting the cognitive distortions related to the child’s fear that the images would be online permanently, reconsidered, and then stated “this is not distorted thinking.” Several practitioners talked about trying to use the trauma narrative to alleviate distress and anxiety for the child who was aware that their images were permanently online and could be seen by anyone, anywhere, at anytime. One participant questioned whether addressing these issues related to permanence online would be similar to trying to prepare a child for the possibility that they may “run into their abuser on the street one day.” She indicated that it was essential for practitioners to understand how to reduce this anxiety – that they would “have to figure this out” – but acknowledged that she did not have the answer.

Only two practitioners reported having been trained to work with cases of child sexual abuse images online and described their approaches to assessment and treatment with these children based on that training. In these cases, the practitioners talked about the importance of helping children find ways of coping specifically with issues related to the potential of the abuse images being permanently on the Internet. The practitioners believed that desensitizing techniques, such as the trauma narrative (e.g., repeated writing, reading, and elaboration of child’s traumatic experience), would help the child face fears related to the permanence of the online abuse images. In contrast, the trainers in this study reported that they would not assume to use desensitizing techniques and cautioned that current trauma treatment approaches “cannot simply be applied” to these cases – particularly to issues of permanence of the online images. This finding, articulated by the trainers, aligns with the literature that suggests using desensitizing
techniques currently implemented in traditional child sexual abuse may be premature and may risk re-traumatizing the child when online images are involved (Soderstrom, 2006; Svedin, 2009). Throughout the interviews, most practitioners grappled with self-doubt and confusion about working with CSAIO “with nothing to guide the work.” The majority of participants lamented their inability to apply their current assessment and treatment approaches in CSA to CSAIO mostly related to permanence of abuse images online.

Don’t Tell – Don’t Ask

Study participants indicated both that social attitudes continue to downplay or dismiss the impact of sexual abuse on children and that these attitudes have been extended to online abuse images. This sentiment corresponds with similar research that found societal attitudes continue to promote denial of the scope, breadth and impact of child sexual abuse (Itzin, 2000; Stalker, Topham, Barbour, & Forde, 2007) including child victims of sexual abuse images online (Holland, 2005; Jaffe, MacQuarrie, Straatman & Reid, 2010; Muir, 2005). The child protection worker participants advised that child welfare investigations of sexual abuse do not probe for Internet aspects of abuse or for child sexual abuse images online, and that their assessment tools are “out of date”. Recently in Canada, Stalker, Topham, Barbour and Forde (2007) published a report *Policies and Practices of Child Welfare Agencies in Response to Complaints of Child Sexual Abuse 1960 – 2006* reporting that the risk assessment model in child welfare consistently falls short in assessing for cases of sexual abuse that involve *child pornography*. Despite extensive media and political attention over the past decade (Bunzeluk, 2009; Muir, 2005; Quayle et al., 2008), the authors’ study findings suggest that aspects of digital technology or child sexual abuse images online continue to be overlooked in child welfare investigations of sexual abuse. The findings of the current study similarly showed that child protection worker participants worried about the “lag time” between the awareness of professional and social systems regarding sexual abuse images online and the inclusion of this aspect of abuse in child welfare training and investigation protocols.

Participants described a lack of communication between systems (e.g., law enforcement, child welfare, children’s mental health). This finding mirrors other research that indicates the need for greater cooperation and collaboration between professions and institutions when dealing with cases of child sexual abuse images online (von Weiler et al., 2010). This issue was
described as a notable problem by Stalker and colleagues (2010), who detailed the inherent
difficulties when there was a lack of cooperation and communication between law enforcement
and child welfare in sexual abuse investigations. What was new in the current study was the
finding that there was an assumption made by practitioners and child protection worker
participants that another “system” had assessed for abuse images online. Most practitioners in
this study, it emerged, expected that information about abuse images would be included in
referral reports from child welfare or law enforcement. They seemed unaware that child welfare
assessments did not probe for CSAIO and that police reports may not include this information.
Consequently, if this information was not included in the referral the participants would assume
that these aspects were not a component of the sexual abuse experienced by the child and they
therefore would not pursue the online aspect in assessment or treatment. Child protection
worker participants described making the assumption that law enforcement would investigate
for abuse images and include the information in their reports to child welfare. Child protections
worker participants in this study explained that if this information was not included in police
reports they would not consider these facets in their investigations or risk assessments. Such
assumptions about the roles and responsibilities of other systems involved in cases of child
sexual abuse have a ripple effect with serious implications - most notably for the child.
Specifically, there is a serious likelihood that cases of CSAIO would or could be perpetually
missed. According to the findings of the current study when participants doubted their ability to
work with cases involving child sexual abuse images they avoided probing for these aspects of
abuse in investigation, assessment, and treatment. In so doing they may very well have missed
these children - essentially silencing their voices. All of the participants in this study expressed
grave concern about this likelihood.

Questioning the Training

As noted previously, a main concern shared by practitioners was their “fear of doing more harm
than good” in treatment without a model of intervention specific to CSAIO to direct clinical
decision-making. As they reflected during the interviews, it occurred to many that one result of
their “fear of doing more harm than good” was their avoidance of inquiring about child sexual
abuse images online. According to the Ontario College of Social Workers and Social Service
Workers Code of Ethics (2008), members must “ensure that any professional recommendations
or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge” (p. 6). Accordingly, and in contrast to other studies (Mullen & Bacon, 2004; Rosen as cited in Saini & Azzopardi, 2009), practitioners in this study made repeated reference to their use of research evidence to guide clinical decision-making in CSA. Practitioners articulated a paradox in their practice due to their reliance on evidence-based interventions and to the paucity of research with children whose abuse images are online. This seems to be linked to practitioners’ own perception of the limits of their specialized knowledge and experience to work with CSAIO. As these findings indicated, practitioners’ believed their lack of training to work with CSAIO contributed to avoidance of inquiring about issues which would reveal the presence of such cases in their practice. In the current study, practitioners did not indicate that they reflected on or tried to “figure out” the uncertainty they felt nor did they indicate that they sought supervision regarding working with online abuse images. Although the importance of reflective practice in the helping professions is well documented (Fook, 1996; Johns, 2004; Rolfe, Freshwater, & Jasper, 2001; Ruch, 2005; Schon, 1983), according to over half of the practitioners, the current study interview was the first time they had considered or reflected on issues related to child sexual abuse images online. Practitioners said that the interview “raised awareness” and “provoked a lot of feelings and thoughts” about the images, said it was “good to have a chance to talk about these things” and indicated that they would “take that back to the [clinical] team.” This is especially significant because these participants worked with child sexual abuse. Digital technology and the Internet have clearly added a new dimension to child sexual abuse and, as indicated by practitioners in this study, working with children made subjects of abuse images online is inevitable.

**Out of Focus: Implications for Social Work Practice**

The phenomenon of sexual abuse images online presents new and daunting challenges in child sexual abuse. Unresolved issues emerged that are related to professional practice in this area, which are of vital concern. The findings suggest that practitioners held varying conceptualizations of what constituted child sexual abuse images online, and had various levels of concern regarding the effects on the child. On reflection during the interviews, practitioners’ indicated they did not know how to respond to online child sexual abuse images specifically with regards to the therapeutic issues related to permanence of the images online. Half of the
practitioners in the study stated that, prior to the interview, child sexual abuse images were altogether “off their radar.” Consequently, many were concerned that they had overlooked these children in their practice. Moreover, child protection worker participants reported that they did not probe for information about the possibility of online images in their investigations of CSA and the majority of practitioners indicated they did not ask about such events in assessment or treatment. What is missing from the literature is an approach to practice that includes queries/assessment and treatment invitation strategies related to online facets in CSA, for practitioners who strive to gather and understand comprehensive complex information when making critical decisions about assessment and treatment for children who have been sexually abused.

At the outset of this study, I observed that the social work profession has the potential to offer more complex understanding of child sexual abuse images online and how to respond in investigation, assessment and treatment with these children. Social work practice is grounded in ecological systems theory (Mattaini & Meyer, 2002) and the profession has played a role in all aspects of systems intervention with sexually abused children. In the literature, social workers are “recognized as experts in the area of child sexual abuse” (Anderson, Weston, Doueck, & Krause, 2002, p. 368). Despite this, contributions of social work to the research literature regarding the online aspect in child sexual abuse, is lacking. Drawing from children’s rights literature and legal literature is valuable; however, given the role of social work in child sexual abuse the absence of research from within the profession is concerning. Social work has increasingly committed to the use of evidence-informed practice (Grinnell & Unrau, 2011; Howard, McMillen, & Pollio, 2003; Regehr, Stern, & Shlonsky, 2007; Rosen, Proctor, & Staudt, 1999). Evidence-based models have been a dominant theme in trauma treatment for over a decade and specialized training in CSA has emphasized a trauma-focused cognitive-behavioural model of treatment (Cohen et al., 2006; Jensen-Doss, Cusack, de Arellano, 2008; Kauffman Best Practices Project, 2004). The findings in this study suggested that the compelling logic of integrating the best available research evidence into assessment and treatment has unwittingly resulted in practitioners avoiding working with children whose abuse images are online due to the absence of evidence. This is important because practitioners’ confidence to work with cases involving child sexual abuse images diminishes because a number of significant treatment issues, such as permanence of abuse images online, are not
addressed in current trauma treatment models. Recording and distributing sexual abuse images of the child over the Internet are new and unknown variables in CSA. The findings from this study point to the need for alternative approaches in trauma treatment and therapeutic response for these children. In line with this, research that advances understanding of the perceived degree of harm of permanent online abuse images and the potential impact on the child is warranted.

The current study findings brought to the forefront the concerning matter that, despite the ever increasing distribution of online abuse images with the advent of the Internet, practitioners working with sexually abused children do not consistently consider child sexual abuse images online in their everyday practice. Many practitioners indicated that the phenomenon of such images was altogether “off their radar.” A first step to getting this dimension “onto the radar” of practitioners in the field entails developing more relevant and contemporary conceptualizations. In keeping with the conceptualization of cyberspace as an added dimension to the environment of children put forward in Chapter 1: Introduction, Background and Theoretical Framework, and to recognize the immense impact that new digital technologies can have in child sexual abuse, a unique practice framework is proposed for social workers. Adapted from Bronfenbrenner (1979) and Johnson (2008), the ecological systems model offered in this study (see Figure 5.1) identifies cyberspace as an ecological system of influence (Martin, 2009; Martin & Alaggia, in press; Martin & Stuart, 2011). Future directions in research and practice should integrate and be guided by contemporary conceptualizations of sexual abuse images distributed in cyberspace.
As a first step, increasing practitioners’ awareness of cyberspace as a domain in the ecology of the child may help them to:

- consider the risk of the involvement of the Internet in cases of sexual abuse;
- consider the differential impact of the Internet on children made subjects of abuse images online;
• consider the relationship and overlap between online and offline sexual abuse; and
• explore the meaning of the potential non-resolution of children’s online sexually abusive experience.

Of concern is the assumption that there may be nothing else that can be done about online sexual abuse images other than to try to help the child “manage the anxiety” and “prepare for the worst.” Child sexual abuse images online are a social issue and a social problem and there is room for social work to assume advocacy regarding this phenomenon. Rather than a primary consideration, the protection of children made the subjects of child sexual abuse images online appears to be an afterthought to the principles guiding society’s acceptance of the Internet. Adult rights, rather than the protection of children, still appear to be guiding much policy in relation to the abuse images on the Internet (Butt, 2007). Findings suggested that, from the perspective of practitioners and child protection worker participants, society does not legitimate child sexual abuse and societal attitudes continue to deny or downplay the impact of the abuse on the child. Goddard and Hunt (2011) argue that “the silencing of children represents a long-standing and persistent defensive societal denial of the extent and seriousness of child abuse” (p. 414). As indicated in these findings, this “silencing” appears to have been extended to include online child sexual abuse images. Employing an ecological systems framework to child sexual abuse images online ensures that the phenomenon is not understood in isolation of these other social factors and contexts.

As suggested in this dissertation, response and treatment in CSAIO is virtually unchartered territory. To date very little research has been conducted to understand child sexual abuse images online, how the particular abuse perpetrated through online distribution of the images may impact the child in the image, and how to respond therapeutically to these children. A conceptual shift is required to recognize the range of needs of children made subjects of online abuse images. Building on the rights of the child to be protected from harm, this should be based on developmental needs (e.g., how the child “makes meaning” of the permanence of the online image) and with reference to good practice. This is of critical importance to the well-being of these children. Many practitioners expressed discomfort in asking the child about the possibility of online abuse images and some suggested they would avoid inquiring or probing about this issue. Practitioners’ discomfort can have serious implications if the child does not feel that they can disclose this information (e.g., because the practitioner cannot handle the
disclosure) or if the child feels their experience is not understood or validated. This is of concern because practitioners are responsible for intervening and protecting children. Therefore, an ongoing challenge facing practitioners is in understanding and creating an environment with optimal conditions conducive to children disclosing safely and with assurance of appropriate responses.

The aim of this dissertation was to contribute to the research regarding children made the subjects of sexual abuse images on the Internet and to contribute to building a social work research base in assessment, treatment, and therapeutic response for children whose abuse images are online. The findings of this study affirmed that further research exploring the online aspects of child sexual abuse and the potential effects of the images on the child is of vital importance. Also revealed were the considerable complex issues involved for practitioners as they struggled to ‘make sense’ of and ‘come to terms’ themselves with the phenomenon in their practice - specifically, the impact of the permanence of the images online. Several practitioners expressed concern that some may be distressed by the online images and would avoid working with sexual abuse images due to vicarious trauma. In the current study, practitioners did not indicate that they reflected on or tried to “figure out” the uncertainty they felt nor did they indicate that they sought supervision regarding their distress about working with online abuse images. The findings of this study point to the need for practitioners’ to recognize the complexity of working with abuse images online and how they may be impacted by the online images. Edelmann (2010) reports that “it is becoming increasingly important to investigate the psychological issues involved in exposure to varying degrees and levels of child abuse images” for those professionals whose work involves online abuse images (p. 487) and that supervision ‘best practices’ should actively address the possibility of vicarious traumatization in these cases.

Practitioners’ awareness of attunement to the processes of countertransference and vicarious trauma particular to online images will inform therapeutic response and interventions with children made subjects of child sexual abuse images online. It became clear in this study that practitioners believed they were not provided the training nor the supervision needed to support their clinical practice with online abuse images and that this was of vital concern. This would be an important area to pursue to enhance the ways in which practitioners are supported to do this work.
Limitations

This study was designed to explore the ways in which practitioners understand child sexual abuse images on the Internet and how this understanding is integrated into their approaches to assessment and treatment. There are some limitations that must be considered in interpreting the findings of this study. First, the participants volunteered to participate, possibly due to a particular interest or perspective towards research, and these motivations may have influenced the findings. Different factors may have emerged as relevant had other individuals participated. Second, this study relied on literature that tapped into negative effects of sexual abuse because of the reliance on clinical samples. Finally, the results of this study are not generalizable. This is commonly the case as the aim of qualitative research is to gain a deep understanding rather than to achieve generalizability (Charmaz, 2010). As one of the first studies undertaken to explore practitioners’ understanding of CSAIO, this study provides a rich starting point for future researchers to pursue more directed areas of inquiry into the phenomenon.

Implications for Future Research

In the scope of this study, certain findings warrant further exploration. What are the effects of recording the sexual abuse of the child? The lack of conceptual understanding of the possible harms inflicted through photography and the factors that promote both vulnerability and resilience in children are issues that urgently need addressing. Furthermore, it is not clear how the child’s knowledge of the images being circulated on the Internet may affect the child. The next step is to conduct research on how the child makes meaning of the permanence of the abuse images circulating online. Specifically, how a child’s coping and resilience might be enhanced despite the existence of abuse images online warrants investigation. It is of vital importance for future research to investigate how the child’s stage of development affects their appraisal of the online images and the potential developmental impacts of the abuse images on the child. Research on the effects of this additional aspect of abuse is called for in order to develop effective therapeutic responses. Specifically, to provide effective services to children in the online images, research that investigates barriers to disclosure in cases of CSAIO should be prioritized. Further investigation is needed to understand the various ways children made the subjects of child sexual abuse images online present in treatment and to identify best practice
approaches for assessment, treatment and prevention.

**Implications for Policy and Education**

According to the findings of this study, most practitioners did not consider new digital technologies and the Internet in their work with child sexual abuse. Conceptualizing cyberspace as an ecological system of influence on the child may elevate practitioners’ awareness of the possibility of online images in CSA. Integrating an awareness of cyberspace in investigations and assessments increases the likelihood that the involvement of technology, specifically the Internet, will be probed. This is of critical importance because the consequence of not considering aspects of digital technology or child sexual abuse images online may be that these children will continue to be overlooked in child welfare investigations and clinical assessments. Moreover, the findings indicated that practitioners and child protection workers in child sexual abuse require (risk) assessment protocols that are specific to CSAIO and that consider the potential of new digital technologies and the Internet in child sexual abuse cases. These findings parallel the research literature that indicates the inconsistency of practitioners in assessing for CSAIO in their practice (von Weiler et al., 2010) and the shortfalls in child welfare risk assessment tools to address even the possibility of child pornography (Stalker et al., 2007).

Informed by the findings of this study, it seems strongly indicated to combine training specific to CSAIO with children’s mental health, child welfare, and law enforcement professionals, in order to 1) help to increase understanding of the mandate of professionals in each of the other systems that respond to child sexual abuse, and 2) enhance communication between systems so that these children are not missed. Some practitioners in this study indicated that due to the lack of research evidence to guide their work in CSAIO, they feared “doing more harm that good,” and consequently avoided making inquiries to reveal they were working with these children. Practitioners in this study were emphatic that they needed education and training in child sexual abuse images online. They asserted that social work education and specialized training in child sexual abuse fell short in preparing them to work with cases of child sexual abuse images online, which they were adamant must change. As these findings indicated, the potential of digital technology and the involvement of the Internet as an aspect of the sexual abuse of children was “off the radar” of most practitioners.
Concluding Remarks

This study provided one of the first explorations of how practitioners working with child sexual abuse understand child sexual abuse images online and, the possible effects of these images, and how they integrate their understanding into assessment and treatment approaches. The practitioners who came forward to participate in this study were exceptionally candid in sharing their challenges as they attempted to come to terms with and make sense of online sexual abuse images. The participants struggled with how to bring the online images “into focus” in their practice. They revealed their fears and frustrations; they identified where they felt confident in their practice in child sexual abuse and where they believed they fell short in their understanding of the phenomenon of CSAIO. Throughout the interviews, they expressed their anxieties as they tried to make sense of how to respond to children in online images. In so doing they broke the “silence.”

Child sexual abuse images online present new and daunting challenges for practitioners working in child sexual abuse and demand attention. Working with children whose abuse images are online is inevitable for practitioners working in child sexual abuse (Leonard, 2010; von Weiler et al., 2010). The study findings affirm the high priority need for training that addresses factors which influence how practitioners understand and respond to children made the subjects of sexual abuse images online. Awareness and understanding of the phenomenon of CSAIO is essential for the development of accurate assessments and effective approaches to treatment. How children are affected when their abuse images are permanently on the Internet is not understood. Findings of this study affirmed that further research exploring the potential effects of online abuse images on the child is of vital importance.
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APPENDIX A: RECRUITMENT FLYER

YOU ARE INVITED…

To Participate in a Study Exploring Practitioners’ Understanding of Child Sexual Abuse Images on the Internet

Volunteers are being sought to participate in a doctoral research project designed to explore the ways in which practitioners working with sexually abused children understand child sexual abuse images on the Internet and how this understanding influences assessment and treatment.

Who can participate?
Any practitioner currently providing assessment and/or treatment for children who have been sexually abused is invited to participate in this study. Please contact the researcher below if you wish to participate or if you have any questions.

What does participation in the study involve?
• You are being asked to take part in a confidential individual interview that will be approximately one hour in length.
• The date and time of the interview will be arranged at the convenience of the participant.
• You will be asked questions in relation to your understanding of the harms done to children made the subjects of sexual abuse images distributed online, in particular, aspects of assessment and treatment.
• Participation is voluntary and all information shared during the interview will be treated as confidential.

How do I find out more?
To find out more about the study, or to volunteer to participate in an individual interview, please contact Jennifer Martin via email at jenniferj.martin@utoronto.ca or call 979-5000 Ext. 4826. A voice message may be left on the confidential voicemail system.

Jennifer Martin, (PhD Candidate)
Factor-Inwentash Faculty of Social Work
University of Toronto
Appendix B: Informed Consent Form

Exploring Practitioners’ Understanding of Child Sexual Abuse Images on the Internet

My name is Jennifer Martin and I am a doctoral student in the Factor-Inwentash Faculty of Social Work at the University of Toronto. I am in the process of writing my doctoral dissertation and I am collecting data for that purpose. For my dissertation, I am very interested in exploring the ways in which practitioners working with sexually abused children understand the possible harms done to children made the subjects of sexual abuse images on the Internet. Since little is known about the complexity of possible harms experienced by children made the victims in online sexual abuse images I am doing this study. In order to develop better assessment and treatment services for children whose abuse images are online, I would like to interview you.

As a practitioner providing assessment and treatment for children and youth who have been sexually abused, you are being invited to participate in an individual interview for this study. I will be conducting individual interviews with approximately 12 -15 participants. The inclusion criteria for this study are: paid practitioners in agencies; practitioners in private practice actively practicing in the assessment and treatment of children and youth, up to the age of 18 years, who have been sexually abused. The exclusion criteria for this study are: practitioners who are not able to speak English well enough to participate in the interview process; any practitioner with whom I have a current or previous professional relationship.

If you choose to participate, you will be interviewed in person and it is estimated that the interview will take approximately one hour. Participation in the study is entirely voluntary. You may choose not to answer particular interview questions and you may choose to withdraw at any time during the interview without consequence. If you choose to withdraw from the study your data will not be used and your interview recording and transcript will be destroyed. All of the information collected in the interview will be strictly confidential within the limits of the law. That is to say, if you indicate that a child is at risk of abuse, this must be reported to child welfare professionals who will be required to contact you and assess the risk of harm. In such a situation, there is a remote possibility that transcripts or the investigator can be subpoenaed for legal purposes however all precautions to provide anonymity will be undertaken.

If you choose to participate in this study, the interview can take place in an office at your agency or in a private office at the University of Toronto. The interview will be audio-recorded with your permission to ensure accuracy. The recordings will be stored and secured in a locked cabinet in my locked office. The recordings will be transcribed and will be destroyed immediately after transcription. All data will be kept on password-protected computers. Your
name will be linked to a study number only until data collection is completed and will then be removed from the database. Your name will not be shared with anyone. When the study is presented to others or published, no information that identifies you as a participant will be included. All data will be destroyed seven years after completion of the study.

There are no immediate benefits to you for participating in this study. The long-term benefits relate to the development of more effective assessment and treatment approaches for children made the subjects of abuse images distributed on the Internet. Findings will be distributed to policy makers and agencies that provide assessment and treatment for children and youth who have been sexually abused. It is hoped that this research will lead to assessment and treatment approaches that will facilitate improved support for child victims of sexual abuse.

Should you experience any distress during the interview, a list of counselling support services will be provided.

You may request a summary of the study results which I will provide you with upon completion of the study.

If at any time you have any questions or concerns about the study, or would like an update on the status of the study, please feel free to contact me at 416-979-5000 Ext. 4826 or by email at jenniferj.martin@utoronto.ca. You may also contact the Office of Research Ethics at 416-946-3273 or by email at ethics.review@utoronto.ca if you have any questions about your rights as a study participant.

I __________________________ understand the information presented about the study entitled “Exploring Practitioners’ Understanding of Child Sexual Abuse Images on the Internet.”

___________________________  __________________________
Signature                      Date

I __________________________ consent for the interview to be audio-taped and I understand what this entails.

___________________________  __________________________
Signature                      Date
Appendix C - Interview Guide

Exploring Practitioners’ Understanding of Child Sexual Abuse Images on the Internet

Please be reminded that this interview is confidential, anonymous, and completely voluntary. You can choose not to answer certain questions or stop the interview process at anytime. Should you have any questions, or feel that you do not understand certain questions, please just let me know.

Researcher: Jennifer Martin

Date:

Location:

Time:

_____________________________________________________

Participants ID:

Gender:

Age:

Occupation:

Education:

Years of practice experience with sexually abused children:

_____________________________________________________

Definitions:

1) Child client is defined as a child up to the age of 18 years.
2) Sexual abuse is defined in accordance to the Criminal Code of Canada.
**Interview Guide**

**Questions:**

1) How would you describe your understanding of child sexual abuse images online?

2) How would you describe your understanding of the impact of the Internet on children made the subjects of sexual abuse images on the Internet?

3) In what ways do you integrate your understanding into your approaches to assessment and treatment for these children?

**Probes:**

a) *What assessment approaches do you use?*

b) *In what ways do current assessment approaches consider the Internet in the sexual abuse of the child?*

c) *What treatment approaches do you use?*

d) *In what ways do current treatment approaches consider the Internet in the sexual abuse of the child?*

f) *What might inhibit a practitioner from talking about Internet images with children whose abuse images are online?*

g) *What might assist practitioners to talk about Internet images with children whose abuse images are online?*

h) *Is there anything that you might not have thought about before that occurred to you during this interview?*
Appendix D – Counseling Support Services

**Greater Toronto Area:**
Family Service Toronto:
Counseling Services (downtown Toronto, Scarborough, North York, South Etobicoke, and Rexdale)
Main switchboard: 416-595-9616

Reconnect Mental Health Services
56 Aberfoyle Crescent, Ste. 400,
Toronto, ON M8X 2W4
416-248-2050

Centre for Addiction and Mental Health
33 Russell Street
Toronto, ON M5S 2S1
Main switchboard: 416-535-8501

Canadian Mental Health Association
Toronto Branch
480 - 700 Lawrence Ave. W.
Toronto, ON M6A 3B4
416-789-7957

**Barrie, Ontario:**
Canadian Mental Health Association
Simcoe County Branch
15 Bradford St.
Barrie, ON L4N 1W2
705-726-5033

**London, Ontario:**
Canadian Mental Health Association
London-Middlesex Branch
648 Huron St.
London, ON N5Y 4J8
519-434-9191