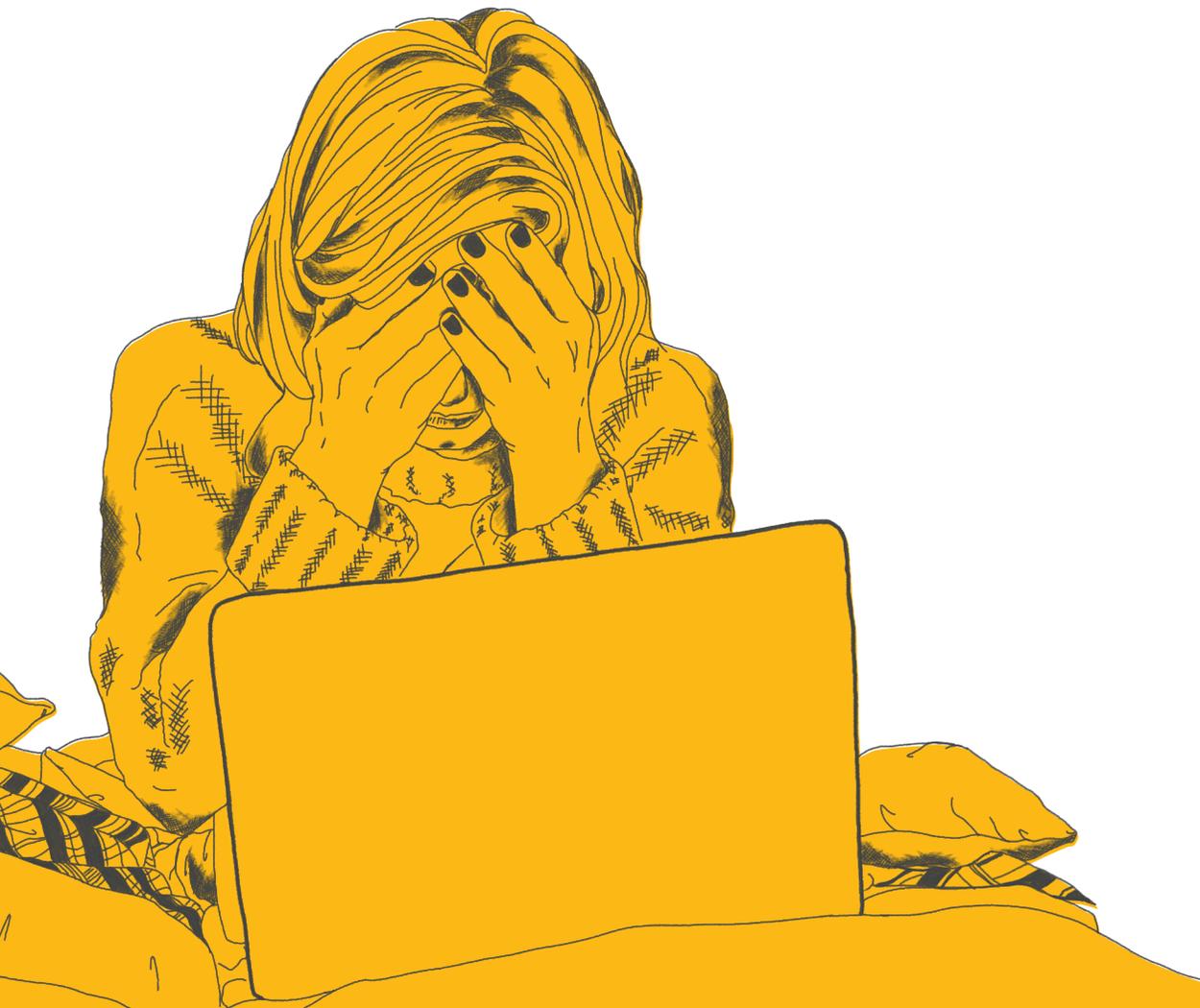


CAPTURED ON FILM:

**SURVIVORS OF CHILD SEX ABUSE
MATERIAL ARE STUCK IN A
UNIQUE CYCLE OF TRAUMA**



FOREWORD

At the National Center for Missing & Exploited Children, we've reviewed millions of child sexual abuse images. We've witnessed the victimization of children worldwide, and we've helped law enforcement locate the children in these images so they can remove them from these abusive situations. At this unique moment in history, a small group of survivors has mobilized and shared with us what they face when the sexual abuse ends. Today, we're fortunate to hear their voices, and now we can confidently state the stark reality:

This is a different kind of trauma.

This white paper will be a living document, updated with new insights to help identify gaps in treatment and support for survivors of child sexual abuse material beginning with mental health practitioners, then attorneys, law enforcement, victim advocates and others. We encourage readers to recognize the complex nature of this type of crime and the unique treatment implications for survivors, while committing to work alongside other helping professionals in a continuum of care model to ensure justice, healing and post-traumatic growth within this previously unseen population.

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WHY THIS TRAUMA IS DIFFERENT

In communities around the globe, survivors of child sexual abuse material live with the debilitating fear the photos and videos memorializing their sexual abuse as a child and shared on the internet will forever remain online for anyone to see.

Many of these children are re-victimized as their images are shared again and again, often well into adulthood, even decades later, and they constantly worry someone who has seen their images will recognize them in public.

Hear their terrified voices:

"I try to live as invisibly as possible ... try to impress upon myself that the chance of recognition is really very small, since I'm much older now. But the feeling persists."

"I do not want to socialize; I'm scared to step out of the door."

"I try to cover my face with my hair."

"I worry about this every day. I'm afraid for my children's safety, try to avoid going out ... [I'm] really paranoid when I take my kids to places like the zoo."¹

At the National Center for Missing & Exploited Children® (NCMEC), our CyberTipline® has received more than 50 million reports of suspected child sexual exploitation from its launch in 1998 through June 2019 – 18.4 million in 2018 alone. The vast majority of these reports contain child sexual abuse material – a stunning indictment of the insatiable demand for this abusive imagery on the internet.

In the last decade, there's been enormous progress made to disrupt the distribution of these images and prosecute those who share the experience of victimizing children with other offenders. In large part, this progress is due to technological advances to find these images online, leading to an increase in the number of reports to NCMEC's CyberTipline. Thanks to new technology, resources and training, more children in these images are being identified by law enforcement: 17,305 children, as of June 30, 2019.

The most glaring hole in this process? Helping survivors rebuild their lives.

¹ The Canadian Centre for Child Protection Inc. (2017). Survivors' Survey [PDF file]. Retrieved from https://www.protectchildren.ca/pdfs/C3P_SurvivorsSurveyFullReport2017.pdf

What we're learning from these survivors is that they and their affected family members aren't getting the specialized help they need for this unique, often complex and ongoing victimization. Their trauma doesn't end with an arrest of the offender. For some, their sexually explicit images along with details of their personal lives and identities are repackaged, recirculated, and distributed for years online.

These survivors desperately need our help. To that end, we're conducting a series of roundtables to better understand their trauma and engage child-serving professionals about this growing population of survivors, many of whom are suffering in silence.

Our first roundtable was comprised of professionals from the mental health community who are uniquely positioned to help with this relatively new kind of victimization. Future roundtables include, but are not limited to, attorneys, law enforcement, survivors, child protective services workers, victim advocates, educators and nonoffending family members of survivors. As we host these roundtables, we will update findings and recommendations from each of these working populations to help identify solutions.

WHAT'S BEING TRADED ONLINE?

Before we can begin a discussion about how to help these survivors, it's important to understand how the internet has fueled the demand for child sexual abuse material (CSAM) and what is being traded online.

Sexual abuse of children is not new, nor is it unique to any country, culture or socio-economic status. Before the internet, child sex abuse images were published in illegal print magazines, shipped through the mail via VHS tapes and DVDs, or shared in person.

The internet didn't create the demand for these sexually abusive images, but it certainly made it easier to share them on a massive scale, as did the transition to digital cameras, the increase in internet availability worldwide, the decreasing cost of digital storage devices, and, perhaps most importantly, the anonymity the internet provides.

Because these images – which are digital depictions of crime scenes – could have been produced anywhere in the world, it was not apparent in what city, state or country the abuse occurred or in which jurisdiction the images should be reported and prosecuted. In 1998, NCMEC launched the CyberTipline, the designated location in the U.S. to report suspected child sexual exploitation.

Our analysts began reviewing these images and identifying the jurisdiction where the offender may be located. All reports, and any additional information, are made available to the appropriate law enforcement agency for possible investigation.

As images recirculated, our analysts began to see children known to have already been identified by law enforcement and removed from the abusive situation. Therefore, NCMEC established a national clearinghouse in 2002, the Child Victim Identification Program, to receive information from law enforcement on those victims they identified in CSAM.

Leveraging NCMEC's unique lens and data, a collaborative research study was conducted in cooperation with NCMEC, Thorn, the Royal Ottawa Health Care Group, the Medical University of South Carolina and the University of Edinburgh. The study, titled *Production and Active Trading of Child Sexual Exploitation Images Depicting Identified Victims*,² gave us insight into offenders and their likely victims per the key report highlights below.

- **Content:** "The most notable historical finding was a trend toward more egregious sexual content over time, with more cases involving explicit sexual conduct in later years. In contrast, there were no obvious trends in terms of child victim age or gender."
- **Victim-Offender Trends:** "In cases involving a single victim and single offender, actively traded cases were associated with having prepubescent victims. Actively traded cases were also associated with more egregious content in terms of sexual activity, and more likely to involve familial offenders, particularly nuclear family members."
- **Offender Relationship to Victim:** "While most cases involved male offenders who were unrelated to the child, cases involving female offenders, younger children, or more egregious content were more likely to involve familial offenders."

In January 2016, a survey of more than 150 survivors around the globe was spearheaded by the Canadian Centre for Child Protection with collaboration from NCMEC. The goal of this survey was to learn more about these survivors and determine what policy, legislative and therapeutic changes are needed. The findings uncovered significant gaps in their care and the results were published in September 2017 in the *International Survivors' Survey*.³

In February 2018, 11 of the survey respondents gathered together for the first time in Phoenix, Arizona. At this groundbreaking event, individuals from the first generation of survivors whose imagery was produced and simultaneously uploaded to the internet, many whose images are still traded today, discussed shared experiences and challenges, including barriers to getting mental health services to assist in their healing and recovery (reference Appendix A). NCMEC was moved by the voices of the "Phoenix 11," as they call themselves, and leveraged our decades of experience to initiate and host targeted roundtables to help identify solutions. Our goal is simple: transform survivor voices into actionable solutions.

2 Seto, M. C., Buckman, C., Dwyer, R. G., & Quayle, E. (2018). *Production and Active Trading of Child Sexual Exploitation Images Depicting Identified Victims* [PDF file]. Retrieved from <http://www.missingkids.org/ourwork/ncmecdata#resources> (Original work published March 2018).

3 The Canadian Centre for Child Protection Inc. (2017). *Survivors' Survey* [PDF file]. Retrieved from https://www.protectchildren.ca/pdfs/C3P_SurvivorsSurveyFullReport2017.pdf. For additional information about this topic, review "Improving the Response to Victims of Child Pornography" at https://victimsofcrime.org/docs/default-source/Policy/improving-response-to-vcp_full-report.pdf?sfvrsn=2

FOCUS ON A CONTINUUM OF CARE

The collective voice of the Phoenix 11 made clear that the systems of care established to help children and survivors needed better integration and education about the issues of child sexual abuse material in the hopes of increasing the connective services received by survivors. To improve this gap in services, NCMEC looked to the Continuum of Care⁴ model as a guide. This concept, typically found in the medical model, involves a system to guide and track patients over time through a comprehensive array of health services spanning all levels and intensity of care. The Continuum of Care covers the delivery of healthcare over time and may refer to care provided from birth to the end of life. Through NCMEC's work with survivors, this concept emerged as a relevant model to create a safety net of resources, information and guidance for this population.

As NCMEC has facilitated more discussions with child-serving professionals, results reinforce findings from the *International Survivor's Survey* that resources are woefully inadequate for survivors and their families struggling to navigate complex systems of care.

NCMEC continues to find all roundtable participants stress the need for helping professionals, including attorneys, those in law enforcement and child protective services, and others typically outside the health field, to work together to create a model safety net encouraging a Continuum of Care specially designed to meet child sexual abuse material survivors' unique needs. The goal of our work is for a model like this to help ensure survivors are better able to access needed resources; have a better understanding of how resources work collaboratively; and ultimately promote better, safer and faster healing.

"We recommend to helping professionals: Be transparent about who all is involved in the investigation process. Give us opportunities to meet the people involved. Let us know what information is being shared and with whom."

PHOENIX 11

4 Evashwick, C. (1989). Creating the continuum of care [Abstract]. *Health Matrix*, 7(1), 30–39. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10293297>



A CALL TO ACTION TO MENTAL HEALTH PRACTITIONERS

Most mental health practitioners are not aware of, nor have they been trained about, the unique trauma recovery needs of survivors depicted in sexual abuse material. Help generally centers solely on the child sexual abuse endured, not the additional trauma resulting from the production and distribution of imagery of that abuse.

In November 2018, NCMEC convened a group of 14 mental health practitioners who had varying levels of clinical experience working with these survivors or evaluating lifetime care benefits in restitution cases.

The three-day roundtable utilized a working group and breakout session format to facilitate discussions. Led by a team of facilitators, the group discussed topics including the unique continual trauma experience of this crime type, legal perspectives, the medical and international response to these types of cases, and technology used to combat sexual abuse material online. An adult survivor of child sexual abuse material shared her story to keep the discussion focused on the survivor's experience and needs. The roundtable's key findings are shared below.

A Different Kind of Trauma

Practitioners felt the collective mental health community has little knowledge of how the memorializing of sexual abuse through photos and videos impacts the victim. There's been decades of research devoted to better understand and treat child sexual abuse survivors. However, with the rise of the internet, the production, trading and distribution of child sexual abuse material online skyrocketed and the field has yet to adequately grapple with this phenomenon in a treatment capacity.

There was consensus in this group that treating these survivors requires a better understanding of the long-term negative impact imagery has on the healing process for this population. A deeper analysis of the unique nature of this crime and outcomes for survivors is critical and requires more funding, research and training to better equip the mental health community and increase the availability of trained professionals to treat this unique population. These specific areas require additional research:

- Effective treatment modalities
- Brain/body connections
- Likely effects of survivor exposure to their images
- Client progress as determined by standardized measurement tools or individual milestones
- Practical guidelines for care across the lifespan of a client

All practitioners agreed, at every level of clinical practice education, technology-facilitated crimes committed against children should be addressed. While this over-arching topic may encompass various forms of abuse, such as online enticement and child sex trafficking, dedicated attention must be focused on studying the consequences of child sexual abuse material on the victim.

TAKEAWAYS

- More research is needed about the differences between child sexual abuse and child sexual abuse material, specifically the unique trauma production and trading of imagery has on the survivor.
- Targeted education and training is critical for mental health.

How to Help These Survivors

While each practitioner shared specific treatment modalities used to address clinical needs, it became clear one type of treatment does not address every unique issue found within this population.

This revelation was validated through the personal reflections of the adult survivor. The survivor had sought out six different treatment professionals throughout her healing journey. Based on findings from survivor surveys and the roundtable

discussions, it was suggested some providers may have applied methods not tailored to meet the unique needs of these survivors. However, the survivor participating in the roundtable reframed this assumption by asserting that, in her experience, each provider addressed appropriate needs at that life stage, providing a holistic and complementary treatment plan to meet her needs.

Since not every clinician is versed in all forms of intervention, roundtable participants concluded the field should provide a more streamlined approach to treatment for their clients by encouraging connection and continuity among clinicians. In these particular treatment scenarios, special attention should be paid to the best practice of consulting with other providers during transition phases of treatment. This practice is recommended to improve the continuity of care.

The role of the mental health professional is not only to promote and affect healing from trauma, but also to surround the client with appropriate and healthy influences. By working with a network of support, survivors can connect with multiple professionals, each providing a needed service and working to restore the survivor's confidence and trust in others.

Treatment modalities discussed to address specific issues included:

- Expressive therapies such as play, art and drama
- Brain-based therapy
- Attachment-based therapy
- Parts work therapy
- Animal-assisted therapies
- Cognitive therapies such as trauma-focused cognitive behavioral therapy, mindfulness, acceptance and commitment therapy, rational emotive behavior therapy, and cognitive restructuring

The survivor also regularly participates in what she called "maintenance therapy" to remain cognizant of the triggers and symptoms faced throughout the lifespan.

For treatment providers, there are various ways to measure client progress. Practitioners discussed empowering survivors to take control of their progress by recognizing those moments of simple victories in their lives, as they serve an important role of helping survivors see these small steps as healing opportunities. There is also a clear need to create and develop more standardized assessment tools for practitioners to track improvements, while also recognizing individual milestones as markers of progress.

For some survivors, progress or post-traumatic growth may be found in advocacy work, or in helping fellow survivors. Practitioners agreed the health and well-being of a survivor should take precedence over advancing any social cause. In addition, taking steps in this direction can be particularly challenging for this survivor group as most survivors of CSAM have never met someone who has experienced this kind of trauma.

TAKEAWAYS

- Assist clients in connecting with other clinicians.
- Surround clients with healthy influences.
- Consider multiple treatment modalities.
- Measure progress.

Loss of Control

Many survivors say, because they have no control over the spread of the abusive material online, they live in fear. They don't know who's seen their images or videos online, so they constantly worry about being recognized in public. It interferes with all aspects of their lives and fear is rampant.

All roundtable practitioners agreed part of the healing process is to promote, encourage and participate in giving back to clients a sense of control, including social media, basic life skills, employment and educational opportunities.

A key is helping clients recognize triggers and working to desensitize them. A trigger could be as simple as the click of a camera, someone pulling out a phone, anatomy classes in school settings or an unknown person showing an interest in the survivor when in public. These are not unwarranted fears. In certain circumstances, criminals use everyday tools like social media, an email address, a utility bill or even high school class photos to locate their victims both online and in person.

How can we best help survivors cope with these fears? Everyone agreed it's the practitioner's duty to distinguish to what degree those fears should be validated. Letting them know they're not being unreasonable by having these fears and that there may even be a need for a safety plan is useful. But it's also beneficial to help survivors understand the miniscule odds of encountering someone, say in a grocery store, who has seen their abusive material online.

There is a difficulty in balancing perception and reality as practitioners help survivors confidently navigate their online and offline worlds. It can be challenging to restructure their thoughts about the likelihood someone has seen them when the breadth of distribution worldwide can be astounding. There are no easy answers.

Another more delicate topic to address is a desire for some survivors to find their own images online. This need to **"know what is out there about me"** can pose

significant treatment considerations. Practitioners may need to broach this subject on a case-by-case basis and consider the risks for their clients seeking this type of knowledge. NCMEC strongly encourages consultation between the investigating law enforcement agency and the mental health professional if the desire to view images becomes a critical topic in treatment.

We are on the edge of a paradigm shift in the way professionals respond to child sexual abuse material. Tremendous strides have recently been made that challenge the prevailing belief of “once an image is out there, you can’t get it back.” Technological tools have been developed to assist companies in detecting abusive material on their servers so they can immediately remove these images and videos. In addition, every day, NCMEC and other organizations, such as the Canadian Centre for Child Protection, Thorn and the Internet Watch Foundation, are actively scouring the internet for these images and notifying online platforms so they can be promptly removed. Sadly, most victims aren’t aware of these ongoing efforts to reduce the availability of online child sexual abuse material. When told about these initiatives, survivors expressed gratitude for these advances in technology and feel a sense of renewed hope for the future and a reduction in the distribution of their images.

The challenge for electronic service providers or NGOs will be alerting the overall population of victims to these advances in technology, as many of these organizations lack direct contact with the survivors. Therefore, informed mental health practitioners may offer the most hope to victims, raising awareness about these existing resources and programs to remove illegal images.

...There is a lot I don't remember, but now I can't forget because the disgusting images of what he did to me are still out there on the Internet.

It hurts me to know someone is looking at them – at me – when I was just a little girl being abused for the camera. I did not choose to be there, but now I am there forever in pictures that people are using to do sick things. I want it all erased. I want it all stopped. But I am powerless to stop it just like I was powerless to stop my uncle.

VICTIM IMPACT STATEMENT

TAKEAWAYS

- Helping a survivor navigate feelings of loss of control in a therapeutic environment is a key component of healing for this population.
- Respect the fear, but help properly frame it.
- Learn about the legal and ethical concerns regarding survivors who desire to seek out their abusive material online.
- Educate yourself and your clients about the successful global initiatives by online tech companies and nongovernmental organizations (NGOs) to help remove child sexual abuse material from the internet.

Effects of Legal Notifications

A unique consideration, which must be addressed is the notification process for victims of child sexual abuse material which is mandated under the U.S. Victims' Rights and Restitution Act (34 U.S.C. §20141) and the Crime Victims' Rights Act (18 U.S.C. §3771). Under these acts, survivors are afforded the right to be notified, or not notified, each time their images or videos are seen in a federal child sexual exploitation case. Notifications of this nature are handled by the U.S. Department of Justice under the Federal Bureau of Investigation's Victim Services Division's Child Pornography Victim Assistance Program.

Survivors are advised by the U.S. Department of Justice, if they choose to be notified every time one of their sex abuse images appears in an investigation and/or court proceeding, "you may start to receive a large number of notifications."⁵ Throughout one singular case, multiple notifications can be received about each investigative or prosecutorial phase. Compounding this, survivors whose images are distributed widely online may receive notifications about multiple cases under prosecution at the same time. These notifications are often used to assist in collecting restitution for the victim.

Practitioners recognized these notifications often retraumatize the survivor and increase fear about the scope and scale of the trading/distribution/possession of their abusive material throughout their lives. There is no other crime type like this – the **possession and distribution** of child sexual abuse material – that revictimizes the survivor through new criminal acts, and new notifications of those crimes.

Without perspective, mental health practitioners are left underinformed as to the nature and scope of their client's case. In addition, the complexity of the federal notification system may overwhelm a survivor. Conversely, the lack of state implemented notification parameters creates additional knowledge gaps in the size and level of distribution of the survivor's images or videos.

Clearly, more collaboration and information sharing with law enforcement or NGOs tracking the distribution of images will help inform and provide context about the proliferation of an individual's imagery online. Enhancing clinicians' working relationships with other organizations, such as NCMEC and the U.S. Department of Justice's Victim Services Division Child Pornographic Victim Assistance Program, will be extremely beneficial to the survivor in the long run.

It is important to highlight the Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018,⁶ which was enacted in December 2018. The Act creates mandatory minimums for restitution for victims of child sexual abuse material distribution, establishes a victim compensation fund and defined monetary assistance for new victims. While as of this writing the funds have yet to be

5 Federal Bureau of Investigation. (2018). Child Pornography Victim Assistance (CPVA) A Reference for Victims and Parent/Guardian of Victims. Retrieved from <https://www.fbi.gov/file-repository/cpva.pdf>

6 Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, Pub. L. No. 115-299, 132 Stat. 4383 (2018).

appropriated and the application process yet to be established, this Act is a significant step in the ability for survivors to seek restitution that can be used for mental health and other services.

TAKEAWAYS

- Educate yourselves about the legal remedies available to your clients.
- Seek opportunities for appropriate information sharing with other professionals supporting the client such as victim advocates, law enforcement, and NGOs.
- Recognize many survivors will report additional trauma associated with the notification process, and this is a treatment issue requiring the recognition of triggers and development of appropriate coping skills.

Support Systems

It is important to help clients rebuild or maintain confidence and self-esteem as well as work on survivors' thoughts and cognitive restructuring of fears. The therapeutic relationship should be used as a model for other relationships by being consistent and trustworthy. Additionally, it can be the basis for building or rebuilding trusting relationships with other support systems in the survivor's life. Some suggestions included identifying and developing self-soothing techniques and empowering clients to share those techniques with family/support systems.

The roundtable attendees explored how to support the nonoffending family members' understanding of the impact of abuse and sexual exploitation. In 1998, the U.S. Department of Justice brought together a small group of parents to learn about the personal impact of having a missing or exploited child on their own mental health, family functioning and access to support. This initial gathering grew into NCMEC's Team HOPE⁷ program.

Team HOPE serves as a model for peer support for parents, caretakers and extended family members.

Team HOPE is a volunteer-based program of NCMEC consisting of individuals who have demonstrated incredible resilience in turning personal tragedies into vital support for other families. Volunteers are screened and attend in-depth training sessions before they are matched with a

Team HOPE has truly been a blessing in my life. Having a child who has been exploited, you feel so alone. Knowing that there is someone out there ... helped me with my healing.

PARENT OF A SEXUALLY EXPLOITED CHILD

⁷ National Center for Missing & Exploited Children. (n.d.) Retrieved September 2019 from <http://www.missingkids.com/ourwork/support/teamhope>

family to support. This support includes:

- Helping families in crisis with a sexually exploited child as they handle the day-to-day issues of coping with the circumstances their family is facing.
- Providing peer and emotional support, compassion, coping tools and empowerment to families with sexually exploited children.
- Instilling courage, determination and hope in parents and other family members.
- Alleviating the feelings of isolation so often resulting from fear and frustration.

Research⁸ shows peer-based models of support have an overall positive effect on the population served, instilling hope, dispelling myths, providing education and resources, and breaking down barriers of experience and understanding. For survivors of child sexual abuse material, feeling less isolated and more empowered can only enhance any clinically based treatment plan developed with a mental health professional. As part of NCMEC’s work with the various helping professionals through these roundtables, NCMEC plans to engage the survivor population with the goal of growing the network of survivors who support each other and provide hope and strength to those in similar life experiences.

Creating a support network for survivors is the next step. Both research and the mental health practitioners support this need. NCMEC’s Team HOPE program is a model of success for this type of support and could integrate this population into its already existing peer support program.

TAKEAWAYS

- Model healthy relationships by building trust and consistency with clients.
- Connect clients with support systems to supplement therapeutic relationships (e.g. peer support through NCMEC’s Team HOPE program).

8 Per Susan P. Kemp, et al. in “Engaging parents in child welfare services: Bridging family needs and child welfare mandates” within *Child Welfare*, Volume 88, Number 1, 2009, “Peer-to-peer programs are increasingly a focus of child welfare services This type of approach has shown to increase parent retention. Furthermore, some reports show ... families engaged in mutual support experienced fewer negative outcomes and increased positive outcomes, such as positive changes to their self-esteem and perceived ability to cope with challenges, and higher levels of social support.”

Survivor Exposure to Their Images in Disclosures and Investigations

A highly debated topic is the disclosure of the sexual abuse and the production of images and videos, as well as the complexities surrounding this issue. In addition, the use of images and videos during forensic interviews and within law enforcement investigations as a method to prompt disclosure is often discussed in the community.

While this roundtable did not include forensic interviewers and investigators to share insight into the use of imagery in disclosures, participants agreed this method could cause harm for a victim and specifically cited dissociative symptoms as a result. Survivors should be allowed the space to disclose in their own time. Creating a multidisciplinary team among law enforcement investigators, child advocacy centers and clinicians treating survivors may advance a dialogue to better understand the unique needs, purposes and uses of exposing a survivor to their imagery and to address the long-term treatment and therapeutic concerns of this action. Collaboration between professional populations may shine a light on new methodology to address the investigative and treatment models when working with the survivor.

The subject of images and videos should be raised in the context of interviewing and treatment for all child sexual abuse, even when law enforcement is not aware of the documentation of the abuse. In addition, if the knowledge of images and videos is known by professionals and the case will be adjudicated, imagery should be discussed sooner rather than later in treatment. As some practitioners indicated, many clients are simply waiting for the treatment provider to broach the subject.

TAKEAWAYS

- Consult victim advocates, child advocacy center interviewers and mental health clinicians prior to law enforcement showing victims their abusive imagery to assess potential traumatic impact.
- Establish multidisciplinary relationships among law enforcement, child advocacy centers and mental health providers.
- Ask clients whether their sexual abuse was filmed. Many clients do not disclose the existence of images of their abuse. Some are waiting to be directly asked.

Body Image, Sexuality and Aging

As we discussed, survivors have shared significant trauma symptoms related to the child sexual abuse they suffered and continued trauma responses related to the trading and distribution of images and videos.

Body image issues can emerge within this population, and intervention techniques were discussed to best address this concern. While research and treatment recommendations for child sexual abuse cases have proven effective for this

population, this group of practitioners acknowledged the added trauma of memorializing and distributing the abuse through images creates additional layers of victimization to consider.

Survivors of child sexual abuse indicate they were often shown images or videos of other children in sexual acts; a technique used to normalize the offender's actions and desensitize the child victim to the abuse. Victims may re-imagine their own images and abuse through the sexualized eyes of their offender and a multitude of unknown offenders worldwide. This reframing of their sexuality, sexual worth and sexual norms is magnified because of their exposure to images of other victims and the production of their own imagery. In addition, victims carry the additional trauma that the imagery of their own abuse is weaponized against other children as a grooming technique. Victims fear their sexual abuse material will be used to manipulate other children, and indirectly contribute to the abuse of more children.

Several practitioners shared techniques that involved working with a client to perform physical movement exercises, such as trauma-informed yoga, to help minimize the body's trauma-responses, and also to view the body in a more positive light. Working with a client around grief and loss triggers was suggested as a technique to help the client grieve the loss of self and then establish an identity outside of the victim label.

Aging presented a unique challenge. Specifically for those victimized as young children, survivors disclosed feelings of disgust and shame about entering puberty. Again, this population's learned definition of sexuality comes from being shown child sexual abuse material and knowing images of their documented child sexual abuse are being viewed by others for sexual pleasure. Their perspective of sexuality may be connected to the value placed on the attributes of their prepubescent body, therefore going through puberty and developmental changes could result in cognitive dissonance and potential identity ruptures. Practitioners discussed ways to approach the potential impact the abuse has on sexuality as survivors may be stuck in defining their own sexuality from the lens of trauma.

The focus of therapy should be on self-worth, self-love and rebuilding the survivor's sense of identity to work toward having healthy relationships and boundaries. Additionally, therapists need to provide psychoeducation about automatic body responses during sexual abuse and normalize affection through cognitive reframing. It's important to explain healthy sexual behaviors in the context of celebrating a loving relationship versus keeping secrets and feeling shame.

TAKEAWAYS

- Many survivors fear images of their abuse are being used to groom other children for sexual abuse.
- Physical exercise may help refocus body issues in positive ways.
- Normal puberty changes may trigger issues relating to body acceptance.
- Cognitive reframing may help normalize affection.

News Media

The role of other professions can significantly help or harm work in the post-traumatic growth of a survivor. Media reports can sensationalize the sexual assault of children. Graphic descriptions of sexual acts are sometimes made in news reports, thus alerting neighbors and the local community to details of the abuse and creating possible safety concerns. By reporting too many demographic details about the offender, the media inadvertently puts the victim at risk of being located by zealous collectors of child sexual abuse material, causing additional layers of trauma. In some cases, details of the abusive acts are made public even before the child has processed it with law enforcement or a therapist. These children are often subjected to shame and embarrassment by their peers and other community members when details of their sexual assault are published in media pieces. Practitioners note survivors reported additional layers of discomfort and fear around media coverage, as the use of cameras or videotaping was part of their victimization. It was agreed additional sensitivity training for members of the media who report these types of crimes is clearly needed.

It is important to remember, although the crime might be described as “child pornography,” these are sexual assault crimes and the victims deserve the same level of privacy as any other sexual assault victim.

TAKEAWAYS

- Media exposure in these kinds of cases can create additional layers of trauma for survivors.
- Working together to inform law enforcement and media of these consequences can help sensitize those who report on these cases to minimize harm to the victim.

NEXT STEPS

After experts spent three days debating this complicated and delicate subject matter at the NCMEC's Mental Health Roundtable, the group noted, in some ways, they came away with more questions than solid answers. The complex and detailed nature of the issue, compounded with the lack of empirical research, meant with each topic and new idea, there were more questions. We recognize this discussion simply scratched the surface and more work needs to be done. Additional considerations for research and responses from more diverse survivor populations also requires further attention.

NCMEC is committed to working with leaders in the various professions identified in the Continuum of Care model to help develop robust practices for implementation. We seek to identify and partner with supporting organizations that will help create and disseminate guidelines for mental health practitioners to better address the specific needs of survivors. It's also vital to expand training for clinicians to better identify and implement effective, sound and ethical treatment techniques.

NCMEC has identified key child-serving populations in which improvements can be made to increase and advance service delivery for victims. The Mental Health Practitioners' Roundtable was the starting point, but just one area on which to focus. Another roundtable was held with attorneys in March 2019 with the goal of developing an attorney handbook regarding restitution, building a network of attorneys and identifying other legal remedies for these survivors. To continue driving change and improvements, NCMEC will host additional roundtables for other professional groups throughout 2019 and 2020.

In each phase of this project, the NCMEC team will refer to the work of the Phoenix 11 and the results of the *International Survivor's Survey* to guide and direct the process. NCMEC's role is to convene each professional group to discuss the individual discipline's needs and concerns, then convene a multidisciplinary team, including family and survivor perspectives, to demonstrate the Continuum of Care model. Our goal is to help ensure a response as diverse as the population itself. With more than 35 years of experience supporting families and professionals in the field, NCMEC stands on its survivor-informed foundation to continue learning how we can improve service delivery by all child-serving professionals.

TAKEAWAYS

- Reinforce that many child protection professionals devote their careers to help remove these images from the internet and bring offenders to justice.
- Seek perspectives from a more diverse survivor population to help ensure further improvements in supportive services.

MENTAL HEALTH PRACTITIONER RECOMMENDATIONS

A Different Kind of Trauma

- More research is needed about the differences between child sexual abuse and child sexual abuse material, specifically the unique trauma production and trading of imagery has on the survivor.
- Targeted education and training are critical for mental health practitioners.

How to Help These Survivors

- Assist clients in connecting with other clinicians.
- Surround clients with healthy influences.
- Consider multiple treatment modalities.
- Measure progress.

Loss of Control

- Helping a survivor navigate feelings of loss of control in a therapeutic environment is a key component of healing for this population.
- Respect the fear, but help properly frame it.
- Learn about the legal and ethical concerns regarding survivors who desire to seek out their abusive material online.
- Educate yourself and your clients about the ongoing global initiatives by online tech companies and NGOs to remove child sexual abuse material from the internet.

Effects of Legal Notifications

- Educate yourselves about the legal remedies available to your clients.
- Seek opportunities for appropriate information sharing with other professionals supporting clients such as victim advocates, law enforcement and NGOs.
- Recognize many survivors will report additional trauma associated with the notification process, and this is a treatment issue requiring the recognition of triggers and development of appropriate coping skills.

Support Systems

- Model healthy relationships by building trust and consistency with clients.
- Connect clients with support systems to supplement therapeutic relationships (e.g. peer support through NCMEC's Team HOPE program).

Survivor Exposure to Their Images in Disclosures and Investigations

- Consult victim advocates, child advocacy center interviewers and mental health clinicians prior to law enforcement showing victims their abusive imagery to assess potential traumatic impact.
- Establish multidisciplinary relationships among law enforcement, child advocacy centers and mental health providers.
- Ask clients whether their sexual abuse was filmed. Many clients do not disclose the existence of images of their abuse. Some are waiting to be directly asked.

Body Image, Sexuality and Aging

- Many survivors fear images of their abuse are being used to groom other children for sexual abuse.
- Physical exercise may help refocus body issues in positive ways.
- Normal puberty changes may trigger issues relating to body acceptance.
- Cognitive reframing may help normalize affection.

News Media

- Media exposure in these kinds of cases can create additional layers of trauma for survivors.
- Working together to inform law enforcement and media of these consequences can help sensitize those who report on these cases to minimize harm to the victim.

Next Steps

- Reinforce that many child protection professionals devote their careers to help remove of these images from the internet and bring offenders to justice.
- Seek perspectives from a more diverse survivor population to help ensure further improvement in supportive services.

EXECUTIVE RECOMMENDATIONS

- NCMEC will host a series of roundtables to convene child-serving professionals to share knowledge and experience to improve gaps in service delivery.
- NCMEC will expand its network of mental health clinicians to include specially trained providers for this population.
- NCMEC will seek to partner with clinicians and professional organizations to explore opportunities to educate about this topic and develop training and curriculum for mental health professionals directly related to this population to best support practitioner adoption of the recommendations noted above.
- NCMEC will continue to engage the Phoenix 11 and other survivor groups to share progress, gather feedback about future roundtable groups and determine what role NCMEC can play in improving survivor-centric services.
- NCMEC will integrate survivor support into the Team HOPE program.
- NCMEC will tailor media messaging and resource materials to speak directly to survivors and gather feedback and insight from the survivor and family communities to guide messaging.

We thank everyone who shared their time and experience with us: the facilitators who led this group through complex topics and sessions and, most importantly, the survivor advocate who shared her personal journey as a victim of child sexual abuse material.

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Therapy With Survivors of Child Sexual Abuse Images

A summary created by the Phoenix 11, based on their own experiences

Difficulties:

Shock Factor:

Therapists often cry or otherwise react with strong emotions when survivors start to open up. Survivors feel the need to comfort or protect therapists over having their own needs met. They feel that they cannot really open up and can only share surface details. Some therapists react strongly to the surface details, leaving survivors to wonder how they can share the worst of what they went through with anybody.

Expressing Experience Verbally:

It is so hard to find the words to describe such an intense experience. Some survivors do not feel that they have the vocabulary to adequately express it, or that no words could.

Establishing Trust with Therapist:

Survivors worry about the consequences of opening up to a therapist. They worry about being judged for parts of their story. They worry that they will not be seen as trustworthy people for times they may have gone along with things, lied, or done other things to survive that some people might find questionable. Some survivors also see the therapist as a friend in what is a very lonely situation. For this reason, they hesitate to share certain details that they fear might threaten that relationship.

Caseload Size:

Some survivors experienced therapists who had large caseloads and were not able to give them the attention required for their intense needs. Some of these therapists would need refreshers at the beginning of each visit on what the client's needs were and did not have a clear treatment plan. Survivors need therapists who really get to know them and their stories and who go over notes before each appointment and come prepared with a plan or direction. For this reason, survivors may require therapists with smaller caseloads who are able to give them more individualized attention.

Therapist Lacks Training:

Many survivors experienced therapists who did not know what to do to help them. Survivors agree that treating them like a client who experienced sexual abuse alone is not effective because it does not address the other complicated symptoms of their ongoing trauma. Survivors need therapists who have training in working with complicated trauma and address issues holistically.



Therapist is Too Directive and Rigid:

A few of the survivors experienced therapists that were too rigid and made them feel controlled or shamed. One therapist required the client to journal everyday, but the client had difficulty completing the journaling because it caused such great anxiety. When the client explained to the therapist why the homework was not completed, the therapist refused to see the client. This caused further harm to the client and made going to therapy that much more of a challenge. Therapists who work with survivors need to be flexible, really listen to client needs, and work collaboratively with the client to find interventions that will be helpful and not harmful.

Issues Survivors Have Difficulty Resolving With Current Therapy:

Nightmares:

All of the survivors still struggle with nightmares and 9 out of 10 survivors struggle with insomnia. Therapy has not resolved these issues, despite some of the survivors being in therapy for several years.

Aging/Body Image:

Survivors were taught by their abusers that their young, childlike bodies were beautiful and more desirable than older bodies. This cognitive distortion can cause additional distress about the aging process and body changes related to age, childbearing, and health issues.

Employment Issues:

Many survivors have experienced difficulty working in service types of jobs that involve random people coming, going, and approaching them, such as retail or food service. Many survivors have quit a new job within the first week because of panic attacks. Some survivors feel conflicted between disclosing about their PTSD to their boss, to help them understand and work with them, or protecting their privacy and dealing with the consequences of appearing “flaky.” Many survivors find it difficult to go to work on certain days when PTSD symptoms are worse and will call in sick on these days. For some survivors, working outside of their home has been too difficult at times because of anxiety, and it feels like a disability.

School Issues:

Difficulty concentrating in school because of court going on, classmates recognizing from media, or social anxiety in general (wondering if classmates have seen image, are safe people) can lead them to drop in grades despite ability. These things also make it hard to attend class. Some survivors have found online school to be more doable. However, online school also means speaking to people online that are strangers, which can be another source of anxiety.



Identity Issues:

Survivors struggle to form a new identity after their story is disclosed. Many adults find parts of their identity in work, their education, or their relationships, but all of these things can be challenging in different ways for survivors. They may feel that they lack an identity they can talk about openly if they are not able to answer simple questions like, "What do you do for a living?" They may feel shame for where they are at in life and feel like they are so far behind their peers. If they do disclose to others, they are worried that they will be treated differently and always seen as a victim or defined by their traumatic story. Survivors need support in forming new identities apart from their trauma and learning how to talk about themselves in a positive way with others.

Social Anxiety:

The social anxiety of survivors needs to be treated differently than regular social anxiety because it stems from a different cause. There may be many reasons for a survivor to experience social anxiety, and these would be best treated in an individualized way for each survivor.

Sexuality:

Survivors may struggle with sexuality in their adult relationships, either learning to be comfortable with their own sexuality, communicating about sex with their partner (what they need & what they do not like), and responding to their partner. They may struggle to connect emotionally during sex or may find their body trying to disconnect and shut down. It can be confusing for their partners because they may be fine with something one day and averse to it the next. They may also be extra sensitive to and hurt/angered by the use of pornography by their partner.

Online Presence:

Most of the survivors felt that they had to be cautious with their online presence. Many use variations of their name, rather than their actual name online to protect themselves from being approached by pedophiles who have seen their images or others who might troll them because of what has been written about them in the media. Survivors need to be careful about their privacy settings on social media. They may also need help dealing with the loss they feel for not being able to use social media as openly as their peers and missing out on things because of that.

Dissociation:

Survivors may often lose track of time, zone out, and get stuck in thoughts that we cannot remember as soon as we snap out of it. Even as we recover from the other symptoms of PTSD, we may still struggle with dissociating in the small, quiet moments of our day.



What Survivors Need Therapists to Understand:

- We have difficulty having empathy for ourselves. It is easy to care about others first and neglect ourselves. We will reject ourselves before others reject us.
- We are lonely. Our experience is unique and makes us feel set apart from others.
- We require a unique approach. Our issues are more complicated than the abuse we experienced as children.
- Our identity has been messed with by our abusers and those who have viewed our images online. We need helping forming a new cohesive identity apart from our trauma. Difficulties with school or work make it harder to form a new identity.
- Opening up to friends or significant others about our traumatic past or the images of it is a huge step that we may need support with.
- Sex and sexuality are complicated for us and we may need help navigating that. Sometimes we are afraid to be sexy. It is difficult to trust others enough to be vulnerable. We will probably have good days and bad days in this area and need support to form healthy patterns.
- Having children or even thinking about having children brings up a whole new layer of issues for us. It may require re-doing some work on our trauma in a new context. There may be a lot of fear about bringing children into the kind of world where such traumatic things can happen to children. We may worry constantly about the safety of children in our life and act in ways that are hypervigilant and exhausting, such as refusing to let other people watch our children. Seeing our children in certain normal situations can trigger painful memories. We may be especially triggered by cameras around children.

Interesting Things Survivors of Child Sexual Abuse Images Had in Common:

- Most of us put off dating till late high school or after high school.
- Most of us have only had between 1-3 significant others.
- Most of us have dogs and find animals very comforting. They make us feel safe and less lonely. They never judge us. We can tell them anything.
- We all have had difficulties with employment because of anxiety and other PTSD symptoms.
- Most of us experienced difficulties with school because of anxiety and other PTSD symptoms, and some of us have found online school to be the better option.
- Most of us have had a negative experience with the media that made us feel exploited all over again.
- Most of us have triggers or worries related to kids, even those of us who have kids. E.g. “What if we have abuser DNA that we pass on to our kids?”, “What if we develop inappropriate thoughts towards kids at some point?”, seeing pictures of friend’s kids in the bath on social media causes anxiety, etc.
- Most of us had fears about appearing “sexy” that affect the way we dress and our presence on social media.
- Many of us were worried about being “compared to each other” before we met.
- We all have really vivid and highly detailed dreams. Many of us have lucid dreams. Many of us struggle with recurring nightmares.

