



CANADIAN CENTRE *for* CHILD PROTECTION®

Helping families. Protecting children.

SURVIVORS' SURVEY

FULL REPORT 2017

protectchildren.ca



The Canadian Centre for Child Protection Inc. (Canadian Centre) is a charitable organization dedicated to the personal safety of all children. Our goal is to reduce the sexual abuse and exploitation of children, assist in the location of missing children and prevent child victimization. The Canadian Centre operates Cybertip.ca, Canada's tipline to report sexual abuse and exploitation on the Internet, as well as other prevention and intervention services to assist the Canadian public.

Our mission is to:

Reduce the incidence of missing and sexually exploited children

Educate the public on child personal safety and sexual exploitation

Assist in the location of missing children

Advocate for and increase awareness about issues related to missing and sexually exploited children

TO THE SURVIVORS OF CHILD SEXUAL ABUSE:

If you are a survivor of child sexual abuse, please know that our team is working very hard to make positive change happen for you and for future generations of survivors. We believe change is coming. It is important that we share with the public, the reality of what we are seeing and hearing from survivors and what we are learning through our research and technical solutions. If you feel reading this information and our report might be difficult for you or if you find yourself feeling distressed after reading it, we encourage you to reach out to supports in your community. This could include personal supports (family and friends) or professional supports (therapists, psychologists, psychiatrists, local counselling and crisis response agencies). The online exploitation and abuse of children is a growing problem and the Canadian Centre for Child Protection is invested in finding solutions that will prevent this crime and provide protection and support to those impacted by it.

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The statistics, graphs and tables within this document are based on an analysis of information provided by 150 respondents on or before July 27, 2017. The survey was made available in four languages: English, French, Dutch and German. Data analysis was completed in-house by staff at the Canadian Centre for Child Protection Inc.



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INTRODUCTION

In January, 2016, the Canadian Centre for Child Protection released its report, *Child Sexual Abuse Images on the Internet: A Cybertip.ca Analysis*.¹ The report was based on the review of close to 152,000 reports, examining 43,762 unique images and videos classified as child pornography. The report indicated that nearly 80% of the images assessed by Cybertip.ca depicted very young, pre-pubescent children under 12 years of age— with the majority of those being under the age of 8, and nearly 7% were babies or toddlers. Most concerning was the severe abuse depicted. 50% of all images showed explicit sexual activity and assaults – and almost 70% of the images appeared to have been taken within a home setting.

The report highlighted the seriousness of the issue of child pornography and reinforced the need to do more to identify victims, stop offenders and reduce the online availability of such content. Recognizing that the victims whose sexual abuse has been recorded and possibly distributed online are likely to require specialized support services, the Canadian Centre set out to better understand the impact on victims. A working group of international experts was assembled to assist the Canadian Centre in developing a survey that would provide these victims with the opportunity to share their experiences and provide insight into the unique impacts and challenges they face.

OVERVIEW OF THE PROJECT

The Canadian Centre is a national charity dedicated to the personal safety of all children. Our goal is to reduce the incidence of missing and sexually exploited children while educating the Canadian public about ways to keep children safe. Through our role in operating Cybertip.ca, our agency has witnessed the growing proliferation of child sexual abuse material on the Internet.

“As a victim of this most horrific form of child sexual exploitation, I have felt alone, misunderstood and helpless. It is time for the world to understand child pornography and the unimaginable impacts it has on us, the victims. We need to find our voice to help those who wish to better understand and help us.” – Victim of child sexual abuse imagery

We are now seeing more and more victims of child sexual abuse whose abuse has been recorded reach adulthood. Information from these individuals offers a lens into the distinct challenges faced by victims of this crime. To better understand this aspect, the Canadian Centre launched an international survey in January 2016 for adult survivors whose child sexual abuse was recorded and that was, or may have been, distributed online. Since that time, we have had 150 survivors participate in the survey and contribute valuable details and information about their experience.

¹ Available online at Cybertip.ca



The goal of the survey is to learn about the experiences of this population, as well as to determine what policy, legislative, and therapeutic changes are required to respond to the needs of survivors. In order to achieve this goal, a working group of international experts was established.

INTERNATIONAL WORKING GROUP

An international working group comprised of experts on child sexual abuse was established so that its members might contribute knowledge and feedback toward the development of the survey questions and design, as well as to collaborate in crafting global recommendations based on the survey results. Co-chaired by Lianna McDonald, Executive Director of the Canadian Centre and Michelle DeLaune, Chief Operating Officer of the National Center for Missing and Exploited Children, the international working group included psychologists, psychiatrists, physicians, lawyers, clinicians, and child advocates. The initiative also benefited immensely from the participation of the Dutch National Rapporteur on Trafficking in Human Beings and Sexual Violence against Children, Corinne Dettmeijer-Vermeulen.

“As child pornography victims grow older, many come to realize that the images of their sexual abuse will continue to exist and be consumed for the remainder of their lives, and that they are largely powerless to end the abuse. This knowledge may haunt the victims for years because possessors and distributors will continue to consume, and possibly distribute, the images and recordings indefinitely...A recent survey revealed that almost ninety-five per cent of child pornography victims suffer lifelong psychological damage and may never overcome the harm, even after lifelong therapy.”²

In October 2016, the Canadian Centre prepared a summary of the surveys received up to that point (115) and welcomed members of the working group to Ottawa, Canada. A Summit was held to discuss the information shared and help develop global recommendations intended to assist the growing population of victims, with specific attention paid to those whose abuse was recorded and disseminated online. Other stakeholders such as crown prosecutors, law enforcement, and government representatives were also invited to contribute their expertise to the process.

INTERNATIONAL OBLIGATIONS

When considering the results of the survey and the applicability of each recommendation in a domestic context, the international commitments made to protect children from exploitation and abuse must be kept in mind. To date, over 170 nations have ratified the United Nations Convention on the Rights of the Child (“UNCRC”) and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (the “Optional Protocol”). The UNCRC is the most universally accepted human rights

² Binford et. al. indicates in *Beyond Paroline: Ensuring Meaningful Remedies for Child Pornography Victims at Home and Abroad* (2014)



framework in the world and reflects the commitment of world nations to safeguarding the most vulnerable members of society. Article 34 emphasizes that signatory nations must take all appropriate national, bilateral and multilateral measures to prevent the sexual exploitation of children. Article 19 speaks to a child's right to be protected from physical or psychological harm, neglect, abuse, or mistreatment. Article 39 goes further and commits all signatories to take all appropriate measures to promote the physical and psychological recovery and social reintegration of a child if they are subjected to the harms in Article 19. This is reiterated in Article 9 of the Optional Protocol. The Optional Protocol also includes a commitment by each signatory to adopt appropriate measures to protect the rights and interests of child victims at all stages of the criminal justice process (Article 8), and ensure access to adequate procedures to seek compensation from those criminally responsible (Article 9, point 4).

It is imperative world nations recognize their obligations under international law and critically examine the ways in which they are meeting such obligations, particularly in light of the information shared through this survey. We can, and we must, do better.

ABOUT THIS REPORT AND THE SURVIVORS' SURVEY

Intended purpose

The purpose of this report is to provide a summary of the data that has been received and analyzed to date. Given the importance of the issues raised by the survey, and the information shared by survivors so far, it has been decided that the online survey will remain open for the foreseeable future. The Canadian Centre wishes to ensure that all survivors who wish to contribute their voice to the data are able to do so.

Understanding the data and its presentation

The statistics, graphs and tables (the "Summary Data") within this document are based on an analysis of the information provided by 150 victims in survey responses entered on or before July 27, 2017.

Percentages: All percentages are rounded up to the nearest percent and therefore may add up to over 100% due to rounding.

Numbers: Not all graphs or tables will be out of 150 because survey respondents were able to skip questions; not all respondents were eligible to answer all questions (some questions were only asked if a respondent answered 'yes' or 'no' to a previous question, for example); and the responses of some respondents did not fit the question that was asked.

Multiple responses: For some questions, the responses may have fit multiple categories and so the graph for such questions would not represent the number of respondents but instead represents the



number of responses of each particular type. Such graphs are marked with the legend Multiple Responses per Respondent.

Sample quotes: The quotes from survivors have been reproduced verbatim to the fullest extent, but may have been edited for length, spelling or to remove information that may be personally identifying. Some text reproduced may also be from a translated version of the statement provided.

Response Type. Some questions required a simple yes or no response and some allowed respondents to choose one or more answers from a drop down list and such responses are presented in a simple graph fashion. For many of the questions, however, respondents were free to use their own words in response to the question. These narrative-type responses were reviewed to identify themes and similarities so that the information could be presented in a collective manner.

In the process of writing the preliminary report (released January 2017), it was noted that information shared by a survivor in response to one question was sometimes relevant to understand their response to, or to answer, a different question. In order to provide the most robust analysis possible, for the purpose of this report, a cross analysis of responses to various questions was performed to ensure all information shared by the survivor that was relevant to the question was reflected.

Surveys included in analysis

The 150 surveys that were selected for inclusion in the analysis were the surveys that contained enough salient information to permit meaningful analysis. By way of explanation:

1. Certain questions in the survey were mandatory – such as whether the respondent was over the age of 18, and whether the respondent had her/his child sexual abuse recorded. If the respondent indicated that s/he was under the age of 18, or did not have her/his sexual abuse recorded, s/he was not able to continue on with the survey, and those surveys were excluded from the analysis.
2. The survey was comprised of different question types. While some questions required only a yes/no response and some provided multiple choice options, the vast majority of questions allowed the respondent to answer the question in her/his own words and language. The surveys received that included responses only to some of the yes/no and/or multiple choice questions, with no narrative responses completed were excluded from the analysis.
3. As the survey was quite lengthy, it was recognized that respondents may not want or be able to complete the survey in one session. Thus, survey respondents were able to respond to as many questions as they wanted, then take a break and come back at a later time to continue the survey. Survey respondents were given 30 days to complete the survey once they had started. If a participant chose to return to complete additional questions, that participant was also able to edit and/or delete past responses if desired. The last question of the survey asked the



respondent to click a button to “complete” the survey. All other surveys were deemed to be “incomplete.”

- a. All of the surveys that were “complete” as of July 27, 2017 were included in the analysis, unless the survey had been excluded for the reason set forth in item 2 above, the information that was in the survey was unintelligible, or if the information did not appear to be authentic.
- b. All surveys that were “incomplete” as of July 27, 2017 were assessed separately. Those that had been dormant for at least 30 days and that included salient details in response to at least some of the narrative-type questions, and that appeared to reflect an authentic attempt to complete the survey, were included in the 150 surveys available for analysis.

Limitations: The survey was administered online and it is assumed that the respondents who completed the surveys included in the analysis were truthful in the responses given. It is possible that an individual who did not meet the criteria completed the survey. It is also possible that a respondent completed the survey more than once. Due to the nature of the survey, researchers could not seek clarification of unclear responses provided by respondents and so some responses were not included in the analysis. In addition, while the survey was promoted directly by the Canadian Centre and by members of the International Working Group through various means, it is recognized that individuals who learned of the survey may have been those who were more likely to be currently engaged in some kind of victim's support or other network.

Survey design and administration

In creating the survey, the Canadian Centre consulted with a number of professionals who are experts in related fields, as well as victims who have been affected by this crime. Careful consideration was given to the way in which the survey was designed and carried out, including:

- Administering it online to increase anonymity and allowing victims to complete it at their own pace with the hope that the format would yield more information
- Dividing it into sections and providing participants with a brief description of the type of information covered in each area and reasons for why the information was being sought
- Allowing participants to skip sections as well as individual questions
- Encouraging participants to take breaks from completing the survey and allowing survivors to re-access their particular survey using a unique access code



- The number of questions that were restricted to a yes/no or multiple choice response were kept to a minimum, which allowed participants to share the information however they saw fit rather than having to try and reduce their experience to a set of pre-defined responses
- The survey was made available in four languages (English, Dutch, German and French).

In addition, there are two distinct pools of participants who participated in the survey. One pool is comprised of participants with whom the Canadian Centre and/or a member of the International Working Group had a direct relationship. Thus, it is known that the individuals in this pool met the survey criteria and had an identified support person in their lives (e.g., therapist, family member). The other pool of participants is comprised of individuals who would have learned of the survey in some other way (e.g., general media, online support network, etc.). This pool of participants was required to answer some additional verification questions to help ensure their experience met the criteria for the survey, but otherwise answered basically the same questions as the verified pool of participants.

Survey versions

A preliminary report released January 17, 2017 was based on a previous version of the survey which was closed off on November 28, 2016. The preliminary report included information from 128 respondents. The Canadian Centre has been running the new version of the survey since November 28, 2016.

The survey was launched in January, 2016, and this report represents the results shared by 150 survivors to the end of July, 2017.



A. KEY DEMOGRAPHICS

In order to participate in the survey, there were some conditions potential survey participants had to meet, namely:

- (a) 18 years or older; and
- (b) a victim of physical child sexual abuse which was recorded in any way.

A potential survey participant who did not confirm the above two requirements was thanked for their interest and not permitted to complete the survey. Accordingly, it is assumed that 100% of the survey participants are aged 18 or older and a victim of physical child sexual abuse which was recorded.

Online distribution

In the first version of the survey that was released, a potential survey participant was required to confirm that images/recordings of their child sexual abuse had been distributed online in order to carry on with the survey. The distribution requirement was removed shortly after the survey launched after some potential respondents had contacted the Canadian Centre to explain that they were not certain about whether recordings of their abuse had been distributed. This lack of certainty stemmed largely from the fact that they were children at the time of the abuse and so may not have been fully aware of what was happening with the recordings after they were made. Accordingly, the distribution question remained in the survey, but it was amended so that both participants who confirmed that distribution had occurred, and participants who said that they did not know if distribution had occurred, were permitted to continue the survey. The following is a breakdown of the responses received:

Figure 1: Images/recordings distributed online

IMAGES/RECORDINGS DISTRIBUTED ONLINE (N=150):

Respondents were asked, "Were images/recordings of your child sexual abuse created and/or distributed on the Internet?"

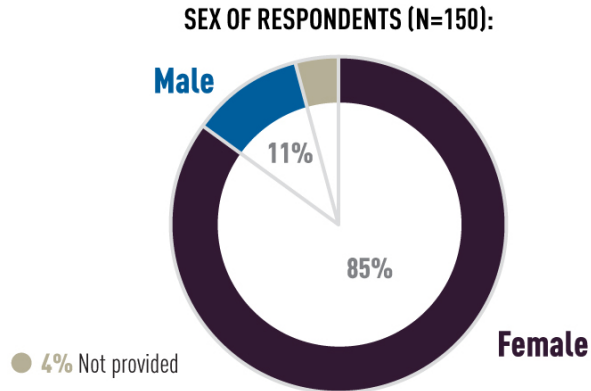




Sex of respondents

Respondents were asked to provide their sex to permit analysis of issues that may differ between the sexes. Similar to what hotlines around the world witness in addressing child sexual abuse material, the overwhelming majority of survey respondents identified themselves as female.

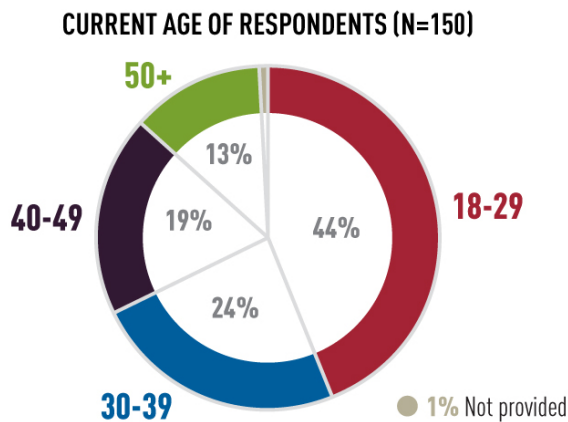
Figure 2: Sex of respondents



Age of respondents

Respondents were asked to provide their current age and were able to provide an actual age, or simply an age range. An age range was permitted to assist the respondent in preserving their anonymity.

Figure 3: Current age of respondents



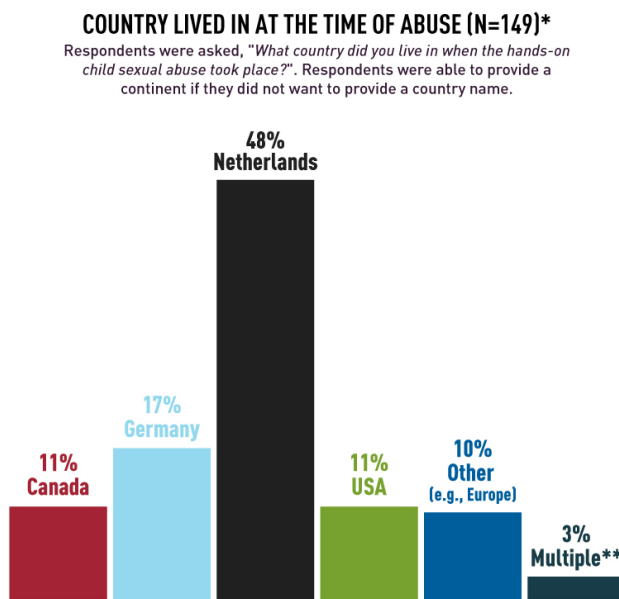
Note: Respondents were able to provide an actual age, or an age range. Also, a respondent had to indicate they were over the age of 18 in order to be eligible to complete the survey.



Country lived in at the time the hands-on child sexual abuse took place

Given that the survey was open to participants from around the world, respondents were asked to identify the country they lived in when the abuse took place. To assist respondents in preserving their anonymity, they were able to provide a continent instead of a country name. As noted in the graph below, the number of respondents from individual countries is not reflective of the prevalence of this type of abuse in that country. Moreover, it should be noted that the experiences of survey respondents were strikingly similar in many respects, regardless of the country that the respondent was abused in.

Figure 4: Country lived in at the time of abuse



*One respondent did not name the country (or continent) in which they had been abused.

**A response was coded as "multiple" if the respondent indicated that they had either lived in several countries over the time frame in which the abuse occurred or lived in one country but was abused in other countries as well. For example, the respondent may have been abused during a vacation that took place outside of their home country, or the respondent had been specifically taken to another country for filming of the abuse, and/or to facilitate abuse of the respondent by others.

The above graph must not be interpreted as suggesting that abuse is more or less prevalent in any one country. It simply reflects the composition of survey respondents to the date of analysis. Of note, the Netherlands and Germany each have a large victim network through which information about the survey could be disseminated, whereas other countries represented in the survey did not.



B. CIRCUMSTANCES OF ABUSE

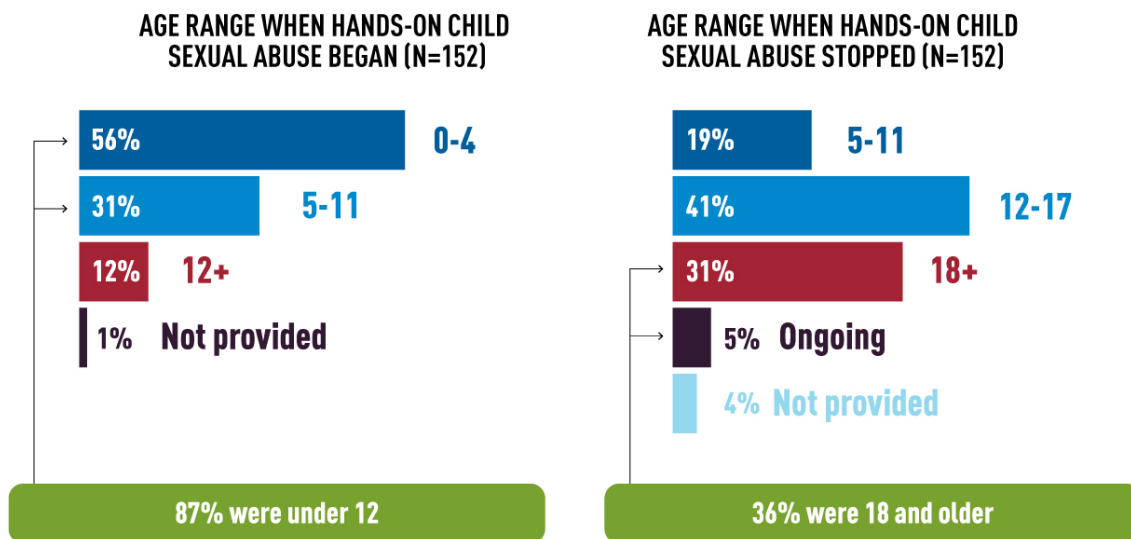
This section summarizes the information received from respondents about the circumstances of the child sexual abuse (including the recording of it), such as the age at which it began and ended, the length of time it went on, and the type of visual material that was created of the abuse.

The details of the abuse experiences of many of the respondents were shocking. Respondents were asked to provide information about the age they were when the abuse began and ended, to the best of their recollection. Respondents had the option of providing an age range instead of an exact age as it was recognized that some may not recall their exact age, and others may wish to record only an age range to help preserve confidentiality. The age ranges from which respondents could choose were 0-4, 5-11, and age 12 or over. The following is the information gleaned from the responses provided.

Age range when abuse began and ended

The details of the abuse experiences of many of the respondents were shocking. The vast majority of the respondents were abused before the age of 12 (87%), and over half (56%) of the respondents reported that their abuse began at or before the age of four. Over one-third (36%) reported being abused into adulthood. Such pervasive and long-term abuse is of significant concern, and underscores the importance of improving the ways in which abuse may be uncovered/discovered as opposed to placing the burden on children to disclose.

Figure 5: Age range when abuse started and ended (side-by-side graphs)

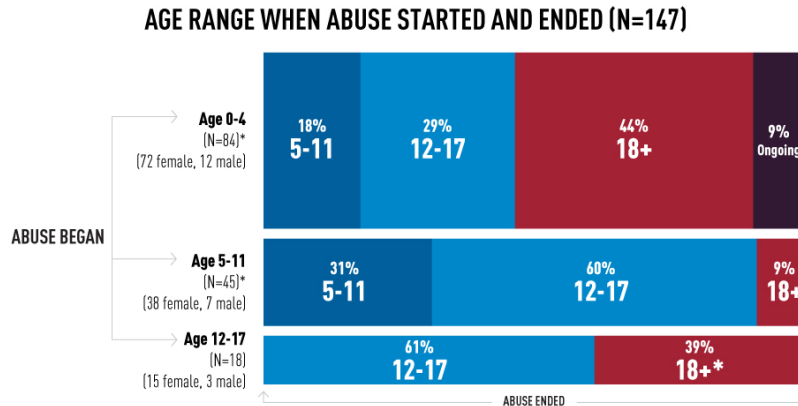


*Two respondents reported on two different abuse situations that started and ended at different times. For these respondents, both abuse situations are captured in the above graphs.



The below graph illustrates the information in the previous graph in another way:

Figure 6: Age range when abuse started and ended (combined graph)



*Not all respondents provided a response to both the questions: *At what age did the hands-on child sexual abuse start (to the best of your recollection)?* and *At what age did the hands-on child sexual abuse stop (to the best of your recollection)?*. Therefore, the numbers in the above graph only represent respondents who answered both questions.

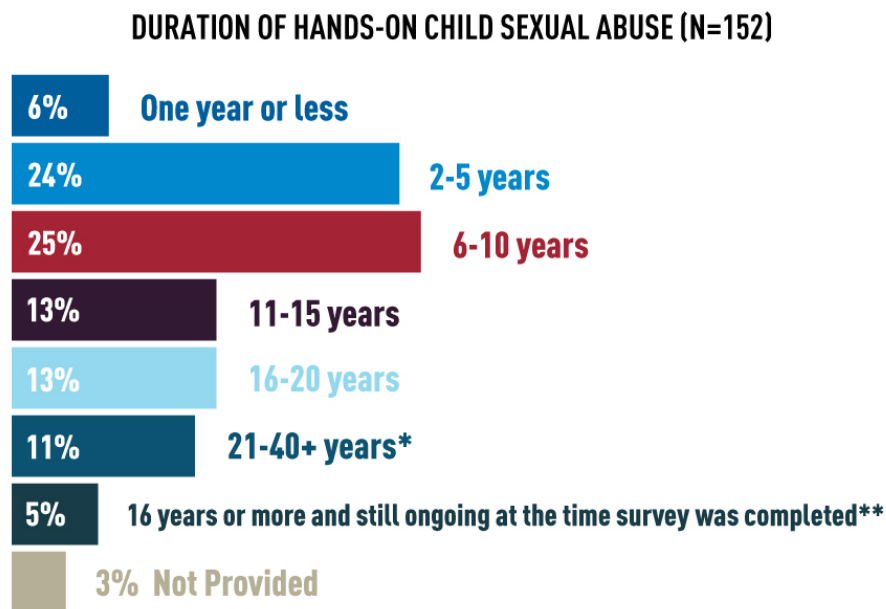
*Two respondents reported on two different abuse situations that started and ended at different times. For these respondents, both abuse situations are captured in the below graph.

The above graph provides information about the age range of respondents when their abuse started in comparison with when it ended. The first bar represents the 84 respondents who indicated that their abuse began between the ages of zero and four, the bar in the middle represents the 45 respondents who indicated that their abuse began between the ages of five and 11 and the last bar represents the 18 respondents who indicated that their abuse began between the ages of 12 and 17.

Duration of abuse

Duration is a measure of the time that elapsed between the first and last incidents of hands-on child sexual abuse, and is based on the information shared by respondents. Duration does not reflect frequency. For example, while it could be readily discerned from some surveys that the abuse occurred (or was still occurring) on a regular basis, for other surveys, it was not clear how frequently the abuse may have taken place. A few respondents provided specific information about incidents that involved the creation of imagery, as well as specific information about incidents that did not involve the creation of imagery. If the respondent was specific about the incident(s) that involved imagery, and it was possible to determine the duration of the abuse that involved such imagery, that duration was used for the purpose of the graph below.

Figure 7: Duration of hands-on child sexual abuse



*The abuse for these respondents has ended. However these respondents were abused starting at a very early age, between 0 – 4 years old and their abuse continued into adulthood, for some it ended when the respondents were in their early to mid-forties. These respondents are now in their mid-forties to fifties.

**It is important to understand these respondents are now adults, yet their sexual abuse is continuing.

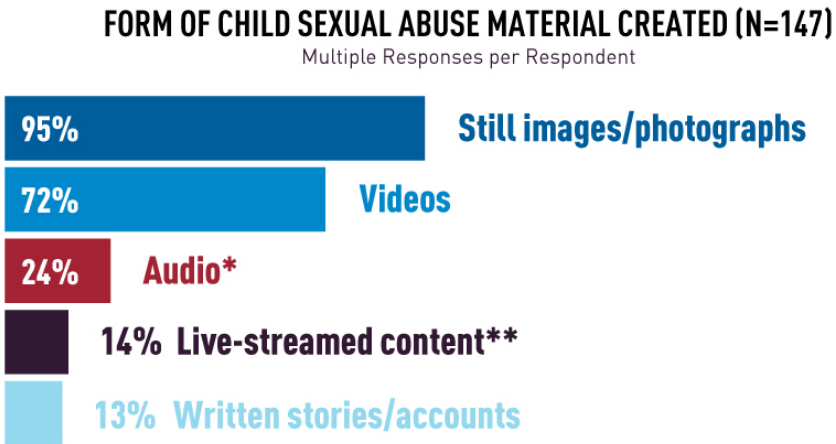
NOTE: For two respondents there was more than one distinct period of abuse that took place by at least two different offenders. Due to the information shared by these respondents, it was possible to determine the duration of each period of abuse, and thus each period is reflected in the graph.



Form of child sexual abuse material created³

Respondents were asked about the form of child sexual abuse material that had been created. The graph below illustrates that within this sample, still images/photographs are the most common form of imagery created.

Figure 8: Form of child sexual abuse material created



*All who stated that audio content was created also stated that video content was created.

**All who stated that live-streamed content was created were abused within the last 20 years

³ Almost one-quarter of the respondents who answered the question about the form of child sexual abuse material created had reported that audio content had been created. Upon further analysis, it was noted that all respondents who indicated that audio content had been made also indicated that video content had been produced. No other details were provided about audio content. It is possible these respondents were referring to the audio portion of the video content that was created.



C. OFFENDERS & OFFENDING BEHAVIOUR

Respondents were asked to provide information about the person who sexually abused them, any relationship they may have had with the abuser, and the circumstances surrounding the recording of the abuse. This section outlines the results of these questions.

It should be noted that the survey was initially drafted with the expectation that respondents would have a single abuser, or if there was more than one abuser, a "primary" abuser. An unexpected outcome of the survey was that many of the respondents were victimized by more than one offender (58%). It was predominantly a family member (82%) who was either the direct abuser, or who facilitated the abuse by many other offenders.⁴ While it is known that many instances of child sexual abuse occur within a family context, the high number of respondents who were abused within a large incestuous extended family or as part of an organized abuse network was stunning. A child being abused within that type of context would have limited options to escape the abuse. The recording of the abuse took place in many locations, but often in the child's own home – a place where they ought to have been safe from harm.

Offenders

Number and type of offender(s)

Due to the variances among the types of offenders that were described by respondents, the offenders were grouped into three main categories⁵ for ease of analysis:

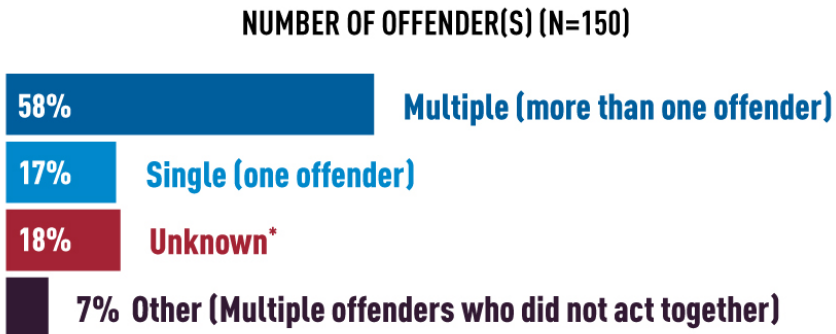
- **Single Offender Category.** If a survey respondent reported having been abused by **one person**, the response was coded as "single offender."
- **Multiple Offenders Category.** If a survey respondent reported having been abused by **more than one person** at the same time and/or over the same time period, the response was coded as "multiple offender."
- **Other Category.** If a respondent reported that more than one person had abused them, but the abuse had occurred at different points in their life and there was no information to suggest the offenders knew each other or acted together in any way, the response was coded as "other."

⁴ While the survey respondents came from many different countries, this finding is consistent with data from Canada about those who have sexually offended against children. According to Canadian data, the majority of persons accused of a sexual offence against a child or youth were known by the victim, and the accused person was most commonly an acquaintance (44%) or a family member (38%). See "Adam Cotter and Pascale Beaupre, *Juristat Article, "Police-reported sexual offences against children and youth in Canada, 2012", Statistics Canada catalogue no. 85-002-X, 28 May 2014]*

⁵ In three instances where information was present, the information provided was not sufficient to determine what category the respondent's offender would fit into.



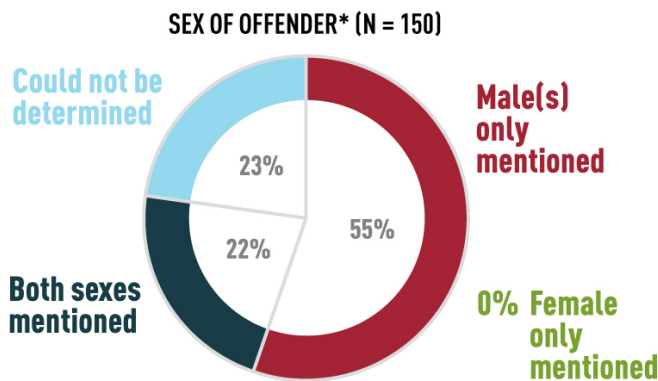
Figure 9: Number of offenders



*“Unknown” includes respondents who did not respond to the questions about the offender(s) and those who did not provide sufficient information to determine whether or not the respondent had been abused by one or more offenders.

Sex of offender

Figure 10: Sex of offender



Note: Respondents were not directly asked what the sex of the offender(s) was/were until the survey was updated in November 2016. For a total of 34 respondents it was not possible to determine the sex of the offender(s). If a female offender was mentioned, it was in conjunction with one or more male offenders. There were no respondents who indicated the abuse was carried out solely by female offender(s).

*For this graph, information about all offenders mentioned by a respondent was analyzed.

Relationship of the offender to the child

Given the different dynamics of abuse that were reported, the offender relationship to the victim was analyzed based on the offender type (single, multiple or other). The graphs below reflect the result of the analysis.

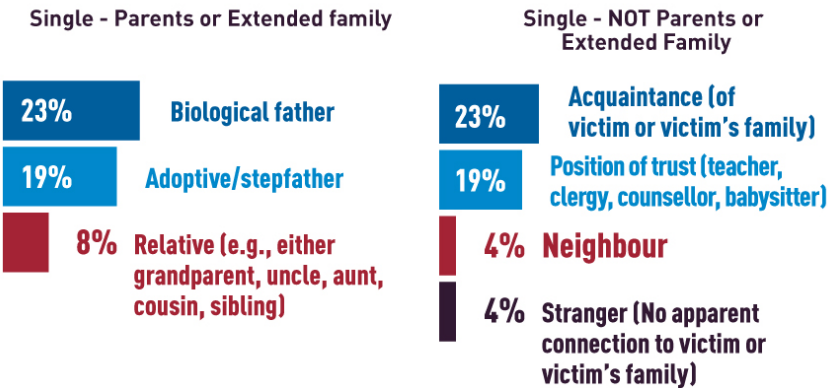


Single offender: relationship of the offender to the child

Survey respondents who reported having been abused by one person are reflected in the graph below:

Figure 11: Single offender – relationship of the offender to the victim

SINGLE OFFENDER: RELATIONSHIP OF THE OFFENDER TO THE VICTIM (N=26)



50% of the single offenders were a parent or part of the child's extended family.

Multiple offenders: relationship of the primary offender to the child (excludes "Other")⁶

Of the respondents who were abused by more than one offender, many identified one individual as the main offender or primary person who facilitated the abuse. That individual was coded as the "primary" offender for the purpose of the graphs below. Information about all other offenders mentioned was analyzed separately and these offenders are referred to as "secondary" offenders. The term "secondary" only means that the role of such offender(s) does not appear to have been as prominent as the primary or main offender, not that these offenders were any less culpable in the abuse.

⁶ Four surveys did not include enough information to determine who was the primary offender and/or what the relationship of the primary offender was to the victim.

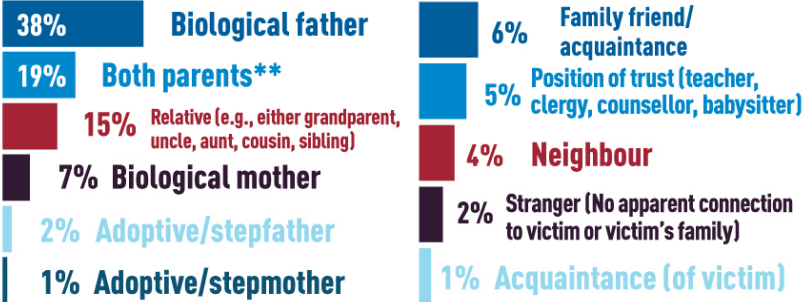


Figure 12: Multiple offenders – relationship of primary offender to the victim

MULTIPLE OFFENDERS: RELATIONSHIP OF PRIMARY OFFENDER TO THE VICTIM (EXCLUDES “OTHER”)* (N=83)

Primary — Parents or Extended family

Primary — NOT Parents or Extended Family



*Not included in this graph are the relationship of victims who reported having had more than one abuser but at different times in their life (i.e., the abusers do not appear to have been known to each other or to have worked together to commit the abuse).

**Note: A response was coded as “both parents” if the respondent identified the offender(s) as “parents” and it was not apparent by the response, or other information shared by the respondent in the survey which parent was most involved / responsible for the abuse.

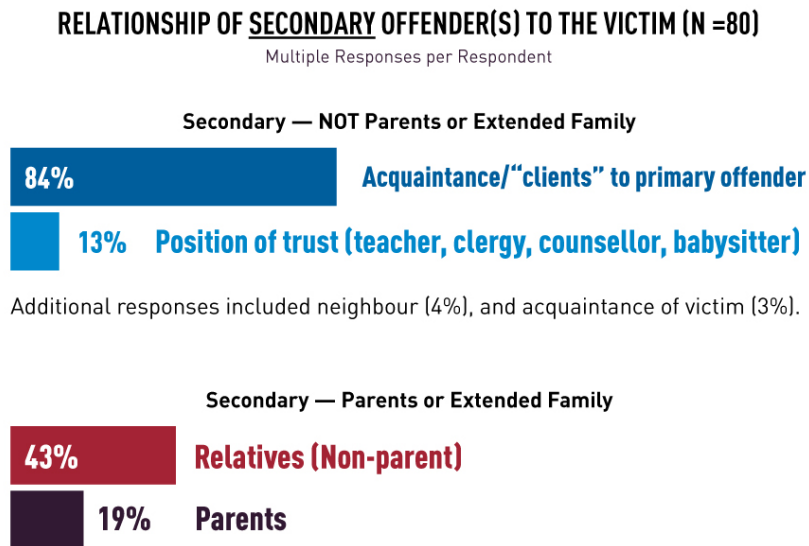
82% of the primary offenders who abused the child along with others were a parent or part of the child's extended family.



Multiple offenders: relationship of the secondary offender(s) to the child

Some of the survey respondents, who had more than one offender, also provided detail about their relationship to the principal/primary abuser, as well as the secondary abuser(s) (80). The graph below reflects the prevalence of each relationship type referenced.

Figure 13: Relationship of secondary offenders to the victim



*refers to all offenders the respondent provided information about, beyond the primary offender.

84% of respondents stated that the secondary offenders who were involved in the abuse were an acquaintance(s) or “clients” to primary offender(s).



Offenders who abused at different times: offender relationship to child⁷

Figure 14: Other – relationship of offender to victim



Other offender relationships not included in the graph were those that could not be determined (7%)

*Parents or extended family included: biological father (11%); biological mother (4%); relatives (e.g., uncle, aunt etc.) (15%); and adoptive/step-father (3%).

33% of the offenders who fell into the "Other" category were a parent or part of the child's extended family.

How offenders gained time and access to the children – context & tactics

Respondents were asked, "To the best of your knowledge, how did the offender(s) involved in the hands-on child sexual abuse gain access and time alone with you?" The responses to the question varied widely and included valuable information that in some instances could only be properly assessed in context with information provided in response to other questions from the survey. For example, information about the child's living arrangements at the time of the abuse was often referenced to assist in the analysis. The following tables represent the information that could be gleaned from the responses:

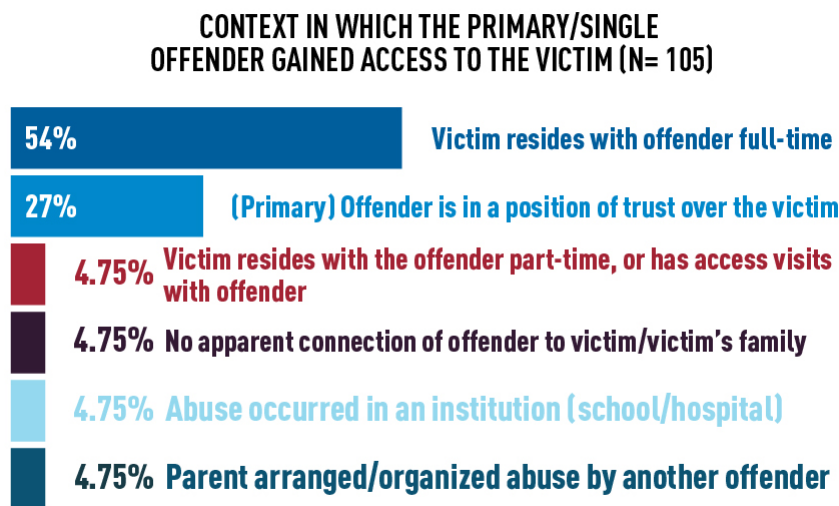
⁷ Ten survey respondents were abused by more than one person at separate times. From information provided by respondents, these offenders do not appear to have had contact with each other. The ten respondents had an estimated total of 27 offenders. Almost a third of these offenders were acquaintances of the respondent (member of the same peer group or a friend of a friend). As noted previously, not all incidents of abuse by the separate offenders involved the creation of imagery, however all incidents involved sexual abuse.



Context of access: single/primary offenders only⁸

The graph below sets out the context in which a single offender, or a primary offender (in multiple offender situations), gained access to the child. For example, if the respondent indicated that the offender lived with them, then for the purpose of the below graph, it would have been coded as "resides with offender full-time."

Figure 15: Context in which the primary/single offender gained access to the victim



Tactics employed: single/primary offenders only⁹

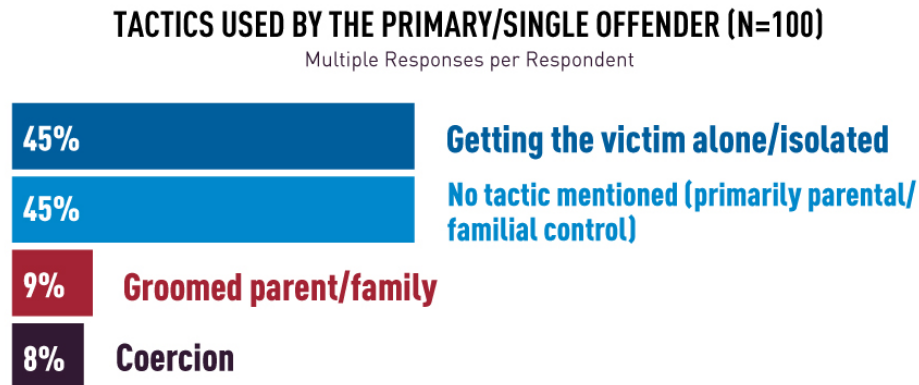
The graph below represents the information that respondents provided about some of the tactics used by a single or primary offender to gain access to them. Many respondents did not mention specific tactics, but since many respondents had stated a parent or a member of their extended family was their single/primary abuser, the offender would not have needed to employ a specific tactic to carry out the abuse. For example, one respondent simply stated, "It was not a problem because they were family".

⁸ For the 10 respondents who had been abused by multiple offenders at separate times, it was not possible to discern how the offender was able to gain access. This is because respondents did not always differentiate between different offenders in their responses. Where it could be determined, it appeared that many of the offenders had gained access through a position of trust/authority over the victim including, family friends, relatives, neighbours and babysitters. There were two respondents who had lived with at least one of their abusers.

⁹ For the 10 respondents who had been abused by multiple offenders at separate times, the most common tactic was getting the victim alone/isolated (70%). The second most common tactic was coercion (30%).



Figure 16: Tactics used by the primary/single offender



Other tactics noted include abducting the victim (3%), drugging the victim e.g., “drugging with chloroform or something similar” (3%) and using a position of authority e.g., doctor (3%).

Some survey respondents provided information about more than one tactic. The responses under the different tactics listed below only refer to the primary tactic used; however the response may also reflect one or more other tactics the offender(s) employed.

Getting the child alone/isolated. Many of the respondents who answered this question noted the offender(s) would get the child alone/isolated in order to perpetrate the abuse. Examples of statements from respondents include:

- *He took me up to his attic room with his computer when my mom was at work or if he kept me home when other family members would be doing errands.*
- *Babysitting us when my parents worked and went out. Every opportunity he had, he took.*
- *By taking the dog out for a walk.*
- *I went to his place regularly when my parents weren't home in the evening.*
- *Appointments in a clinic and physiotherapy in his practice.*
- *Pasture with a stable and my parents had jobs... so I was always there alone*
- *My mother had just died ... and my father was often away I and my three younger brothers were very often at home alone.*
- *My father took me to certain locations.*
- *When we were at home alone.*
- *Because nobody else was allowed into or out of the house, we lived very isolated ... I sometimes say our house was a kind of bunker as it were; nobody was allowed in by accident. I was also kept home from school whole periods of time.*



- *My mother would sometimes go visit her mother for a few days or went on holiday for a week. Or she occasionally went to a concert. At those times a lot could happen at home.*
- *My mother was nearly always at work. She was seldom home and also paid little attention to me; she was mainly absorbed with herself.*
- *When my mother was not present, for instance went to parents' evenings or was in a different room. Every free moment (nobody's around) was made use of; I was never safe. The perpetrator made me responsible for ensuring that we weren't caught. I had to keep watch over the door of the room where it happened and keep an eye out for bystanders when it happened in the car. The perpetrator took more and more risks. In the end it seemed almost as if he wanted to get caught; did things when people were around. The perpetrator was a heavy alcoholic, drank himself to death.*
- *I was usually there during the holidays or when my parents were absent for longer periods of time. Two to three times a year for a couple of days or even several weeks.*
- *My parents were divorced. One or two times a week we went to see our father. He regularly took me to beaches, forests, other people, etc.*
- *Babysitting and through using their children to lure me to their place to "play".*
- *My mum was a widow and they child minded then later I was forced to visit each one in the place where the abuse took place either home photographers studio or dark room (where the photos were developed)*

In some instances, the respondents noted the offender(s) would commit the offences during the night when most people in the household were asleep or away. Some examples include:

- *At night, when house was asleep.*
- *The perpetrator came at night whenever he was by himself. Sometimes he took me down to the basement. Or I was taken to another place and this was disguised as an outing. Sometimes for two days. The perpetrator's wife knew about it. She did nothing about it.*
- *He made sure we were together at night. I slept in his home office and he would then tell my stepmother that he was going to work a little longer. In the daytime he would take me out in his car and drive somewhere, out of town where it was quiet (along the road or in a forest).*
- *Pulled into an empty room, visiting me at night in my own room by stealing key.*
- *The hands-on abuse happened at night, and/or when my mother wasn't home, or when he had time one with me in the house. The photographs were when we were home alone because everyone else was out (i.e. shopping, at extracurricular activities). He took me out of the house to record the abuse at a location that he had set up with people he knew. I am not sure how he arranged this.*
- *Staying overnight with a (female) friend. I was drugged and dressed up*
- *My father simply at home when he put me to bed, he raped me then, that happened almost as long as I know.*



- *My biological father lived with me and my adopted mother for some time. When she went out, he and I were left home alone.*

No tactic mentioned (primarily parental/familial control). Many respondents who were abused by a parent or relative (or had the abuse facilitated by a parent or relative) did not identify a specific or notable tactic – for example, one victim abused by a parent said *"I don't know, I fear to think about that, because it is easier to generally blame myself instead of analyzing too many moments/times on how things could happen as they did"*. Other examples of responses placed in this category include:

- *It was arranged or "it simply was like that."*
- *I lived with him part of the time.*
- *He was my sister's biological father and was granted unsupervised visitation to my sister and I. We spent a lot of weekends and holidays at his house.*
- *The time was created.*
- *That's not difficult in a family situation.*
- *Because they were family and did everything with me.*
- *My mother allowed it.*
- *He was my father. He always had access to me.*
- *He was my stepdad, also the only father figure I had. He travelled a lot for work, so I would often go on trips alone with him. We travelled a lot to see family in [country], while living in [country].*
- *My father allowed it and/or participated in creating circumstances that enabled it (having that 'family friend' pick me up from school, having me stay with him when my parents traveled, even live with us for a while).*
- *Because it took place at my uncle's home and my mother knew about it and took me there.*
- *My parents had total access to me. And they know I would not remember.*
- *My mom worked twelve hours shifts.....so my dad worked opposite shifts to her and was our caregiver along with his mother at times.*
- *My father organized that very well*
- *Grandpa took me during the holidays and my parents were happy that they were rid of me.*
- *There were fixed locations where the abuse took place. My mother made sure I was at the right place at the right time. When I was older, I received some sort of a schedule with indications of times and places where I had to show up.*

Groomed parent/family. A number of respondents who answered this question provided information that indicated an element of grooming by the offender(s) vis-à-vis the child's parent/family. Examples of statements from these respondents include:



- *By bribing my mother I think. He gave her money a lot and bought us things. We were from a divorced broken home, so maybe she thought he was a role model. To this day I still do not understand. I was only eight when he was introduced to me.*
- *It started under the pretext of neighbourhood contact - a lift to the music society, in his home, sometimes in my home. He kept an eye on me, in everything I did. A kind of stalking. They often took me with them, all sorts of locations. My parents often worked seven days per week; I was often home alone.*
- *He would manipulate the other people in the house to gain time alone (e.g., give mum money to go shopping, go to bingo) [he] worked shifts, so at home during the day - so as children we tried NOT to be poorly as dangerous to 'stay home sick' but he would say we were sick when we were not, so we had to stay home etc.*
- *Took a bunch of us to the lake or skiing at lodges... my family trusted him.*
- *My mother handed me over to the neighbour, who was my main abuser. On the surface, I know that she was a single parent at the time and our neighbours offered to help with childcare. But I don't know to what extent she was aware of what was happening whilst I was with him.*

Coercion (blackmail, bribes, following, confinement) A number of respondents who answered this question noted the offender(s) used coercive methods as a tactic. Some examples include:

- *He simply took me along and locked me in the cellar.*
- *Pure intimidation towards me; the child that was just playing outside and was influence able.*
- *Was always alone [-] parents both worked. So a friendly word and a small sweet in your hand was enough.*
- *The priest was considered "holy" and it was an honour to be chosen by him to go on little trips.*
- *And for the management of the children's residence, it wasn't any problem either. Usually I had supposedly done something that was not allowed and that was a reason to lock me up. There it happened in that room... while it was allegedly going to be a conversation."*
- *He lured me off the Internet*
- *No one was interested what he did for days on end with me; injuries were not detected; I was not allowed to say anything or could not say anything.*

One respondent provided information in response to a different question of the survey that is highly relevant to mention here. This respondent provided information about the way in which the abuser behaved and explained the behaviour to police when questioned:

- *My [abuser] admitted in his interview to making sexual comments to me throughout my childhood - about my body, about sex, about his body, etc. He also admitted in that interview to taking photos of me while I showered, but said it was 'a joke' and that he only did it once. He*

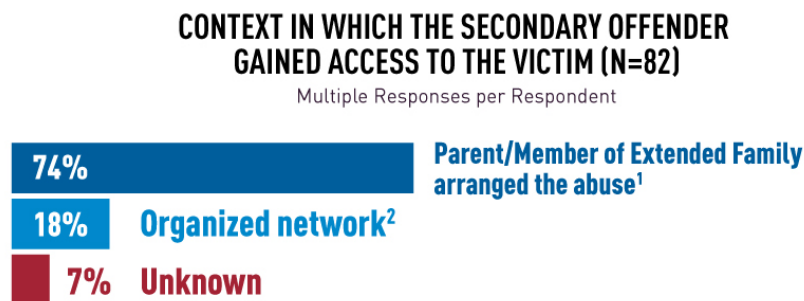


also admitted to exposing himself to me regularly, but said it was 'accidental' when his penis came out of his clothing.

Context of access: secondary offenders

The graph below sets out the context in which an offender other than the single or primary offender (referred to as a "secondary offender") came to have access to the child. As the graph illustrates, in most instances, these other individuals gained access to the child through a parent. Respondents did not provide information about tactics used by secondary offenders.

Figure 17: Context in which the secondary offender gained access to the victim



1. The majority (89%) of those arranging the abuse by secondary offenders were parents. For all but 3 respondents the parent/extended family member was part of an organized network of offenders.
2. Abuse occurred within an organized network of offenders, of which parents were not involved.

Sample responses regarding secondary offenders include:

- *That was easy, my parents decided what and when.*
- *My parents were both involved in it and they also passed me on to other perpetrators.*
- *My father hired me out and received money for it.*
- *My parents gave the opportunity.*
- *I was taken there. I was simply sold for sex.*
- *A main caregiver handing me over, or and just being left with perps.*
- *My father facilitated it. Contact between him and them was facilitated through some children's sports competitions I think, although the networks of relationships between them sometimes spanned school / family / work too. The sports element facilitated trips away from home and therefore booking into hotels. Also taking me to cars parked near to schools where tournaments took place on the weekends.*



- *My mother was in hospital During that time, my stepfather ... was supposed to look after me. However, he did not look after me. He packed me into the trunk of his car and took me to his weekend cottage. This is where the other perpetrators were. This is [where] I was locked up for more than nine days, in part locked up in a basement.*
- *... And very occasionally, early in the morning he [father] took me with him as far as I know in the blue van; the work van to places where there were other men. I was abused there. When I was 11, I was very occasionally taken to an attic and put under blazing lights (floodlights) and then men advanced on me. All kinds of things were flashing; photos films. And then they made me do all kinds of things like a whore. There is so much shame deep anguish in me. Staying silent. I dissociated because I could have just as well had an exam to take at school the next morning. But usually this happened on a Saturday and then I didn't have to go to church with my parents the next morning.*
- *He was my father. He had watched me and my sister plenty of times; he even took us to work and his friends' houses. He even left us alone with his friends a few times.*
- *Since most of my family was involved and they made me available for the other abuse, this did not present any major difficulties.*
- *Either, they did not have to be alone with me because it didn't matter and the others participated, or they waited until they were alone with me or paid to be alone with me.*
- *My father, mother and fellow sect members of theirs protected one another and convened in organized meetings, where they produced the imagery among other things.*
- *Contacts were arranged by mother. Father was mainly involved in imagery, photographs and films and post-production for the imagery.*
- *My father took me to their place.*
- *He [father] arranged meetings with me at other people's homes.*
- *It was always organized in such a way that I wouldn't be missed and that my parents would be found absolutely innocent.*
- *That was never a problem. I was sent there; later on I went voluntarily. I got something to drink in the group.*



Location of abuse and living arrangements

Most respondents lived with the offender(s) and were often abused in the home. This is not surprising as many respondents were abused by parents and extended family members.

Child's living arrangements when the abuse was occurring

The vast majority of respondents (98%) were living with one or both parents at the time of abuse.

Figure 18: Living arrangements at the time abuse was occurring

LIVING ARRANGEMENTS AT THE TIME ABUSE WAS OCCURRING (N=99)

Multiple Responses per Respondent



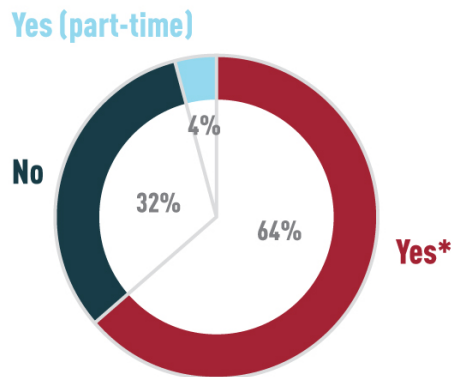
*Two respondents also lived in foster care. One of the two was also abused in the foster care home. One respondent lived with their parents as well as in an institutional/school setting. Six respondents lived with one or both parents at some points, but at the time of the abuse were living in an institution or school.

Given that it was known from other questions in the survey that many of the survivors had been abused by a parent or an extended family member, the issue of living arrangements was explored in more detail to determine if the child had lived with an offender. The graph below gives a more detailed look at the respondents' living arrangements at the time of abuse to determine if the respondent was living with an offender.



Figure 19: Did respondent live with one or more offender(s)?

DID RESPONDENT LIVE WITH ONE OR MORE OFFENDER(S)? (N=99)



*92% of these respondents lived with a parent(s) who was involved in the sexual abuse of the child.

As the graph above illustrates, a significant number of respondents were living with an offender full-time or part-time at the time of the abuse. In most cases, the offender with whom they lived was a parent.

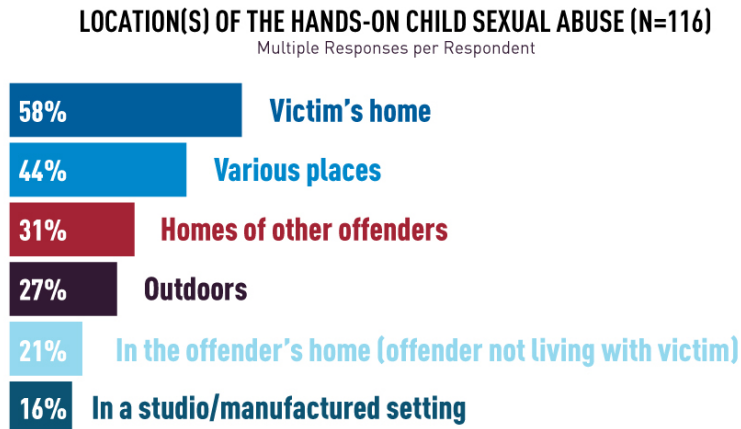
Location(s) of the hands-on child sexual abuse

Respondents were asked to identify the locations at which they were abused in order to gain a better understanding of the places where this type of offence may be committed. Notably, the victim's home was the most commonly reported location.¹⁰ A deeper analysis revealed that 63% of respondents reported the abuse occurred in more than one location (e.g., in the home, in the backyard and in a hotel).

¹⁰ Respondents to the survey came from different countries; however, it is worth noting that Statistics Canada has reported that 74% of police-reported sexual offences against children and youth occurred in a private residence. It also states that “younger children were more frequently victims of a sexual offence that occurred in a private residence than older children. For those victims aged 0 to 3 years, 90% of offences took place in a private residence, a proportion which decreased with age, reaching 65% for those victims’ ages 16 to 17 years.” Adam Cotter and Pascale Beaupre, *Juristat Article, “Police-reported sexual offences against children and youth in Canada, 2012”, Statistics Canada catalogue no. 85-002-X, 28 May 2014*



Figure 20: Location(s) of the hands-on child sexual abuse



Other locations mentioned included Vehicle (14%), hotel (10%), offender's place of employment (9%), and shed (5%).

Examples of locations coded as "various places" include other buildings used for the abuse of children such as fortresses, dungeons and chambers (10), rural areas (e.g. farm, barn, country house, rest area along a highway) (8), institutional buildings (e.g. hospital, school, church) (6), basements (6), vacation/recreational properties (4), parking lots (2) and additional sites such as boats, campsites, swimming pools, cinemas, backroom of a store, other individual's home, pubs and garages.

The following are examples of responses provided by respondents. Responses are grouped under the heading that most closely matches the information supplied but it should be noted that many of the responses provided by survivors fit in more than one category:

Victim's home. The following are some examples of responses given by those who stated the abuse took place in their home:

- *Any chance he was alone with us he did it. He abused us at our house, his friend's house and he had his own office. But it was mainly in our own house when no one else was home.*
- *In our house and some of the other downloaders houses.*
- *At my house, at my grandparents' house and in the garden plot; in other buildings not known to me in which other children were then often sexually abused too, and partially outdoors, especially when it had to do with sexual magic practices.*
- *At home. In a converted bus/vehicle. In my uncle's/aunt's house.*
- *At overnight visits; at home; at friends' houses.*
- *At home, in improvised spaces and in the open air (forest).*
- *At home and in other locations including improvised spaces often in private situations in people's homes.*



- *At home, in the bathroom, in my bed, in the garage.*
- *In all kinds of places, at home, in the woods, in a shed, in other people's homes.*
- *Sometimes at home, sometimes in someone else's home.*
- *At home and in the home of the unemployed friends.*
- *At home, in the cellar, in a shed, in a building of the (non-sect, but vicar did belong to the sect) church, in hidden chambers underground.*
- *In our home (father) and in the home of a perpetrator (colleague).*
- *At various places: in a car, out of doors, at his workplace, in my home, in his home; later he moved into a farmhouse which had a special room where abuse took place.*
- *In my parents' home, in the homes of perpetrators, in a sort of shed and in the outside air.*
- *In various places. In a shed, at home, in the homes of perpetrators and I have memories of rooms specially furnished for the occasion. Also with other children.*
- *At our house, in various locations specifically designed for it, the perpetrators' cars, at the perpetrators' homes, outdoors, in other buildings and basements.*

Homes of other offenders. The following examples reflect those who mentioned that the abuse took place in the home of an offender other than the primary offender:

- *Often at their place, sometimes during little excursions too and later when I had to work professionally (from [age]) in cottages in holiday parks.*
- *In the perpetrator's home and in the open air.*
- *Perpetrator's home, forest, satanic cult various locations.*
- *At other men's homes, hotel rooms, parking lots.*
- *In the home of the perpetrators, in a type of back room and/or several back rooms of a store.*
- *It happened in the offender's home, in the homes of his friends, at the Masonic lodge to which they all belonged, and also at secluded locations on private land that I was taken too far away from my home. They also used and had access to hospitals, law courts and police cells. Whatever they wanted.*

Outdoors. Many respondents indicated the abuse took place outside. Some examples include:

- *Improvised spaces and outdoors, like groves of trees, scenic viewpoints in meadows, barns etc.*
- *At the perpetrator's home, in the basement, in the garden arbour at the allotment garden, in barns, in play schools in the evening, in the woods, on [name of country] islands, in a torture chamber, in a children's brothel, at clients homes, at homes of members of the circle.*

Various places. Numerous other places were mentioned in addition to those stated above. Some examples include:



- *Anywhere they could find me.*
- *Basement rooms, fortresses, forest.*
- *At numerous places, usually in buildings, basements, castles/fortresses.*
- *Everywhere where opportunities were there: home, car, hotel etc. Filming took place mainly in various settings (usually dungeons).*
- *Boat, at home, storeroom in cellar.*
- *In a private hospital.*
- *In the stable.*
- *Mostly at a farm or in a villa.*
- *Mainly in special locations (e.g. an old factory), a house in the country.*



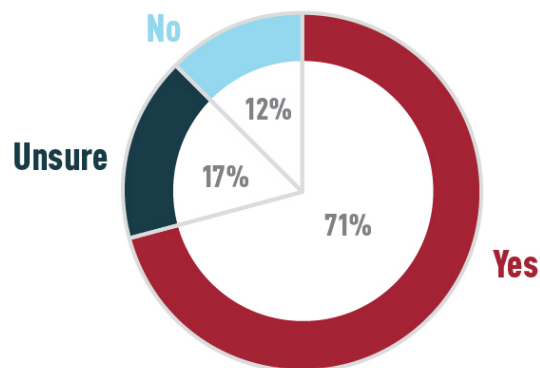
Respondent's awareness of the creation of child sexual abuse imagery

Respondents were asked if, at the time of the hands-on child sexual abuse, they were aware that child sexual abuse imagery was also being created. Most respondents were aware that their abuse was being recorded at the time they were being abused (71%). There were some respondents who said they were not sure if they knew that the abuse was being recorded at the time (17%). This could be because the abuse itself was so traumatizing that the recording did not fully register for the respondent at the time; it could be because of the young age at which some respondents began to be abused, and it could also be because the recording itself was not very obvious at the time. There were also a few respondents who said they were not aware that the abuse was being recorded at the time, and that such awareness only came to them later in life (12%).¹¹

Respondent aware that imagery being made

Figure 21: Were you aware of the creation of child sexual abuse imagery at the time of the hands-on abuse

WERE YOU AWARE OF THE CREATION OF CHILD SEXUAL ABUSE IMAGERY AT THE TIME OF THE HANDS-ON ABUSE? (N=120)



One respondent stated: *"Always knew he took photos – some more innocent looking, some not. When he died I looked but couldn't find any of the photos – so I don't know what happened to them. I knew they had been taken but chose not to think about the context they were being used (by him) until I had my breakdown.*

¹¹ Respondents who said they were not aware that child sexual abuse imagery was being created or who weren't sure if they were aware, were then asked when and how they were made aware that such imagery had been created. Some respondents did have some awareness the images were being taken while the abuse was occurring, but did not remember it until later. For example, one respondent said that the act of someone taking a picture triggered the memory, and others said the memory of the recording surfaced later or arose during therapy.

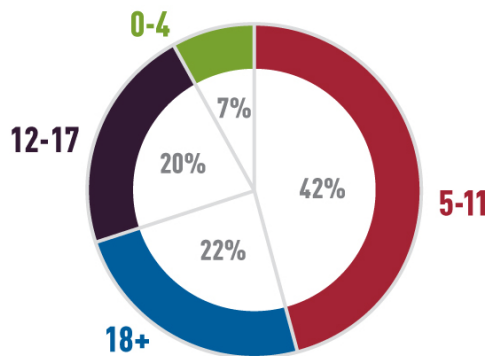


Age at which the respondent became aware of the recording

Respondents were asked to share the age (or age range) at which they became aware of the recording of the child sexual abuse. Nearly half (49%) of the respondents were aware before the age of 12 that the abuse was being recorded, 20% became aware as a youth (age 12-17) and the balance were not aware until they became adults.

Figure 22: At what age did you become aware that child sexual abuse was being recorded

AT WHAT AGE DID YOU BECOME AWARE THAT CHILD SEXUAL ABUSE IMAGERY WAS BEING RECORDED? (N=150)



Other responses included not aware at time of recording (3%), response provided does not answer question (2%), no response provided (1%) and unknown (1%).

Reason(s) given by offender for photographing/recording the abuse?

Many respondents (48%) said the offender did not tell them why the abuse was being recorded, but others shared reasons that are consistent with the ways in which such imagery is known to be used.

Figure 23: Reason(s) given by offender for photographing/recording the abuse

WHAT DID THE OFFENDER SAY WAS/WERE THE REASON(S) FOR PHOTOGRAPHING AND/OR RECORDING THE ABUSE? (N=69)

Multiple Responses per Respondent



Other varied reasons (23%), included: the victim "owed" the offender and this would help clear the debt, to use it to show the victim what they were doing wrong, to use it to teach others, to have something to "remember" the victim by and desire to make art, a movie, a portrait, etc.



Below are examples of some of the responses that were received to this question.¹² Responses often included many reasons and thus were coded under more than one category. Responses are grouped below the headings that most closely matched the response given.

No reason given. Almost half (48%) of the respondents noted the offender(s) did not give a reason for making the child sexual abuse imagery. Examples of the answers that fell within this category include:

- *None, there was no reason given for the recordings. I had to do it.*
- *There were really no reasons or arguments. It was just "normal" and it was part of the deal.*
- *Not anything really. It just happened.*
- *He didn't. He just had it pointing at me.*
- *It was not as if reasons were given or not given. I was more of an object or a given, was told what I was to do if necessary, and otherwise no attention was paid to me during the sessions.*
- *I don't recall ever having heard of a reason why the pictures were taken.*
- *No reason was given to me for this. The abuse as a whole was substantiated in that this is my purpose and that's why I am there.*
- *It was an authoritarian man that gave no explanations to children.*
- *No reasons were mentioned. That just happened.*
- *No reason was given; it was just the way it was.*
- *No reasons stated. My father said they were allowed to do anything they wanted, as long as I sustained no externally visible damage like heavy bruises on my face.*
- *Nothing; was too little.*
- *No reason was given.*
- *It wasn't explained.*
- *My father was a photographer and I grew up with him taking photos of me...I never thought it was abnormal for him to do so, or for him to pose or direct me. He was so into photography and film that we had a darkroom in the basement...I always felt funny when we did stuff that was more sexual, but I never questioned it...it was my father, after all.*
- *I wasn't told why, they actually didn't refer to it much, the one who was watching was also filming or taking photos but that was just that. Not spoken about. They spoke more about what I had to do and they referred to it more in terms of prostitution than in terms of the images.*
- *They said nothing. They just did it.*

¹² This question was not asked of respondents who had indicated they were not aware that child sexual abuse imagery had been made at the time of abuse.



Offender's personal use. A number of respondents who answered this question noted the offender(s) indicated the imagery was recorded for the offender to view at a later time. Examples include:

- *He told me that he wanted to be able to watch it when I wasn't there and he was lonely.*
- *He always said he didn't see us enough and just wanted to take as many pictures as possible while we were around. I feel like he documented everything, always had a camera, the bedroom was no different for him.*
- *Memory images/souvenir pictures.*
- *By filming it they would need to do things to me less often.*
- *Her own pleasure.*
- *Because it looked horny.*
- *For his own use.*
- *To "remember" when I am not there.*
- *I was 'the most beautiful princess'. They have to be able to enjoy me also when I had to go to school. They must miss me.*

Silence victim (threat to show images). Some respondents stated the imagery was recorded to ensure their silence. The general theme emerging from these responses is that it was understood that if they told anyone what was going on, the images would be shared with others. Examples of responses include:

- *It was later used for manipulation, saying that it would be put on the Internet or would be shown to people I knew in order to impose silence in that way.*
- *...They did threaten to do so ('if you tell anybody about this, we'll show how bad you are') ...*
- *There was dirty talk involved and I was also told that if I did not cooperate, they would show others how bad I was.*
- *Many different reasons. Earning money, blackmail were ultimately the biggest reasons in recent years.*
- *Newly admitted members to the circle were blackmailed/sworn to secrecy. Perpetrators protected themselves by taking pictures showing me being violent to other children, "if you report us then you will be in it as well.*
- *So I could never tell*

Share (sell and/or trade with offenders). A number of respondents who answered this question noted the offender(s) indicated the images were going to be sold or traded with others. Examples include:

- *Selling to others.*
- *For paedo club, also had me hold sheet of paper with user name.*
- *I knew that money was being earned by distributing and selling it.*



- *Pursuit of money/profit.*
- *For child porn magazines.*
- *So that more people apart from the ones present can have fun; as proof for my shameful behaviour.*
- *To please other people because we are so good and other people should be able to see this ... otherwise one can't get any jobs. If we tell someone he would show it to someone and then we will be locked up for good - so extortion really.*
- *For money.*

Instructions, threats and consequences

Respondents reported that the offender(s) would instruct them to perform specific acts during the sexual abuse such as, posing, smiling or remaining silent. Non-compliance with these instructions or a refusal to participate would sometimes lead to threats of harm or actual harm to the respondent or others connected to the respondent.

Specific instructions given by the offender (other than the sexual acts)

Respondents were asked if they were given specific instructions during the hands-on abuse (other than the sexual acts themselves). Nearly all of the respondents to this question (91%) said they were given instructions, and many shared specific information about the type of instructions they received, such as being required to pose or perform for the offender/the camera, being made to smile or show enjoyment, and being made to wear certain clothing or costumes or use certain props. The information shared by respondents to this question is consistent with what is seen by hotlines around the world in the imagery – there are many images/recordings that appear to have been staged, or where the child is smiling or is unnaturally silent. Respondents to this survey shared information that made it abundantly clear that what is captured by the camera is only part of the horror the child is forced to endure. There are threats made and abuse perpetrated that is not captured but that exists. In other words, the children in these images do not smile because they are happy. They do so because there is no other choice.



Figure 24: During the hands-on abuse were there specific things the offender(s) instructed you to do (other than engage in sexual acts)?

DURING THE HANDS-ON ABUSE WERE THERE SPECIFIC THINGS THE OFFENDER(S) INSTRUCTED YOU TO DO (OTHER THAN ENGAGE IN SEXUAL ACTS)? (N=110)

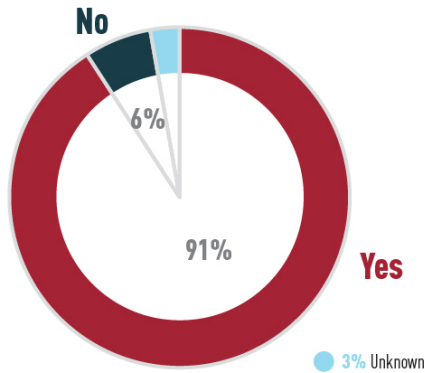
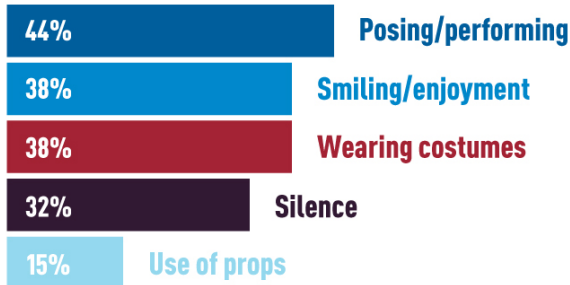


Figure 25: Examples of specific things instructed to do

EXAMPLES OF SPECIFIC THINGS INSTRUCTED TO DO (N=71)

Multiple Responses per Respondent



Responses not included in the graph above include making specific sounds (10%), scripting (10%), comply (e.g., told to follow instructions from other abusers/"clients") (10%), show pain/discomfort (8%) and "other" (10%). Examples of instructions/requirements coded as "other" include: eat a certain thing, read stories involving child sexual abuse, engage in rituals, hold up signs, not look at the offender(s) and engage in violence against other children.

Note: There were 29 respondents who indicated that yes, they were instructed/required to do specific things during the hands-on abuse, but these respondents did not provide any additional detail about the instruction and/or requirement and so they are not reflected in the above table. Also, there were nine respondents who indicated there were no specific things they were instructed/required to do. Five of the nine stated that at times instructions were not necessary as restraints were used (e.g., being tied up, held down, etc.). Some mentioned being forced to perform sex acts against other children.



Below is a sample of the responses provided to this question. As it was very common for respondents who answered this question to provide information about more than one type of instruction, responses have been grouped under the heading that best reflects the main instruction given.

Posing and/or performing. A number of respondents noted the offender(s) told them to pose or perform specific actions during the making of the child sexual abuse imagery. Examples of answers include:

- *They had me pose for photos. I don't allow myself to remember too much detail. I just don't want to think of that.*
- *Yes. I was told explicitly how I was supposed to stand/lie/sit. Furthermore, I was instructed what and how and in which sequence I had to undress myself, etc.*
- *It depended for whom they were and if they were important or just filmed on the side. For those for clients, we always got instructions and sometimes scenarios for which we got costumes; for others we didn't get any.*
- *Yes. It depended on what was being filmed. For BDSM you have to act differently than in another setting.*
- *Yes, he told me what acts to perform on myself.*
- *Yes, play acting, wearing clothing, acting sexy, playing the whore.*
- *Yes, to take on erotic poses with leather clothing.*
- *Posing. Removing articles of clothing in a specific order.*
- *Yes, posing with cream and vibrator and candles and flowers, reading child porn stories; I was to take pleasure in it.*
- *Absolutely. A lot of things were staged. We were taught how to look out of our eyes, which smile was the best. That everything had to be bigger because otherwise you can't see it good in the film. When we got older we had to dry rehearse orgasms. As children you were given stage props before the film shootings [and] explained how you were to use them. Clothing styles and backgrounds were chosen.*
- *Yes, to take on erotic poses with leather clothing.*
- *Yes. Under force I had to keep silent and smile. Sometimes I had to play-act, show that I was enjoying it and having pleasure in it. Sometimes I also had to sing certain things; my father always had certain things in his head. Sometimes I had to do things with certain objects, and also with pieces of clothing, such as old underpants of my father's.*
- *Yes, make sounds or be silent on command, not cry, or cry after all. Take part in the act or resist.*
- *Play-act that I really want this; I was ordered to take initiatives.*
- *Getting tied up, undergoing a kind of torture. Giving me a fright in the dark. Hurting other people. Forced to eat things.*
- *Generally a submissive attitude: say thank you, nod and say 'yes', say 'sorry', 'I will never do it again', ... Look puzzled, suck my thumb, do gymnastic exercises naked, on command wriggle*



myself out of their grip while 2 men were holding me. Wear lingerie. Lying naked on the floor without moving until they command me to stand up, allegedly to have my temperature measured.

- *Smile, tilt my head, rest my head on my hand sometimes...bite my lip, spread my legs, twirl my hair, French kiss my brother, push my “tush” out, touch myself...*
- *Wearing a plain white t-shirt. Looking a certain way e.g. innocent or guilty or like I was enjoying it. Asked me to refer to the men as members of my family.*
- *Silence, no crying, smiling, wearing particular clothing or costumes, having my toys 'used', not moving. They also used animals.*
- *Wanted me to pose with legs spread and tongue out. Wanted my sister to stand above me in bathtub and pee, told me to be quiet.*
- *Not supposed to tell anyone. Pretend to sleep.*
- *He frequently checked and played back recordings, made me repeat things if they weren't what he wanted. When other men were involved it was like he was the director and the other men had parts to play.*

Smile/show enjoyment. A number of respondents noted the offender(s) told them to smile or show enjoyment during the making of the child sexual abuse imagery. Examples of answers include:

- *Smiling, making moaning noises, posing, performing certain roles for them like in a role play.*
- *Yes. I was systematically trained down in advance regarding crying and screaming during the abuse by being pushed under water until losing consciousness when I cried or screamed. Vomiting was forbidden, too, which I was supposed to learn to stop doing by having to eat my vomit again, which generally made me throw up again and have to eat it again. That often went on so long until the circulatory system stopped playing along. I had to pretend I liked being raped. For other acts, in contrast, it was important to plead and beg the perpetrator to stop. Sometimes, I and other children were forced to commit violent acts on other children. I'm not sure whether all of these videos survived.*
- *Yes, to smile or to look sad or serious.*
- *Yes, under the pretext of “making a portrait,” he told me to smile. It is also clear from the various pictures that the stiffer he had made my willie, the more trouble I had to keep smiling. He never needed to tell me to keep silent. I was ashamed out of my wits and would never have even dreamt of telling anybody about it.*
- *I was forced to smile, as if I was enjoying it.*
- *Yes. More cheerful gaze, experience pleasure. Cast hornier gazes/glances at the man. Strip off. etc.*
- *Above all not showing any misery.*



- *Well, what I had to do was different each time. As far as I remember, I was never forced to wear costumes. But one time I had to behave like an adult porn star and pretend I liked everything (moan, squirm). And then another time I had to make myself cry. Or first play with dolls like a child.*
- *He would tell me to smile. He would instruct me on how to pose.*

Wearing particular clothing /costume. A number of respondents indicated the offender(s) told them to wear particular clothes or costumes during the abuse. Examples of answers include:

- *He made me wear special underwear (thongs, crotch less, etc.), also see through shirts, I would have to strip, and show off any new underwear or even bathing suits he bought me. He'd buy me lingerie, made me wear butt plugs with tails and a dog collar. ... He like to experiment with different types of nipple clamps varying in different stiffness (different sized clothing pins wooden and plastic), performed massages and also did body painting.*
- *Yes, smiling, he scripted specific things for me to say, he dressed me up in lingerie and other outfits, jewelry, a feather boa, had me put on makeup, told me how to do my hair, and told me other noises to make.*
- *The clothing was short or otherwise very childlike. Often the sex was forcibly filmed man/men kept me under control.*
- *Yes. Wearing certain underwear, putting on high heels. Putting on make-up.*
- *Yes, a little white dress*
- *Yes, play-acting, wearing clothing, acting sexy, playing the whore.*
- *Yes, especially wearing certain pieces of clothing.*
- *Yes, what the room had to look like (cleaned up, messy, certain objects beside us, e.g. dolls or stuffed animals), which clothes we had to wear. Other instructions with regard to our demeanor (e.g. to moan or to cry, to not scream or to cry or to scream) came indirectly about the programmed inner person which they lured to the forefront.*
- *Yes, but I do not remember it. Except for the fact that I should stop moving around and defending myself. I had to wear a certain dress.*
- *Yes. I had to hold up some signs and wear special clothing sometimes*
- *Wearing my bathing suit or a dress playing princess.*
- *I was drugged and dressed up.*
- *I often pretended to be asleep. When I wasn't he would just tell me it was our secret. Bedtime I was not allowed to wear pjs, I had to just wear his t-shirt.*
- *Silence. Wear sexy underwear makeup and sexy clothes.*

Silence. Some respondents who answered this question noted the offender(s) told them to be silent during the making of the child sexual abuse imagery. Examples of such answers include:



- *Yes. Keep still, don't cry, no whimpering, don't say anything, behave, etc.*
- *Be silent. Laugh. Stop laughing. Certain poses.*
- *Yes, keep silent otherwise you'll be dead. Threats that my little brother or my sisters would be murdered.*
- *Yes, always keep smiling sweetly, be silent or say it feels nice, don't look/ shut your eyes, or do look and act astonished etc. Clothing was also important for some of them. Pastel clothing for example; white tights, acting like you're a doll.*
- *Yes. I was not allowed to talk, to cry or to show emotions. I had to keep looking cheerful. I also had to wear "lingerie" when I was around 11. For example, stockings.*
- *Be quiet, and smile.*
- *Yes. Certain clothing. Keep silent. Naked. With stuffed animals.*
- *Yes, to keep silent and smile and dresses with lacy underpants.*
- *Not supposed to tell anyone. Pretend to sleep*
- *Keeping quiet or he would kill me and my mother.*
- *Silence -- forgetting -- being "good and nice" -- not making trouble -- appearing normal -- getting good grades-- being well dressed. Making them look good, in other words.*
- *Silence above all.*

Use of Props. A number of respondents noted the offender(s) instructed them to use props during the abuse. Examples of answers include:

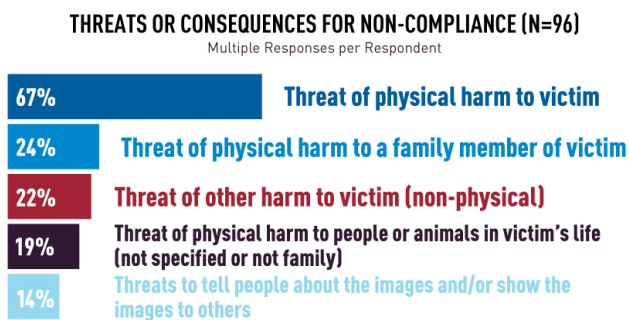
- *My dad would give us feathered boas or dress us up he would give up popsicles/suckers and he would put up back drops.*
- *Always had to be on a specific blanket. He had us help him script things.*
- *A dog leash*
- *Yes, posing with cream and vibrator and candles and flowers, reading child porn stories; I was to take pleasure in it.*



Threats or consequences for non-compliance

Most respondents were threatened in some way. Threats of physical harm, either to the respondent, to a family member or to other people or animals in the respondent's life were common. For many, the threats were extreme in nature (e.g., threats to kill were not uncommon). It is not difficult to imagine the impact that such threats may have on a child's ability or willingness to talk about the abuse.

Figure 26: Threats or consequences for non-compliance



Other threats/consequences included making the victim watch the abuse of other children or saying other children would be abused if the victim did not cooperate (10%); make people believe it's victim's fault (9%); loved ones would withdraw affection (7%), confinement (7%); offenders (if family) would withdraw affection (5%); and withhold food, drink, sleep (4%).

Some responses, or parts of a response, did not easily fall into the categories noted above. These responses were coded as "other" (22%). Examples of threats that were coded as "other" include threats of suicide (by the offender), that the offender would get in trouble, that other offenders may become involved who would be meaner/more abusive to the victim and that the victim would have to recruit others who would follow the instructions

Examples of consequences coded as "other harm (non-physical)" and not reflected in the graph, included consequences such as the offender insulting, humiliating or emotionally abusing the victim in some way, isolation of the victim, the offender refusing to get the victim medical attention, and the offender not allowing the victim to wear clothing.

There was a significant amount of detail shared by respondents about threats. As noted above, the threats made were far more than simple threats of punishment. Depraved and terrifying promises of harm were made that were exceedingly violent in nature. For example:

- 67% of the respondents were threatened with physical harm. Of those, 44% were told they would be killed if they did not comply.
- 24% of the respondents were threatened with physical harm to a family member. Of those, 61% were told the family member(s) would be killed if they did not comply.
- 19% of the respondents were threatened with physical harm to other people or animals in their life. Of those, 50% were told that those people or animals would be killed if they did not comply.



The threats of harm described above were communicated to and interpreted through the eyes of a child. Through that lens, one can readily appreciate why the child would have felt they had to comply, and consequently why it might be incredibly difficult for a child in such a position to come forward for help.

28% of the respondents who were threatened with physical harm (n=64) said their abuser either threatened to torture them, or did torture them. For those who reported being subjected to torture as a means of compliance, examples included electric shock, being dunked/held under water, and choking.

There were 96 responses available for analysis. Those that only or primarily fell within one category are listed below under a specific category. However, most responses contained multiple threats and therefore fell into several categories.

Threat of physical harm to victim. A majority of the respondents who answered this question indicated the offender(s) threatened to harm them physically if they did not comply. Some of the respondents reported extreme threats and acts; for example, 28 respondents mentioned threats of death. Examples of narrative responses from respondents include:

- *Kill me.*
- *Murder, I'd be murdered.*
- *I was threatened a lot; there was a lot of violence and aggression. Both physical and psychological. Death threats.*
- *They would tell my parents and later I was threatened with death.*
- *Beatings, punishments, getting locked in, no food.*
- *Then you would have had to die. Since all of that was included from the earliest age, it was normal.*
- *If I were to talk, he would hurt me a lot more. You can't hide from me.*
- *Threatened/consequences to the effect that: I will be tortured/killed; Someone I like will be tortured/killed; I have to kill someone I like; I have to look for someone who would have to do what I do; Someone I like would have to do what I do instead; I will have to go to jail if I don't cooperate; [When threatened by] Other perpetrators: I would end up in a home/in a psychiatric hospital because they would tell everyone how crazy I am; I would be insane if I refused; Isolation; Humiliation before others; Beating; They would tell the other, meaner perpetrators that I did not obey.*
- *I got a knife at my throat. Or I received cuts on my back or legs.*
- *After the abuse had continued for some time, I tried to wrestle myself away from him. But he was strong as a bear (in my perception at least). So if I tried to physically resist, he put me in a sort of hold and then went ahead with abusing me. He didn't photograph that, though, because*



he had his hands full with me. But here again the message was clear: I'd never be able to win against him.

- *Cooperate otherwise dead...and also if you ever talk about it then...and we have to drive out demons...you keep your mouth shut about this...*
- *Physical violence, continuous observation, punishment, confinement, etc.*
- *With my father the consequence if I didn't do anything or not enough would be, as he put it, that he would get harder and that I would have to do worse things. He got really sadistic from it. I was always better off just cooperating as best I could and above all not showing that I was scared to death or was feeling pain, because that just made it worse.*
- *Whip or kicking or beating.*
- *Dad had paid and so I had to do what I was told and otherwise dad would get angry and start hurting us.*
- *That I would be killed, be punished, tortured. But one does not try to see it as being separate like this. One survives and each part will do as requested.*
- *Electric shocks. Abuse. Torture.*
- *Electric shocks and violence of any and all types. Sometimes deprivation of food, liquid and sleep. Being locked up in tight boxes or cages whose bars were heated up. Many times, another child was also picked out and I had to watch how the child was raped and tortured and I was told that it was all my fault. They then also showed the abuse images to me later, too. Most of the time, I could not stand seeing how another child was tortured because of me and then I did everything "voluntarily."*
- *Beatings, causing pain with hot showers, being tied up in different positions as a punishment, hung upside down with a bucket filled with water underneath your head so you had to keep your head up and when making noise they would lower you towards the bucket, threats to people who tried to help me (threatening their family, attempted burglary), threats of telling people how bad you are, isolating you from people using excuses that made them leave forever (no she doesn't want to play with you/visit you anymore, because she thinks you are annoying, bad, smell bad, look ugly - superficial things), too many things they've done I guess. Also things like not searching medical help (infections, broken bone).*
- *Pain, punishment, reporting how very naughty I was to parents and school, threatening with prison sentence, with death. They actually did even leave me behind for dead.*
- *Often had a weapon against my head.*
- *Lots. I was taken away, abused tormented and tortured. I was also used for child prostitution. I was hired out to lots of men and it was constantly filmed.*
- *Look up the word "torture" in the dictionary. Assume I'm not using it to convey my feelings about the abuse, but the actual acts I observed. There was no fight to live or die. There was just what they assigned me to do, until I was allowed to go home again. Threats were sometimes made nonetheless: if I were to go tell what had happened, I wouldn't be believed, people would know*



just what a depraved girl I was, tragedies would befall people and/or animals I loved, the photo images would be shown and everybody would know how foul and depraved I was for seducing/inciting people to do such things.

- *They would murder my family members, they gave me electric shocks all over my body, they beat me, they choked me by putting hands around my neck, drown me in the wash basin, mutilate my face with a razor blade so I couldn't seduce anybody any more.*
- *There was always the threat of violence and sometimes there were death threats too. Usually, though, it involved smacks (with hands or objects) or being held under water. Withholding of food and water, being shut up in dark spaces and not being allowed to wear clothes were also common.*
- *Threatened with death by e.g. under water, hanging, blowing up. Sometimes demonstrated on a mouse. Threats to chop off limbs, eating maggots. Demonstrated using mouse or shown maggots in dead bird. Threats of death or abuse of sister. Lots of pain. Beatings.*
- *Threat of our own death, the death of a loved person, familiar punishment (gang rape, torture), to commit acts of violence against other people or animals.*
- *Torture, deprivation, life-and-death "games" abuse at the threshold of death.*
- *Being buried alive.*
- *Being dunked under water until I almost suffocated.*
- *Being locked in freezing rooms.*
- *Worse abuse. Longer till I could go home. Pain being my fault. Torture (holding my head under water, tying up, more stuff).*
- *I would never see my mom again. He would kill us if we told. My younger sister would be put into the closet*
- *Any resistance was always met with the threat of more severe abuse. Physical and sexual.*
- *Locking us up, violence, we'll send you to a home. I will kill you and so on.*
- *He used torture to deliberately split my personality and created parts that would behave as he wanted them too; one that would not feel pain and would smile and laugh, one that would scream and be terrified, etc.*

Threat of physical harm to family member. A number of respondents indicated the offender(s) threatened to harm their family if they did not comply. Examples of answers include:

- *Our family was threatened or people from our immediate environment would be harmed or something awful would happen to them. If we did not "cooperate" other children would be harmed and then it would be our fault because we did not listen.*
- *When I was younger, they were different threats than when I was older. When I was younger, it was more about that otherwise something would happen to my mother or my younger brother. When I was older, that it would be emailed to friends. There is also material for which they claimed that I myself would be punishable by law.*



- *That my mother would die.*
- *Everything I loved would die if I were to start talking. Later my children were threatened with that.*
- *My whole family would be killed.*
- *Something would happen to my family.*
- *If I were to refuse they would harm my little brother.*
- *He said he would kill my mom*
- *Threatened my mum would die*
- *My abuser said that he was like God and could see me wherever I went. If I told, he would kill my family, and then there would be no one left to protect me. He would be free to abuse me without any restraint (normally, he could not leave any visible injuries).*

Threat of other harm to victim (non-physical). Some respondents indicated the offender(s) threatened to harm them in non-violent/non-physical ways if they did not comply. Examples of answers include:

- *Said I'd go to jail.*
- *He told me that I would get in trouble, that people would think I was a slut and that my mother wouldn't love me anymore.*
- *They would say we would get into trouble or tell someone if we didn't do that stuff. My sister and I would cry and try to push through it together.*
- *Then they would show the films to the police as proof that I did something bad.*
- *When I was younger, they were different threats than when I was older. When I was younger, it was more about that otherwise something would happen to my mother or my younger brother. When I was older, that it would be emailed to friends. There is also material for which they claimed that I myself would be punishable by law.*
- *Then my parents would get very very angry at me and wouldn't want me anymore and I'd have to sleep on the streets. Without pyjamas and teddy bear.*
- *He has a paranormal faculty and said he always knew what I says to somebody and that he always knows where I am and what I'm doing. I'd always been very scared of that man.*
- *Psychological tactics.*
- *I'd be locked up in a borstal and he would be sent to prison and my parents would get divorced.*
- *Threats from my father's colleague were, for instance, that my father would get sacked from his job if I didn't cooperate.*
- *The manipulation was terrible. I was coerced by threats into remaining friendly. I was to be a sweet girl. I was to give HIM a fine feeling, that he was doing things right.*



Threat of physical harm to people or animals in the victim's life (not specified or not family). A number of respondents stated the offender(s) told them that people or animals in their life would be harmed. Examples of answers include:

- *Punishment, torture, threats or killing people or animals close to me; having to watch what they would do to other people if you were to refuse.*
- *They would hurt me or one of the other kids that sometimes would be present when stuff happened. They threatened to kill me.*
- *Threat of our own death, the death of a loved person, familiar punishment (gang rape, torture), to commit acts of violence against other people or animals.*
- *They killed my pets, which they gave to me as a present beforehand in order to make me compliant.*

Threats to tell people about the images and/or show the images to others. Some offender(s) told the respondent they would show the images to others including people in the respondents's life. Examples are set out below:

- *He threatened to tell my family everything... He threatened to wreck my life... I'd no longer have any ground under my feet to exist... I'd be better off committing suicide myself, before he got hold of me because that would be gruesome. I was to never tell about it ever.*
- *Apart from circulating the material to people around me I prefer not to go into this question due to volatility and destabilization.*
- *In that case, the images would be shown to others. Or other children would become victims.*
- *They would tell anyone that I was bad and lying. That I asked for it. That the devil would come into my mind and steal my soul.*
- *Now they are threatening to release photos of me where I am already a teenager to the press (I have a semi-public profession).*

Offenders' use of sexual imagery in the context of abuse

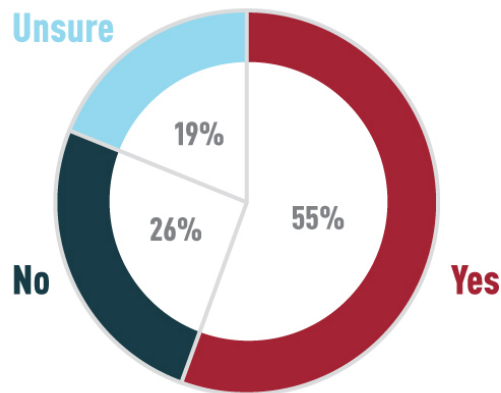
Respondents were asked a series of questions to understand if pornography involving adults or other children had been used, and the ways in which the sexual imagery of the respondent may have been used. What emerged from the responses is that more than half of the respondents had been shown adult pornography (55%, n=117) and close to half (42%, n=117) were shown child sexual abuse material. A significant proportion of the respondents were shown the images/recordings of their own sexual abuse (60%, n=87), and for more than half (57%, n=84), the offender had told them the imagery/recordings of their abuse would be shown to others. These numbers help to illustrate the prevalence with which sexual imagery is used in the context of child sexual abuse, whether it is to groom children or to silence them.



Child shown adult pornography

Figure 27: Child shown adult pornography

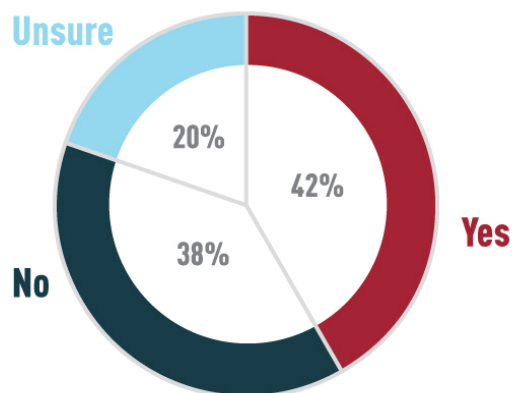
CHILD SHOWN ADULT PORNOGRAPHY BY AN OFFENDER (N=117)



Child shown child sexual abuse material (child pornography)

Figure 28: Child shown child pornography by an offender

CHILD SHOWN CHILD PORNOGRAPHY BY AN OFFENDER (N=117)

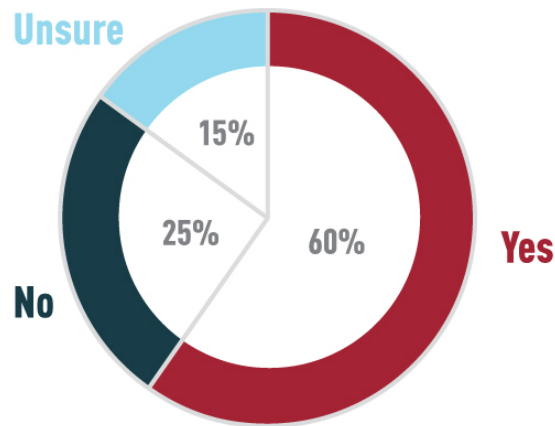




Child shown recordings of her/his own sexual abuse

Figure 29: Child shown recordings of own abuse

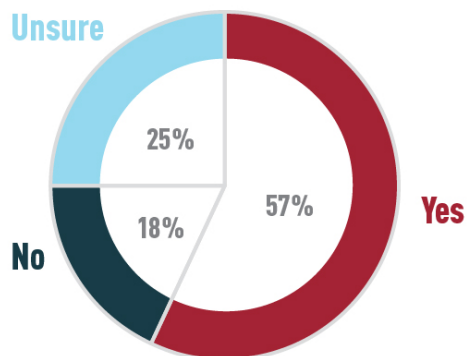
CHILD SHOWN RECORDINGS OF OWN ABUSE (N=87)



Child told that others would be shown the child sexual abuse imagery

Figure 30: Child told that others would be shown the child sexual abuse imagery

DID THE OFFENDER SAY THEY WOULD SHOW ANYONE ELSE THE CHILD SEXUAL ABUSE IMAGERY? (N=84)

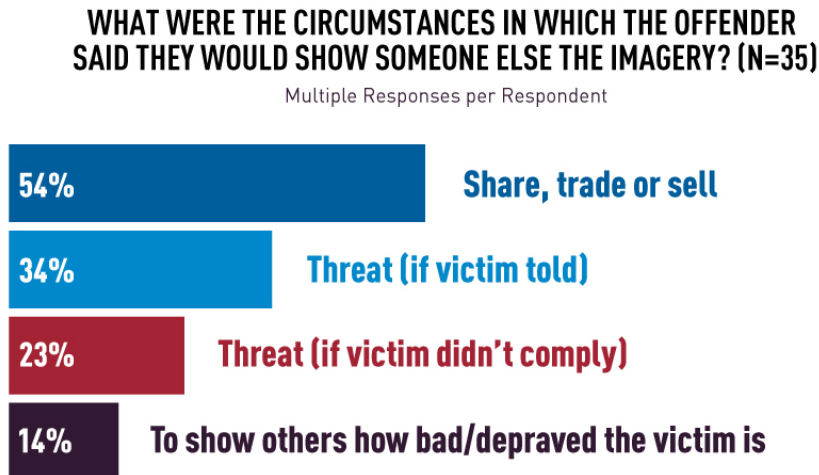




Distribution of imagery

Circumstances in which child told that others would be shown the child sexual abuse imagery¹³

Figure 31: What were the circumstances in which the offender said they would show someone else the imagery



The balance of responses were coded as "other" (14%). Examples of responses coded as "other" include: to help find "friends" for the victim; because the victim was beautiful and others would pay to see the images; and to use the images to teach others what was expected.

Below are examples of responses received to the above question. For ease of reading, the examples have been grouped under the heading that most closely matches the response received. Many respondents reported more than one reason.

Share, trade or sell. Some respondents noted the offender(s) told them that the child sexual abuse imagery was to be traded or sold to other persons. Examples of answers include:

- *He had people waiting for it he said.*
- *He made money off it, but I understood that only later. That he sold it. I had to smile nicely and pretend I liked it just like those women in the movie because that was what the men who would get it wanted to see. Sometimes they did not want it at all as an adult girl, but wanted as much crying as possible. So I just had to deliver what was asked from me. And that was the reason I quite soon understood it was meant for other people.*

¹³ This question was applicable to all respondents who answered "yes" to the question, "Did the offender say they would show anyone else the child sexual abuse imagery?"



- *He said he was going to show one of his friends online who was also abusing his daughter, but that he would never show anyone else.*
- *I know it was bought and sent and shared with friends. There were also regular threats to show it so that everybody would know what a disgusting person I am.*
- *Perpetrators spoke a lot over my head. How many films they already had; what they could earn from them etc. It was never discussed with me, but I picked up on a lot.*
- *He would pass it around to his friends.*
- *According to them it was distributed in [country] and abroad via illegal websites, special mailing lists.*
- *They said they would make greeting cards and send them back and forth to each other of me and exchanging them with other kids' greeting cards.*
- *They used to tape it on VHS and then send copies out to people who'd order (I think). Later (in the past two decades) these recordings have ended up on the Internet.*
- *Was just sold to customers in my presence.*
- *Sent to child porn magazine so it would wind up in sex shops.*
- *There were 'requests' for certain kinds of films (or photos). They were then produced and sold. I was very clear to me that the images would be distributed to others.*
- *To other people to see which child would suit them the best people could make a better choice like that because it cost them a load of money*
- *To sell me, pass me on to other people to see which child would suit them the best. People could make a better choice like that because it cost them a load of money.*

Threat (if victim told). A number of respondents stated the offender(s) told them that the images were taken so that the victim would not disclose the abuse. Examples are set out below:

- *As a threat if one were to talk about the events with anyone or were to report them to the police.*
- *I was threatened that the prosecution authorities would receive the videos in the event of a complaint so that they could see that I had wanted everything and I was the real perpetrator. On another occasion, I was told the material would be distributed and then the whole world would know how disgusting and dirty I am, no matter where I go.*
- *If I were to talk, if people were to put me in an institution, if I were to talk to a psychologist or other professional, if I were to "act up."*
- *Threats that it would be shown to others if I talked. They particularly said that people would then see how bad I am.*
- *If I were ever to utter a single word; after all I was in the imagery myself.*
- *As extortion (if we tell someone he will show it to someone and then we will be locked up for good). So that we get more jobs and then get more food/toys/other things and we can make other people happy.*
- *If I told - and it would be my fault*



Threat (if victim did not comply). A number of respondents stated the offender(s) told them that if they did not comply, then the images would be shown posted online and/or shown to others. Examples include:

- *He always threatened that if we didn't cooperate or do something he wanted us he would post our videos online. Also made comment about how much others would pay to see the videos we created because we were so "beautiful."*
- *If I did not do what they expected from me, it would be shared with others.*
- *If I didn't cooperate and keep my mouth shut they would send the evidence to the police.*
- *If I were no longer to perform sexual acts with them.*
- *Whenever they felt like it... As a threat when they did the more serious sexual abuse images... As motivation because they were so great for their clients.... For fun to embarrass me for the images that were not so serious.*

To show others how bad/depraved the victim is. Other respondents noted the offender(s) told the victim that the images were to show others how the bad the victim was, if the victim did not comply. Examples are set out below:

- *When I would talk. Then they would show how bad I was. Because recordings were made, also of things I had to do with other children [list of family members]. So I was an offender myself.*
- *As a threat after the abuse; as a threat that he would show it to others and then everyone would see the bad things I do with him and then I would be punished and my parents would not love me anymore. In doing so, he generated fear which in turn turned him on.*

Child's view of whether distribution had occurred prior to formal intervention (by police, etc.)

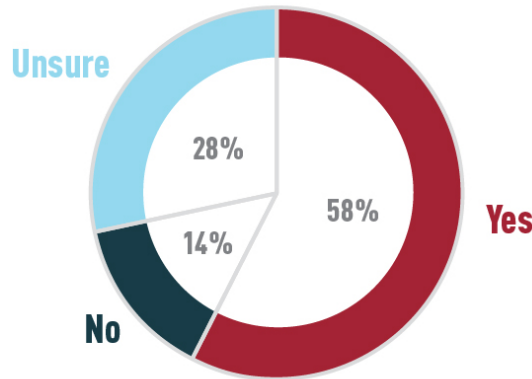
Separate from the issue of whether the imagery/recordings had actually been distributed online (see Demographics section), respondents were also asked to consider the time period before formal intervention (by police) and if at that time, they believed that the offender had distributed the imagery to others.¹⁴ Over half said that they believed that the offender had distributed the content, but several were unsure. This is perhaps not surprising when one considers that distribution may not have occurred at the same time it was recorded nor would distribution have necessarily occurred in the child's presence.

¹⁴ It should be mentioned that at the time the survey questions were created, it had been assumed that survey respondents would have had formal intervention at some point. However, as the Legal and Criminal Justice section illustrates, most respondents actually did not have formal police intervention.



Figure 32: Child's view of whether distribution had occurred prior to formal intervention (by police etc.)

PRIOR TO FORMAL INTERVENTION (BY POLICE, ETC.), DID YOU BELIEVE THAT THE OFFENDER HAD DISTRIBUTED THE IMAGERY? (N=78)



Factors leading the child to believe the abuse material had been distributed¹⁵

Respondents who said they believed the offender had distributed the imagery were then asked to describe what contributed to that belief. The graph below reflects the most common responses.

Figure 33: Factors leading the child believe the abuse material had been distributed

WHAT WERE THE FACTORS THAT CONTRIBUTED TO THE BELIEF THAT THE OFFENDER HAD DISTRIBUTED THE IMAGERY? (N=42)

Multiple Responses per Respondent



Responses not included in the graph above were coded as "other" (17%). One such respondent said that the abuse was live-streamed to others. The remaining respondents conveyed that they assumed or inferred the offenders had or would distribute the imagery from the circumstances.

¹⁵ This question was asked of all respondents who answered "yes" to the question, "Prior to formal intervention (e.g., law enforcement, child welfare, criminal justice proceedings), did you believe the offender(s) involved in the hands-on child sexual abuse distributed any of the child sexual abuse imagery?"



Below are examples of narrative responses that demonstrate the reasons noted in the graph above. Responses may contain multiple reasons and are grouped under the heading that most closely matches the reason given.

Offender said they would. A number of respondents stated the offender(s) told the victim that they would distribute the images. Examples are set out below:

- *He said that.*
- *He said he would pass it around to friends.*
- *Because they told me they would pass all the kids pictures around.*
- *He told me that and showed it to me.*
- *He said so. He showed the pictures to other people in my presence. He showed them to clients in my presence before they bought them. From the depictions of another victim, whom I did not know yet at that time and who recognized me.*
- *He made references to the other people that would see the images and videos and that they would be angry if I didn't do what he wanted me to do.*
- *I am not sure if they said something about it to me, if I'd heard them speak about it to each other, or if I just understood that films and photos are something people shared. Probably a combination. The settings were 'movie like', which only made it more likely this was for sharing.*

Part of network. Some respondents stated the offender(s) were part of a network that shared and traded child sexual abuse imagery. Examples of answers include:

- *Because there were rings; a kind of network.*
- *Because they were in a group.*
- *He always had more money than he could earn with his job. The numbers of people that contributed to the images over the years (three cameramen and many co-perpetrators).*
- *The recordings took place in an office building with recording equipment. There were other adults involved in making these video recordings. As an adult, this is an easy assumption to make based on my experiences.*
- *My abuser is a very computer savvy man. I have no doubt that the images and recordings were scanned/transferred into a usable online format for distribution once this option became available.*
- *He said it and showed me. In addition, I had customers. Several offenders... so in many hands. Understood from the police that many boxes were full.*
- *Because I know today that it was organized and ritual violence. Because I remember now that I was taken to, "lent" to other groups.*
- *It wouldn't have made sense for them to organize themselves in the way they did if it wasn't to distribute it. The risk was too high for them not to be making money out of it especially as they*



paid my dad. Also there was a system of phone calls so I could be dropped off and my dad didn't see their faces. Not certain though as they were definitely exchanging money anyway for the abuse, but the set up makes me suspect the images were distributed too.

Victim witnessed it. Some respondents were present when the offender(s) sold or shared the child sexual abuse imagery with others. Examples of answers include:

- *I saw it myself.*
- *They didn't keep that concealed from me.*
- *I knew he was uploading it to a computer; he also had a small production company at the time.*
- *After the photos and filming he always sat down at the computer straightaway and left me in peace. The door wasn't unlocked until the cameras were neatly stored away again and the computer had been switched off.*
- *I saw several people watching the videos.*
- *Because they already shared photos and stuff when I was a young child.*

Other offenders requested. A few respondents stated the offender(s) shared the imagery with others who had specifically requested to see child sexual abuse imagery. Examples are set out below:

- *He made me hold signs with messages on them for other pedophiles so that he could get what he wanted from them by making custom videos.*
- *Because that was how they told it. Otherwise other clients couldn't make a choice.*

Child's view of whether the offender had communicated with others who had a sexual interest in children

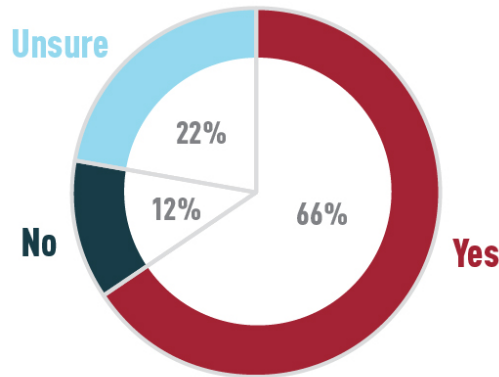
Most respondents (66%) believed that the person(s) who abused them had communicated with others who had a sexual interest in children, while 22% were not sure, and 12% did not believe their offender was in communication with others (n=108). Not all respondents provided additional information about why they believed their offender was in communication with others, but of those who did, the overwhelming majority said it was because they saw the offender as part of a network of offenders (84%, n=63).¹⁶ Some respondents referred to the individuals who communicated with their abusers as with as "friends" of the abusers, some referred to the individuals as "customers", and some referred to abuse within a group setting.

¹⁶ Also, when analyzing the responses to this question, it became apparent that some of the respondents interpreted the question as asking whether the *primary* offender communicated with other offenders and other respondents interpreted the question as asking whether their particular *group* of offenders communicated with *other groups* of offenders.



Figure 34: Did you believe the offender had communicated with others with a sexual interest in children?

DID YOU BELIEVE THAT THE OFFENDER HAD COMMUNICATED WITH OTHERS WITH A SEXUAL INTEREST IN CHILDREN? (N=108)



What were the factors that contributed to your belief?¹⁷

Figure 35: What were the factors that contributed to your belief?

WHAT WERE THE FACTORS THAT CONTRIBUTED TO YOUR BELIEF? (N=63)

Multiple Responses per Respondent



Examples of reasons coded as "other" (14%) include situations in which the respondent indicated that the abuse was "live streamed," the respondent was abused in-person by someone the offender had communicated with online and because the victim knew the offender was involved in buying/selling child pornography or had a profit motive.

Below are some examples of responses that demonstrate the reasons noted above. Responses may contain multiple reasons.

¹⁷ This question was asked only of respondents who answered "yes" to the question, "Prior to formal intervention (e.g., law enforcement, child protection services, criminal justice proceedings), did you believe the offender(s) who committed the hands-on child sexual abuse was/were communicating with any another individual(s) who may have had a sexual interest in children?"



Part of network (had customers/sold regularly). Most of the respondents who answered this question stated the offender(s) was/were a part of a network and therefore had communicated with others with a sexual interest in children. Examples are set out below:

- *It was a known fact that the group was in contact with other groups at home and abroad and that they exchanged information.*
- *I was regularly sold.*
- *Because a number of men came by, as “customers” and were also allowed to record material in exchange for payment.*
- *Several perpetrators and several children were present during the abuse.*
- *Because the offender was friends with other pedophiles who visited in his home, and he visited them at their home, and sometimes I was taken there.*
- *He had made an online club for other abusers to view. And his friends abused [other victim] and I as well.*
- *Because the perpetrators occasionally had “guests” which did not belong to the main circle of perpetrators.*
- *Because the abuse took place with a group at some point.*
- *I have memories of abuse by a group.*
- *Because there were many different men and women that got involved over the years, most of them once or a few times, some for years.*
- *I would be “lend out” to friends of my parents.*
- *I was regularly taken to others, also to strangers.*
- *Because as a result of that I had to work for other men who were total strangers to me but did know who I was.*
- *I had customers.*
- *Because they rented me out to them as well.*
- *It was produced with a profit motive, so there must have been buyers. Furthermore it was shown to me and some things were live.*
- *Child porn was used in a cult to arouse the attending adults for a new round of group rapes. For the production of child pornographic imagery I was sold for 200 [name of currency].*
- *There were other adults involved and present during the video recordings.*
- *It is/was simply a network... When I was an adult, men still had very regularly sex with me... During hands-on abuse offenders often wore masks.*
- *My own contact to strangers which were organized by the perpetrators... At times other perpetrators participated often against payment. There both the production of abusive material and the abuse against payment.*



- *It was an organized network. The perpetrators acted in a routine manner and as if they were doing that more often. There were five adult men, I was six years old. Weekend cottage is where other perps were - locked up for nine days.*
- *The abuse took place regularly in a larger circle of men and women. Regular meetings were and are still taking place (where abuse occurred) ... in a children's brothel...at home of members of the circle.*
- *Because I know today that it was organized and ritual violence. Because I remember now that I was taken to, "lent" to other groups.*
- *They were part of the cult, and members had sex with children in the cult setting.*
- *My father forced me to engage in hands-on abuse with others.*
- *I was shared with others*
- *They communicated with each other to facilitate abusing me. Some of them weren't in my life other than during the abusive incidents.*
- *I believe that I met these individuals.*
- *I know they had communicated with my father (at least the 'family friend' had) about abuse, as the two of them were both present for abuse at least at one time. Also, the 'family friend' had at least one brought me to a 'group' of others for a 'demonstration'.*
- *Because he had a large group of friends who also abused me*
- *I was 'evaluated' for physical and character qualities to see if I qualified to be shown to other interested persons.*
- *My abuser enjoyed telling his friends (not the men to whom he sold me) about his ability to abuse me without my parents suspecting a thing. I know that they had similar interests and were involved in child abuse, but I'm not sure how I know this so well. What I do know is that they were friends because of their common interest in abuse.*

Offender said they were. Some respondents stated the offender(s) had said that they were communicating with others who had a sexual interest in children. Examples of answers include:

- *I was told.*
- *They spoke of wanting to share it.*
- *He told me that and it was also clear from the stories published in the magazines, in which children were loaned out and raped.*
- *There were several that abused us again and again and they said that we would get more "jobs" if we were good.*

Victim witnessed communications. Some respondents stated they had been present when the offender(s) communicated with others who were sexually interested in children. Examples include:



- *Sometimes I was there. The adult violence perpetrators spoke with each other about that.*
- *He always had a webcam on and I would see on the other end, [type of offender and victim] as well.*
- *I found pictures of naked children. I found pictures of me in an envelope; it was open and not yet sent, but the address and stamp were already on it. We didn't get online till later. He had forgot to close his email and I saw he was sending an email with a picture of me. I deleted the email. He got angry.*
- *That was spoken about in my presence.*
- *I was there myself.*
- *Because they were present and enjoyed it.*
- *My dad being on the phone with this laptop and the fact that he spent hundreds of hours on his computer on the weekends allegedly "working". He also had a locked room at his office that us kids were never allowed in and got upset every time we asked about the room.*
- *He was just always on the computer, talking to other people in other countries and video chatting with them.*

Victim forced to communicate with other offenders. A few respondents indicated they had been forced to communicate with other people who had a sexual interest in children. Examples are set out below:

- *I observed him chatting with them and trading images of other kids being abused. He told me about some of their conversation and he forced me to chat with some of them in a chat room and on our phone. He told me that he had traded them with one guy who was also abusing his daughter so that that guy would send him some originals of that abuse too.*
- *I didn't "believe" it, I knew it for sure. It was spoken about over my head. Moreover, I was trained to seduce men, so the perpetrators would know which people had a real interest in children.*
- *I remember my uncle saying that I had to hold up a paper with something written on it to someone but he told me it was okay because they were friends.*
- *Had sexual or other contacts with those people myself several times. Live images were no exception either. Knowledge of a larger group due to threats and humiliation by means of stories and conspicuous distribution of imagery.*



D. ORGANIZED CHILD SEXUAL ABUSE

Introduction

In January 2016, the Canadian Centre for Child Protection Inc. launched an international survey for adult survivors whose child sexual abuse was recorded and/or distributed online. As of July 27, 2017, 150 survivors had taken part in the survey, contributing valuable information about their experiences.

In addition to questions requiring the more traditional and finite ‘yes’ or ‘no’ answers, the survey – available in four languages (English, French, Dutch, and German) – also includes questions which were designed to provide respondents with the opportunity to present narrative responses. As a result, the scope and quality of information received was enriched because the survivors were able to share their experiences in their own words and in their native languages.

As the responses to the surveys were reviewed and analyzed, a number of themes became undeniably apparent. While recognizing the limitations of a self-reported survey, the consistency of the survivors’ accounts of abuse – accounts which spanned countries, continents, and languages – could not be ignored. One troubling consistency among the spectrum of abuse experiences recounted by the survivors was the prevalence of what has been designated “organized child sexual abuse” (defined under “Defining organized child sexual abuse”).

Research suggests that although a significant number of sexually abused adults and children “report multiple perpetrators and other indicators of organized abuse...sexual abuse surveys rarely ask questions that would provide firm figures on the extent of organized abuse.”¹⁸ While the survey was not designed to uncover information about organized child sexual abuse specifically, the theme naturally emerged from the responses received. Responses revealed that the survivors’ experiences of organized child sexual abuse were strikingly similar and very disturbing. Because of the observed similarities surrounding the extreme nature of the abuse, the connections between the adults responsible for the abuse, its physical severity, duration and the long-term traumatic effects, a determination was made to delve further into the issue.

It could be easy to dismiss the accounts of these survivors as made-up stories, false memories, coerced testimonies, or the result of mental health problems, as many professionals have done in the past. The dismissing of survivors’ reports is a common theme observed by other academics studying organized sexual abuse.¹⁹ Unfortunately, because of the horrifying and seemingly incredible nature of organized sexual abuse experiences, skepticism and disbelief remain common responses from those confronted

¹⁸ Salter, M. (2013). *Organised sexual abuse*. Routledge, 26. “In clinical settings, up to one-fifth of sexually abused women and children report organized abuse when asked, but the majority of prevalence or clinical surveys have not included such questions”. Salter, M., & Richters, J. (2012). *Organised abuse: A neglected category of sexual abuse with significant lifetime mental healthcare sequelae*. *Journal of Mental Health*, 21(5), 499-508; Salter 2013, 14.

¹⁹ Coleman 1994; Salter 2013; Salter 2017.



with such accounts.²⁰ In fact, the literature indicates that survivors have said that the inconceivable nature of the accounts is intentionally cultivated and relied upon by the perpetrators to induce dissociative identity disorder (DID) and/or prevent disclosure among survivors.²¹ Still, and while it is recognized that the information contained within this specific section of the report is based upon the self-reports from 49% of survey respondents, such information is not only supported by their collective voices, but also by numerous accounts of other organized sexual abuse survivors published in the academic literature (n=150).²² In order to gain a more in-depth understanding of the topic, the Canadian Centre has worked with Dr. Michael Salter – a world-renowned expert in the field of organized abuse. The Canadian Centre has also gathered information on a number of high-profile law enforcement investigations and public inquiries in order to highlight the seriousness of this issue.

The Canadian Centre hopes that the analysis of these survivors' experiences will help draw attention to the seriousness and pervasiveness of the issue of organized child sexual abuse. In the process, the hope is also to spark discussion and further investigation of the issue, as well as assist in identifying what policy, legislative and therapeutic changes are required to respond to the needs of these survivors.

*“Only because they haven't heard about something yet doesn't mean it cannot be true” –
Survivor in response to the question “What would you like police to know/understand?”*

For the purposes of this section of the report, responses from 74 survivors of organized child sexual abuse were closely analyzed and statistics represent a portion of this number unless otherwise specified. In some instances, respondents were not eligible to answer all of the questions (e.g., respondents who stated that they had received therapy or counselling were not then asked why they had not received therapy or counselling). In other instances, some respondents did not answer the specific question asked or provided a response that did not match the question asked. In cases of the latter, the answer provided was not included when analyzing the data for that question. Moreover, since not all of the surveys had been completed by respondents at the time the analysis began, the number of responses to any particular question is not always representative of the total number of respondents who actually participated in the survey or answered that particular question. Throughout the survey, there were a number of questions that allowed for multiple responses; meaning results which outnumber the respondents of the survey can sometimes be observed.

Finally, during the analysis, it became clear that information provided by a respondent in a response to one question may also be relevant to others. Thus, in order to provide the most robust analysis possible, when answers showed significant overlap (i.e., if they contained information applicable to other

²⁰ Salter 2013.

²¹ Coleman, J. (1994). Presenting features in adult victims of Satanist ritual abuse. *Child Abuse Review*, 3(2), 83-92.; Salter, M., & Richters, J. (2012). Organised abuse: A neglected category of sexual abuse with significant lifetime mental healthcare sequelae. *Journal of Mental Health*, 21(5), 499-508; Salter 2013, 14; Salter and Richter 2012; Salter 2013, 14.

²² E.g., Creighton 1993; Coleman 1994; Chu et al. 1999; Brooks 2001; Becker et al. 2008, Salter and Richter 2012; Salter 2013; Wolak 2015; Salter 2017.



questions), the relevant portions of the responses were applied to other questions as appropriate. Again, it is important to note that this report is based on information which continues to be collected and updated; the evaluation of this subject is still very much a work in progress.

Defining organized child sexual abuse

“It could be speculated that the motivation for many sexual offenses against children seems to stem initially from sexual deviance and distorted cognitions which then drive an offender’s desire to seek out a group of like-minded perpetrators who can corroborate their deviant sexual interests.”²³

For the purposes of creating a consistent language and understanding, the term **organized child sexual abuse**, when used in this document, means **abuse that involves a child or multiple children being subjected to sexual abuse by multiple offenders working together to commit the abuse**. The responses provided by survivors demonstrated a range of methods used by offenders working together to commit sexual abuse, including: communicating and facilitating the abuse between one or more other adults, abuse occurring in group settings with multiple adults, or abuse which appeared to have been formalized in institutional settings. According to the literature, harm(s) to these children may include the creation and sharing of child sexual abuse images, the exchange of children for sexual purposes, as well as possible involvement in sadistic, extreme, and ritualistic abuse.²⁴ Included in the larger category of organized child sexual abuse are a number of subcategories, which are explored both individually and as a whole within this report. The types of abuse which emerged from the analysis of the survey’s responses were consistent with the subcategories acknowledged by Salter and included network, institutional, and familial organized abuse.²⁵

Familial Organized Abuse

Familial organized abuse is defined by Salter as a form of organized child sexual abuse “in which multiple adults abuse children within the family (and often outside it) while enabling perpetrators from outside the home to sexually abuse their children.”²⁶ While Salter writes that because abuse cases lacking extra-familial perpetrators are usually classified as examples of polyincest, the participation of a perpetrator from outside the immediate family is essential to inclusion within this category,²⁷ it is important to note that for the purposes of the data contained in this document, the involvement of an extra-familial perpetrator was not essential for a survivor to be placed in the “familial” category. This is explained by

²³ Harkins, L & Dixon, L 2010, 'Sexual offending in groups: An evaluation' *Aggression and Violent Behavior*, vol 15, pp. 87-99., 97.

²⁴ Coleman 1994; Becker T, et al. (2008) Biogenesis of the mitochondrial TOM complex: Mim1 promotes insertion and assembly of signal-anchored receptors. *J Biol Chem* 283(1):120-7; Salter, M. (2017). Organized abuse in adulthood: survivor and professional perspectives. *Journal of Trauma & Dissociation*, 18(3), 441-453, 11..

²⁵ Salter 2013.

²⁶ Salter 2013, 33.

²⁷ Salter 2013, 33 n. 1.



the fact that the survey allowed survivors to tell their story in their own way and they were not asked to share information about familial offenders separate from information about non-familial offenders.

According to Salter, familial organized abuse is characterized by:

- Abuse of male and female children (predominance of female child victims)
- Abuse of children and adult women
- Abuse of familial and extra-familial victims
- Comparatively low numbers of victims
- Abuse beginning at a younger age
- Prolonged duration of victimization
- High intensity abuse

Network Organized Abuse

Network organized abuse is defined by Salter as abuse that is most often perpetrated by groups of "mostly extra-familial male abusers acting on a shared sexual interest in children."²⁸ Salter goes on to say that groups of perpetrators operating in a given network (e.g., 'sex rings' and 'paedophile rings') rarely target pre-pubescent victims and usually prefer either boys or girls – both genders are seldom victimized within the same network.²⁹

According to Salter, network organized abuse is characterized by:

- High numbers of victims
- Short periods of abuse
- Limited progression of abuse
- Limited influence over victims (compared to familial)
- Use of a combination of inducements (e.g., threats, emotional manipulation)

Institutional Organized Abuse

Institutional organized abuse is defined by Salter as occurring when staff members of a given institution "engage in or arrange the sexual abuse of children in their care."³⁰ Salter states that institutional organized abuse can occur in a variety of settings – their common connection being the presence of children – including schools, day care centres, religious organizations, residential children's institutions, and voluntary organizations, to name only a few.³¹

According to Salter, institutional organized abuse is characterized by:

²⁸ Salter 2013, 29.

²⁹ Salter 2013. For a summary of research on child sex rings, see Harkins and Dixon 2010.

³⁰ Salter 2013, 31.

³¹ Salter 2013.



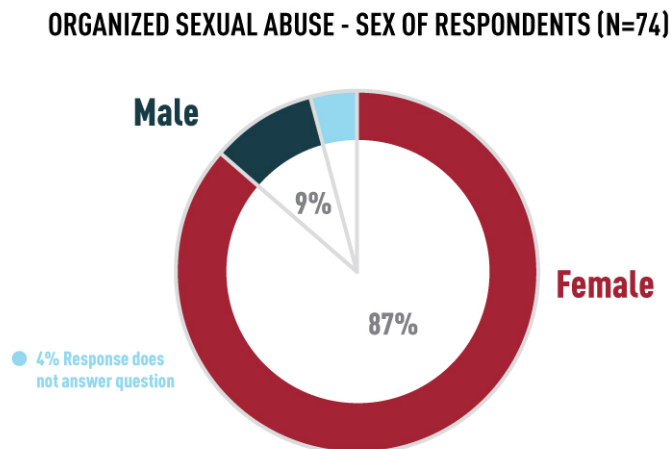
- High numbers of victims
- Extended and serious forms of abuse (including child sexual abuse material, ritualistic)
- Over representation of female perpetrators
- Involvement of very vulnerable children who are unlikely to report

Fact sheet/demographics

“They constitute a group of sexual abuse victims and survivors whose experiences are, literally, unspeakable. Their histories, memories and testimony have been placed beyond belief and, for many, beyond hope.”³²

Of the 150 surveys received, 49% (74 surveys) contained responses with elements indicative of organized child sexual abuse as defined in the previous section. In those 74 surveys, 65% of respondents indicated that their images were distributed online and the other 35% indicated that they were unsure if their images were distributed online. Although when considered together these numbers are consistent with the total number of respondents, when considered separately there is a higher number of respondents in the organized sexual abuse category who specified that their images were distributed online (65% versus 57%).

Figure 36: Sex of respondents

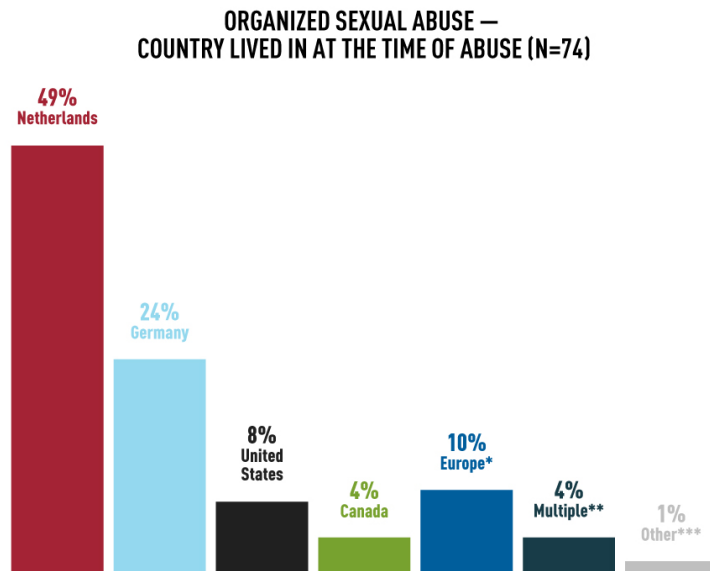


The limited published data on the subject points to the fact that girls are generally the primary targets in cases of organized sexual abuse.³³ This is consistent with the survey’s findings, which show that the vast majority of respondents whose sexual abuse is categorized as organized are female (87%).

³² Salter 2013, 11.



Figure 37: Country lived in at the time of abuse



*Includes at least 3 European countries.

**A response was coded as "multiple" if the respondent indicated that they had either lived in several countries over the time frame in which the abuse occurred or lived in one country but was abused in other countries as well. For example, the respondent may have been abused during a vacation that took place outside of their home country, or the respondent had been specifically taken to another country for filming of the abuse, and/or to facilitate abuse of the respondent by others.

***One respondent referenced abuse occurring in an African country.

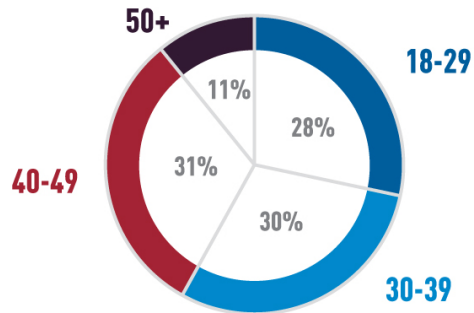
The above graph must not be interpreted as suggesting that abuse is more or less prevalent in any one country. It simply reflects the composition of survey respondents to the date of analysis. Of note, the Netherlands and Germany each have a large victim network through which information about the survey could be disseminated, whereas other countries represented in the survey did not.

It is clear from the data that an overwhelming majority of respondents (83%) indicate that their abuse took place within Europe. This finding, however, must not be interpreted as suggesting that organized child sexual abuse is more prevalent in one part of the world than another. The fact that the Netherlands and Germany appear over-represented is reflective of the existence of a large victim network in both of those countries, through which information about the survey could be disseminated, while the other countries represented do not have such networks.



Figure 38: Current age of respondent

ORGANIZED SEXUAL ABUSE - CURRENT AGE OF RESPONDENT (N=74)



The ages of the respondents reported at the time of the survey demonstrate an almost equal division across age ranges, with 28% between the ages of 18 -29, 30% between 30-39, and 31% between 40-49. The remaining 11% of respondents indicated their current age as 50 years old or older.

What's different about survivors of organized sexual abuse?

“Cases of organized abuse are particularly disturbing. The inequality of power exerted by adults over children, which is a factor in all child sexual abuse, is surely magnified when children are faced with two or more adults making sexual demands.”³⁴

The data collected from the survey revealed a number of fairly consistent patterns which set respondents of organized sexual abuse apart from the larger respondent group participating in the survey. For instance, it was immediately clear that the survivors of organized sexual abuse typically experienced sexual abuse beginning at an earlier age and lasting longer in duration when compared to survivors whose abuse was not organized. This finding is consistent with research and reports published elsewhere.³⁵

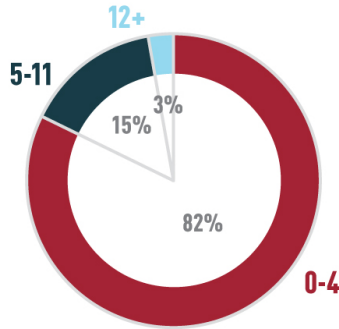
³⁴ Wolak 2015, 31.

³⁵ E.g., Salter 2013; Salter and Richters 2012.



Figure 39: Age abuse started

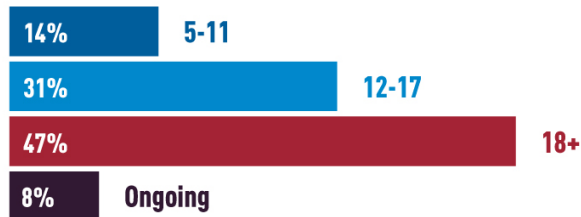
ORGANIZED SEXUAL ABUSE - AGE ABUSE STARTED (N=74)



The data indicates that the age at which the abuse started for survivors of organized sexual abuse has a much greater concentration in the 0-4 age range (82%) when compared to survivors of non-organized sexual abuse (30% n=70).

Figure 40: Age abuse ended

ORGANIZED SEXUAL ABUSE - AGE ABUSE ENDED (N=72*)

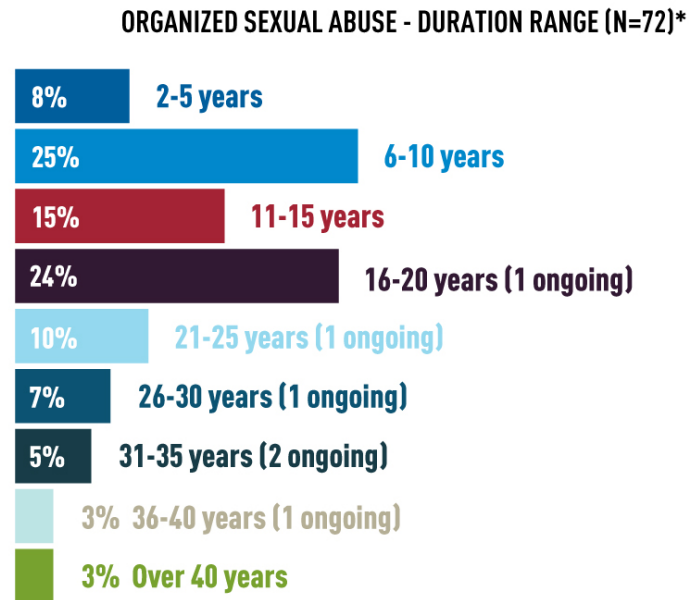


*Two respondents did not provide responses to this question.

The data reveals not only that a significant portion (47%, n=72) of these respondents were over the age of 18 when their abuse ended, but also that the abuse is still ongoing for 8% of survivors. In total, the organized child sexual abuse of 55% of respondents extended into adulthood.



Figure 41: Duration range



*One respondent gave information related to two separate incidences of abuse with the organized abuse ending over the age of 18.

The data collected from the survey indicates that many survivors of organized sexual abuse were abused for long periods of time and in many cases, into adulthood. Specifically, the responses revealed that 25% of organized sexual abuse survivors endured abuse lasting between 6 to 10 years, followed closely by abuse lasting between 16 to 20 years (22%), and 11 to 15 years (15%). There was a wide spectrum with respect to abuse duration; at one end, 9% of organized sexual abuse survivors reported abuse which lasted between two and five years, while at the other end, 21% of organized sexual abuse survivors reported abuse lasting a minimum of 21 years (including 3% whose abuse lasted longer than 40 years). Distressingly, included in the data were six respondents who indicated that their abuse was ongoing; their ages at the time they completed the survey ranged from 20 to 40 years of age – two respondents were between 20 and 29, three were between 30 and 39, and one was between 40 and 49.



Figure 42: Age abuse started, cross referenced with gender

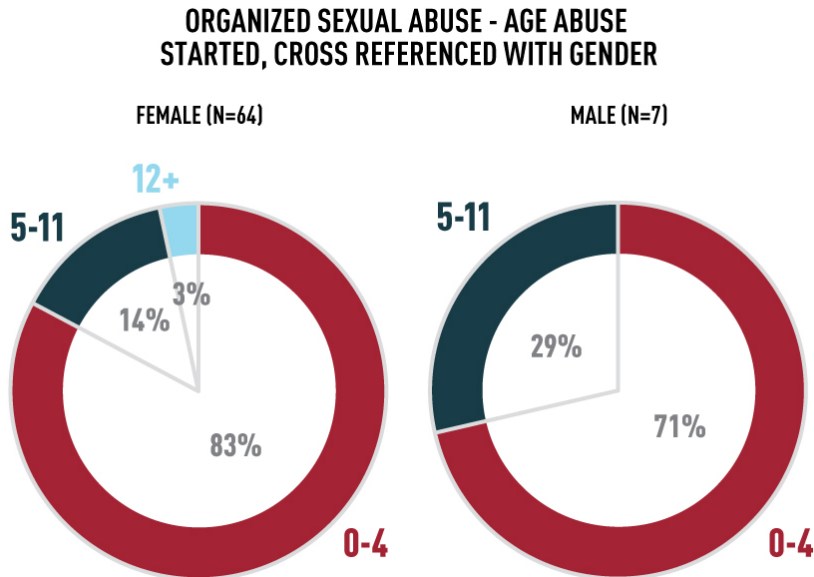


Figure 43: Age abuse ended, cross referenced with gender

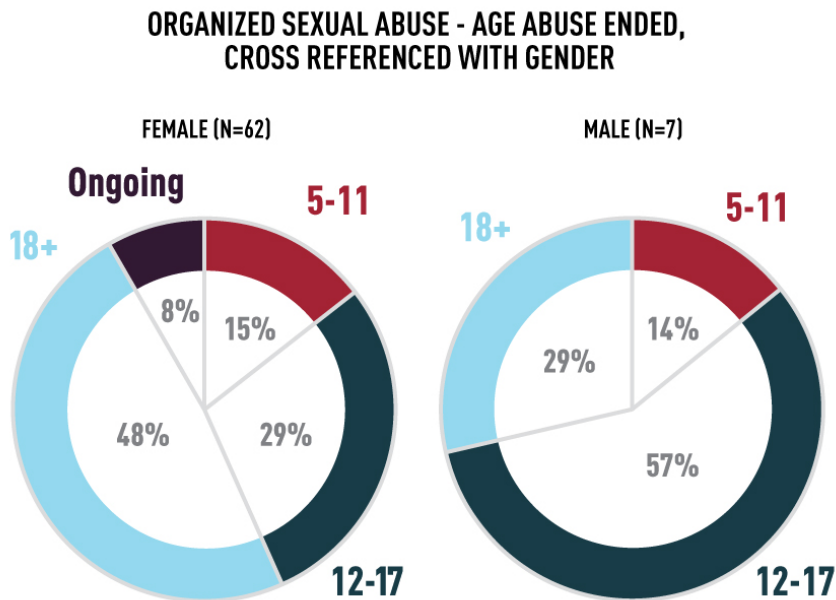
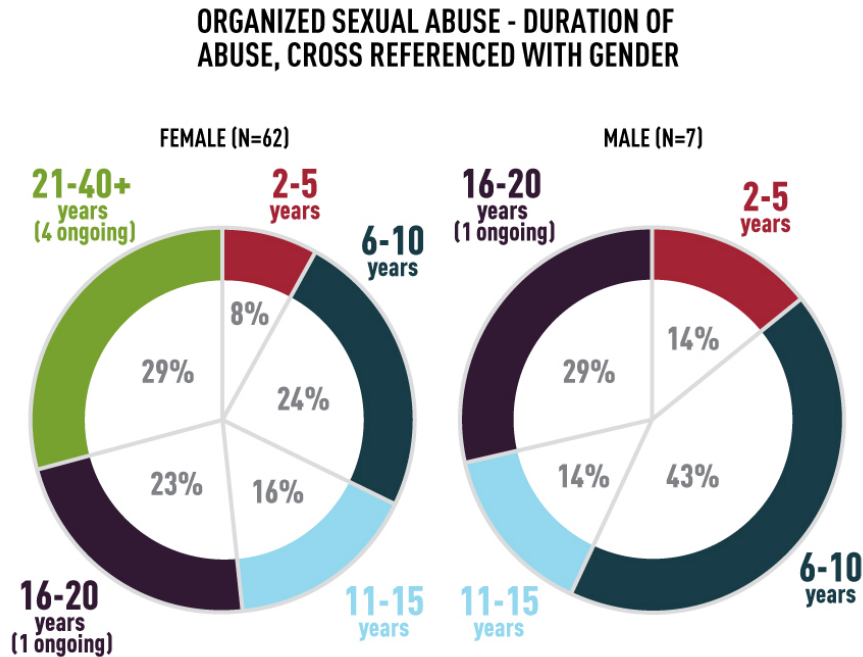




Figure 44: Duration of abuse, cross referenced with gender

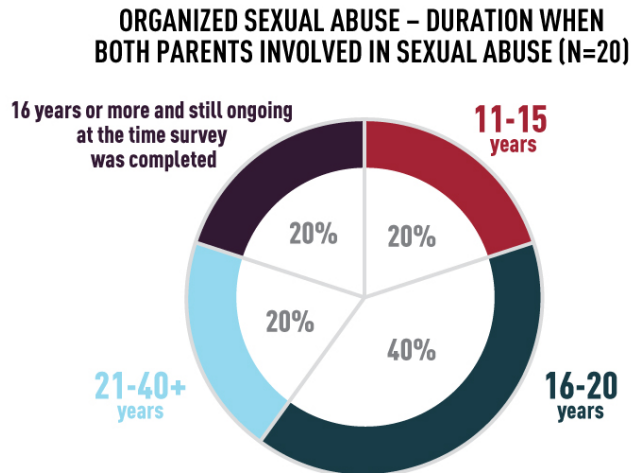


In cases of organized child sexual abuse, the duration of victimization is generally different for boys than for girls. Salter states that while the abuse of boys tends to stop in their early to mid-teens, the abuse of some girls is usually longer and may continue into adulthood.³⁶ Data collected from this survey was consistent with Salter’s findings; survey respondents who are female indicated abuse which started earlier and was likely to extend into adulthood, thereby taking place over a far longer period of time. However, it is worth noting that 3 of 7 male victims were abused for longer than 10 years.

³⁶ Salter 2013.



Figure 45: Duration — Both parents involved in sexual abuse



In cases where the duration of the abuse was known, both the father and mother were perpetrators in 27% of the organized sexual abuse cases. In 100% of these instances, the abuse began before the survivors were five years old (0-4 years) and the duration of the abuse was shockingly protracted, with the majority of respondents reporting abuse lasting over 16 years (80%, n=20). Incredibly, while the minimum duration of organized sexual abuse involving a father and mother was 11 years, in some cases, the abuse lasted longer than 36 years. It is also significant to note that when both parents were involved in the abuse, 20% of the respondents indicated that their abuse was ongoing (n=20).

In addition to speaking of their own abuse, 32 of the larger group of 74 respondents (43%) indicated that other children were also abused by either the same perpetrators or other perpetrators in the organized group or network. While in some circumstances, the other children were known to the survey respondent (such as a sibling or other family member), in other cases, the children were unknown to the respondent. Significant organized child sexual abuse cases – such as Projects Iceberg, Hamlet, and Jericho³⁷ – also show that too often, there are very large numbers of children involved in such exploitation.

Considering the significant duration of abuse coupled with reference by respondents to other children being abused, it can be surmised that when organized sexual abuse is reported by an adult survivor, it may be important to look at the information as more than just a historical abuse allegation that may be difficult to prove. It must be recognized that these adult survivors are not only able to report their own abuse but may also be potential witnesses to the ongoing abuse of other children, or may at least be able to provide valuable information that can lead to a wider network of abusers and children in need of

³⁷ See Appendix on international busts of organized child sexual abuse for more information.



intervention. In short, it is likely that investigations into these reports could uncover further ongoing abuse.³⁸

Impacts and experience of trauma-related disorders

As a result of their abuse, which can be extreme and prolonged, the literature indicates that organized sexual abuse survivors frequently have life-long struggles with trauma-related impacts and disorders.³⁹ Some common examples include self-injury, substance abuse, depression and mood swings, sleep disorders, eating disorders, sexual disorders, phobic anxieties, and perceptual disorders.⁴⁰

One theme that readily emerged from the findings related to organized sexual abuse survivors was the prevalence of dissociative disorders and, more specifically, of dissociative identity disorder (DID) – “a complex, chronic mental illness characterized by the presence of multiple, alternating self-states, personalities or identities.”⁴¹ DID is an extremely serious condition and estimates suggest that if left undiagnosed or untreated, those afflicted with DID have suicide rates which are several thousand times higher than average.⁴²

³⁸ Indeed, the discovery of one case is often just the tip of the iceberg, so to speak, and explains the naming of Project Iceberg.

³⁹ Salter and Richters 2012.

⁴⁰ Coleman 1994; Salter and Richters 2012.

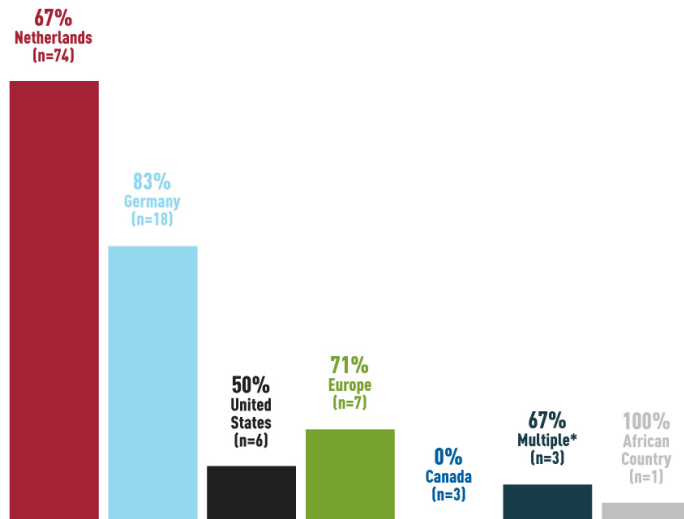
⁴¹ Salter 2013, 71 n. 2.

⁴² Salter and Richters 2012.



Figure 46: Reference to dissociative disorders categorized by country or continent where abuse took place

**ORGANIZED SEXUAL ABUSE — REFERENCE TO DISSOCIATIVE DISORDERS
 CATEGORIZED BY COUNTRY WHERE ABUSE TOOK PLACE (N=74)**



*A response was coded as "multiple" if the respondent indicated that they had either lived in several countries over the time frame in which the abuse occurred or lived in one country but was abused in other countries as well. For example, the respondent may have been abused during a vacation that took place outside of their home country, or the respondent had been specifically taken to another country for filming of the abuse, and/or to facilitate abuse of the respondent by others.

Of the 74 survivors of organized sexual abuse, 50 (68%) reported receiving a diagnosis of or made reference to dissociative disorders or experiencing dissociation, as compared to only 25% of respondents in the balance of the surveys (n=76).⁴³ This is not surprising considering that the literature indicates that DID “develops as a response to chronic and overwhelming trauma exposure in childhood, including organized abuse.”⁴⁴

Many survivors of organized sexual abuse reported that as a result of their DID, they had difficulty with both memory recall and providing accurate accounts of the abuse they experienced.⁴⁵ Some survivors described distinct personalities holding pieces of their memories separate from their whole selves. Many

⁴³ Interestingly, the data from the survey also revealed a higher concentration of this disorder being diagnosed amongst European respondents (70.69%) as compared to North American respondents (40%). There may be many reasons for this discrepancy, and the Canadian Centre is taking part in consultations to learn more about the disorder and the views of professionals in a position to diagnose the disorder.

⁴⁴ Salter 2013, 71 n. 2.

⁴⁵ Recurrent amnesia surrounding current and/or past events is a common characteristic of DID (Coleman 1994; Chu et al. 1999; Salter 2013).



also reported that they felt that their DID made their memory recall so unreliable that they were less likely to come forward and report their abuse because they felt they would not be believed.⁴⁶

Another important issue surrounding organized child sexual abuse is the role of therapists in the retrieval of previously unrecalled memories of childhood abuse. Although skeptics may “question the validity of recovered memory of childhood abuse, arguing that many clinicians may be colluding in the creation of pseudomemories,”⁴⁷ and while some studies have shown that contents of memories can be inaccurate and influenced by both suggestion and emotional arousal, research indicates that “the bulk of memory research actually supports the accuracy of memory for the central components of significant events.”⁴⁸ Moreover, clinical research generally recognizes that a correlation exists between dissociative amnesia and recovered memory in relation to particularly traumatic events. Specifically, high levels of dissociative symptoms – including amnesia for abuse memories – is highly correlated with the early onset of abuse, the protraction of abuse, and the severity of abuse (e.g., violence, multiple perpetrators, physical injury, fear of death).⁴⁹ Further, the results of a study on childhood abuse and dissociative symptoms and amnesia indicate “that many or most reports of childhood abuse are pseudomemories [and] abuse memories that are recovered in therapy are not necessarily suspect.”⁵⁰

“Don't condemn a victim because they have done something that may have been less sensible. Be aware that may behaviours that are less sensible stem from the inability to have acted in some other way.” – Survivor in response to the question “What would you like police to know/understand?”

⁴⁶ For more information explaining why respondents may not disclose, see the ‘*Why the Abuse is not Disclosed*’ section.

⁴⁷ Chu et al. 1999, 749.

⁴⁸ Chu et al. 1999, 750.

⁴⁹ Chu et al. 1999.

⁵⁰ Chu et al. 1999, 754.



Impacts on education & employment

Figure 47: Highest level of education completed

ORGANIZED SEXUAL ABUSE - HIGHEST LEVEL OF EDUCATION COMPLETED:

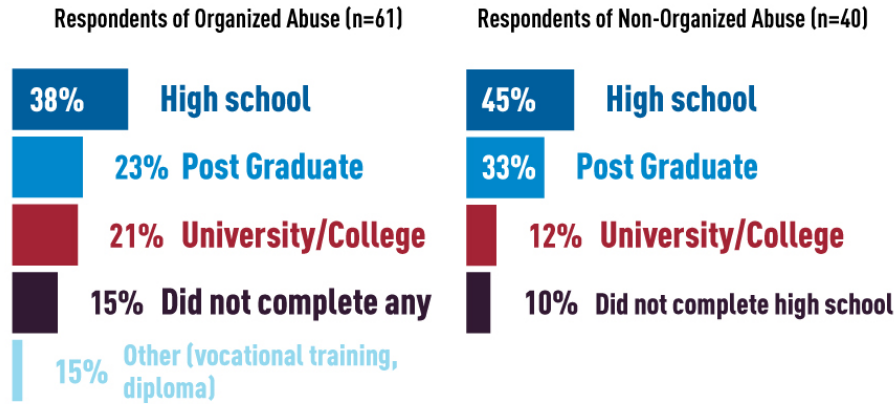
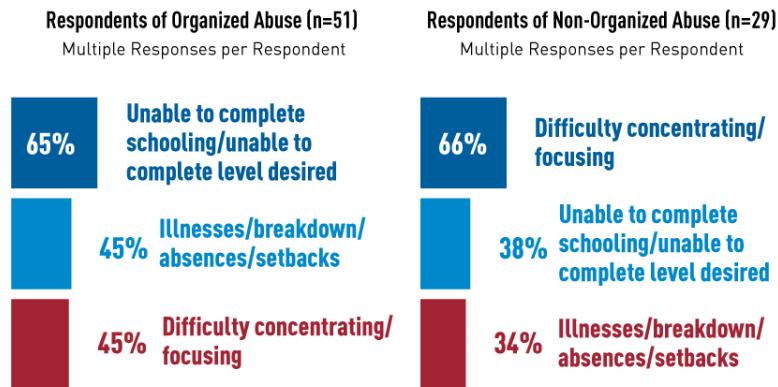


Figure 48: Negative impacts on education

ORGANIZED SEXUAL ABUSE - NEGATIVE IMPACTS ON EDUCATION/ACADEMIC SUCCESS



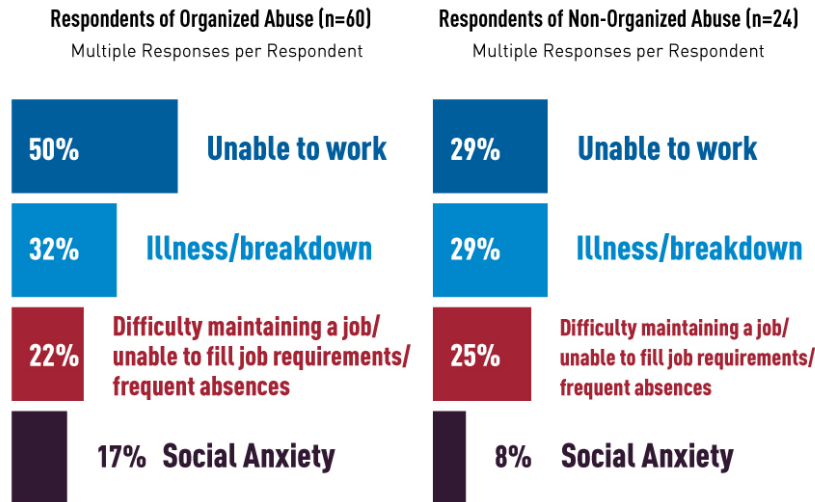
Less common impacts included:
 Fear/difficulty with teachers/distrust of others (14%); difficulty with peers (8%)

Less common impacts included:
 Fear/difficulty with teachers/distrust of others (3%); difficulty with peers (3%)



Figure 49: Negative impacts on employment

ORGANIZED SEXUAL ABUSE — NEGATIVE IMPACTS ON EMPLOYMENT



Other negative impacts reported included: fear of being recognized (8%), too few options due to lack of education/working below level (7%). Examples of responses coded as "other" include: safety concerns; possible triggers; little self-confidence; limit personal goals.

Other negative impacts reported included: fear of being recognized (4%), too few options due to lack of education/working below level (8%). Examples of responses coded as "other" include: safety concerns; possible triggers; little self-confidence; limit personal goals.

Survivors of both organized and non-organized sexual abuse reported feeling that their experiences had negatively impacted their educational success as well as their ability to gain and/or maintain employment due to psychological and physical problems associated with their abuse. A higher percentage of organized sexual abuse survivors (97% n=62) reported negative impacts to their employment, as compared to 65% of survivors of non-organized sexual abuse (n=37). Overall, the data gathered from respondents revealed that the impacts of organized sexual abuse are consistently more detrimental to survivors' education and employment than the impacts of non-organized sexual abuse (when looking at each impact type overall, not the impact on each individual). One notable concern was the high level of absences/illnesses which interrupted the respondents' education. Survivors of organized abuse are also more likely to be unable to work or to be certified as incapacitated for work; 50% of organized sexual abuse survivors are unable to work as compared to 29% of non-organized sexual abuse survivors.



Pregnancy

Pregnancy as a result of the abuse is another variable with findings that are notable for survivors of organized sexual abuse. The original version of the survey did not ask about pregnancy but the question was added because survivors of organized sexual abuse were mentioning it. However, even after the question was formally added to the survey, the only respondents who indicated they became pregnant were five females, all of whom were survivors of organized sexual abuse. In total, 12% of survivors of organized sexual abuse make reference to getting pregnant as a result of the abuse (n=74).

Why the abuse is not disclosed

“Survivors of organized abuse face a number of systematic barriers to disclosure and help-seeking. In abusive groups, victims are subject to intensive manipulation by perpetrators in order to inhibit disclosure, including the induction of fear and pain of such a degree as to profoundly dysregulate memory and emotional processes.”⁵¹

Disclosure: (how was the hands-on abuse discovered?)

The literature outlines a number of reasons why survivors of organized sexual abuse are often hesitant to disclose (if they choose to do so at all). Some of these reasons are driven by survivors’ mental states (or perceptions thereof), while others are driven more by external factors relating to their relationships with the perpetrators of their abuse. The fact that survivors of organized sexual abuse are prone to suffer from any number of trauma-related impacts and disorders suggests that “many victims of such abuse are unlikely to ever disclose and others are silenced through suicide.”⁵² Some common perpetrator strategies to inhibit or prevent disclosure include drugging children (to reduce and interfere with recall), threats of death or harm, a relation of dependence with the perpetrator, and/or forcing children into sexual contact with other children (to engender a sense of guilt and complicity).⁵³ Indeed, “enforced perpetration by very young children is essential to the indoctrination process. This continues into adulthood, by which time they comply, however reluctantly. In truth they have little choice, but they do not easily forgive themselves.”⁵⁴

Other factors which play a role in inhibiting disclosure and/or preventing survivors from seeking help include dissociation disorders and amnesia – both of which survivors may feel undermine their credibility in the eyes of those in a position to help.⁵⁵ Attachment is another factor which might “compel

⁵¹ Salter 2013, 174.

⁵² Salter 2013, 104.

⁵³ Salter 2013.

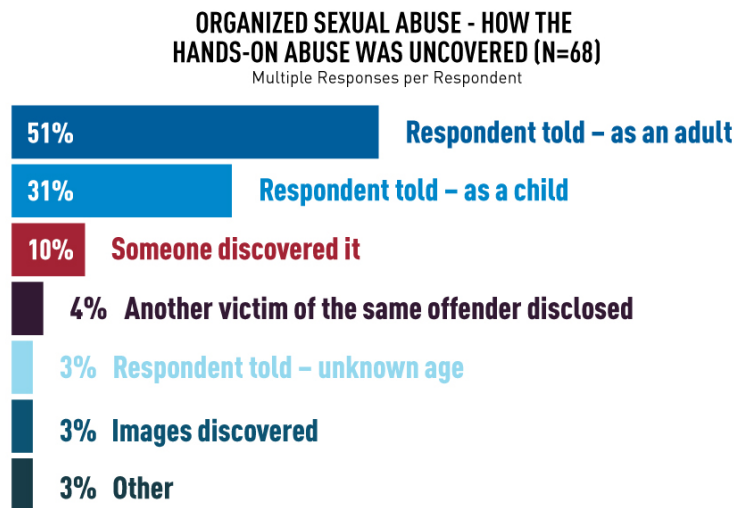
⁵⁴ Coleman 1994, 89.

⁵⁵ Salter 2013.



victims to obey their abusers whilst inhibiting them from disclosing their abuse or seeking help.”⁵⁶ Finally, reports suggest that it is common for perpetrators to employ blackmail (often child abuse photographs of the victims) in order to prevent disclosure and to ensure the compliance of children in organized abuse (e.g., “Do what I say, or I will send these images of you to your parents, friends, school, etc.”). In addition to concerns over the use of such images for the purposes of blackmail and inhibiting disclosure, a study on technology-facilitated organized abuse found that the high rate of production of such photographs obviously raises “concerns about victims, who may suffer additional harms if their images are distributed online.”⁵⁷ Finally, Salter states that “once organized abuse was underway, threats, blackmail and reality-distorting techniques were employed to cement the control of the abusers over the child and minimize the risks of disclosure and detection.”⁵⁸

Figure 50: How the hands-on abuse was uncovered



Two respondents (not included in the graph above) indicated that the hands-on abuse had not been uncovered.

Examples of responses coded as “other” include: the offender had communicated with another person online; and when the victim gave birth to a child.

As demonstrated by the graph, 31% of survivors of organized sexual abuse found the courage to tell someone as a child. For two of these children, the abuse had already ended at the time they disclosed. Unfortunately, however, the majority (68% n=19) of those who disclosed as a child where the abuse was ongoing were either not believed or their disclosure was actively ignored, thereby allowing their abuse to continue, as compared to 25% of survivors of non-organized sexual abuse who disclosed as children and the abuse did not stop (where the abuse was ongoing at the time they told, n=12). Additionally, of

⁵⁶ Salter 2013, 14.

⁵⁷ Wolak 2015, 30.

⁵⁸ Salter 2013, 132.

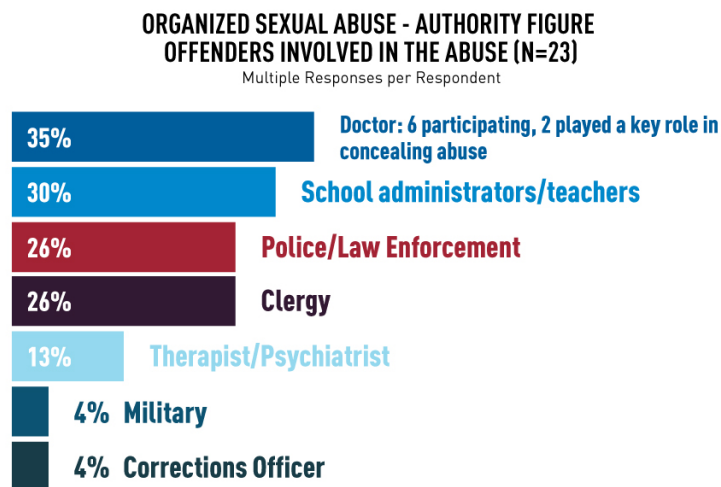


the 7 survivors who indicated that their abuse was discovered as a child, 71% indicated that the abuse did not stop even after being discovered by school personnel, doctors or a family member (n=7). Of those survivors of organized sexual abuse who disclosed during their childhood, many indicated that they first told a person in a position of authority including police (1), school personnel (2), doctor (1), therapist (1), child protection worker (2), music teacher (1), foster parent/group care or shelter provider (2), priest (1), and family member (3). Only four respondents indicated that they told someone who would not have been in a direct position to intervene in the abuse, including respondents who told a friend/acquaintance or disclosed within an online forum.

When compared to childhood disclosures, a notably higher percentage of organized sexual abuse survivors who disclosed did so as adults (51%). Nonetheless, for the majority of those survivors where the abuse was still ongoing at the time of their disclosure (71%), the abuse continued after disclosure (n=14). Those respondents who disclosed as adults told either their therapist (17), romantic partner (6), friend (6), parent (1), doctor (1), co-worker (1), pastoral worker (1) or university professor (1), as opposed to police, who would be in a better position to intervene and/or investigate.

As addressed in more detail below, in addition to parents or other familial authority figures perpetrating the abuse, many of the survivors indicated that they were abused by those who gain their authority by virtue of their profession, such as doctors, religious leaders, counsellors, school staff, or police.

Figure 51: Authority figure offenders involved in the abuse



Whether real or perceived, a perpetrator’s authoritative occupational status can significantly impact the ability of survivors to trust the people and the systems that are supposed to protect them. A total of 31% of organized sexual abuse survivors described persons in authoritative occupations involved as perpetrators of their abuse. Indeed, the secretive nature of organized sexual abuse “is maintained not

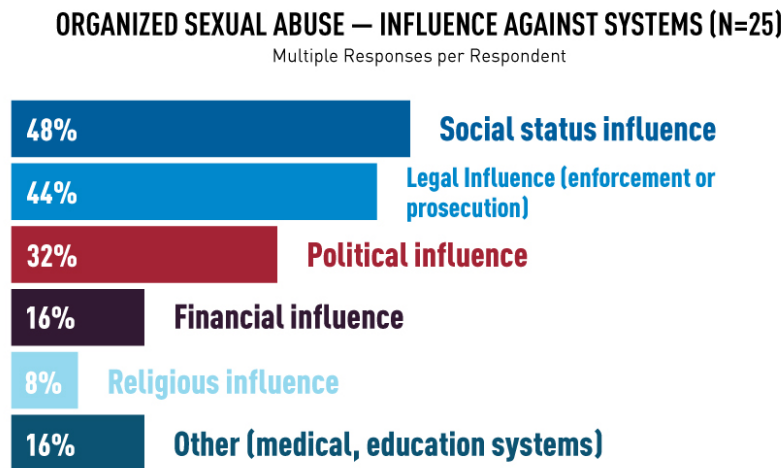


only by the collusion of perpetrators, but also by the socially legitimized power that perpetrators of organized abuse enjoy over their victims as parents, teachers and other authority figures.”⁵⁹ Considering that these perpetrators represent the societal institutions intended to protect and nurture citizens’ mental, physical, and spiritual safety and well-being, it is clear that survivor distrust in the people and the institutions they represent is not misplaced.

“Sometimes I wonder if he really was with the police or that he was just saying that to make sure I wouldn't go to the police” – Survivor in response to the question “Please describe any threats or consequences of not complying with the abuse or expectations”

A number of survivors also described their abusers deliberately instilling a fear of authority. This included abusers making disparaging remarks about police, threatening that the survivor would be charged by police because of their ‘participation’ in the abuse, abuse occurring in hospitals or police cells and instilling a general mistrust of authority.

Figure 52: Influence against systems

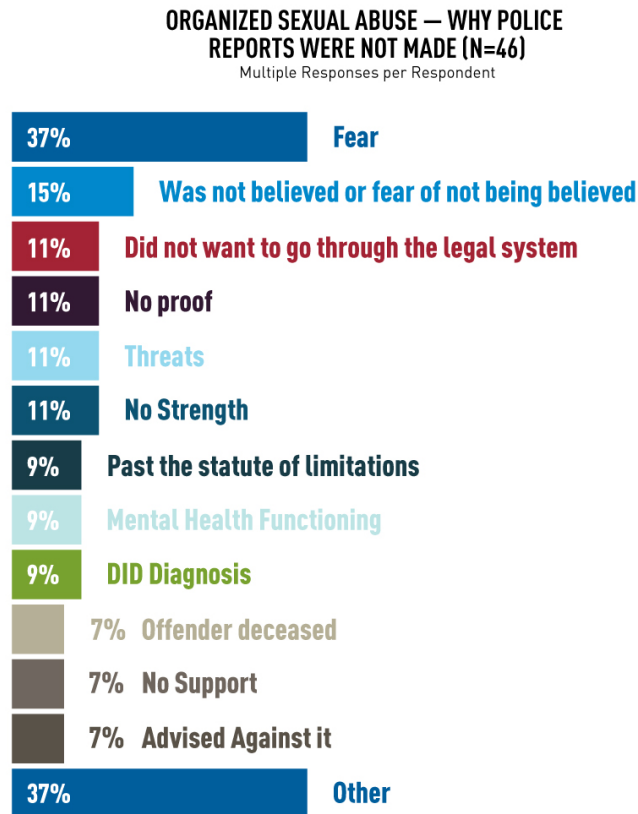


In addition, 34% of organized sexual abuse survivors described the influence the perpetrators or organized groups had on political, religious, financial or legal systems that allowed them to continue to perpetrate their abuse without question.

⁵⁹ Salter 2013, 3.



Figure 53: Why was a report not made to police?



In addition to the perceived authoritative position of one or more offenders and consequential reluctance to trust those in authority, survivors identified a number of other barriers surrounding their decision whether to make a report to police. In total, 62% of the organized sexual abuse survivors did not make a report to police. The reasons provided by those survivors, as set forth in the above graph, speak to the difficulty in getting this particular group to report. Not surprisingly, the data indicates that the most common reason for not reporting such abuse to authorities was fear (37%).

In the “other” category, survivors’ responses included limited recollection of the abuse or feeling unable to articulate their experiences, not feeling stable enough, feeling that the incident took place too long ago, or feeling unsure of the value of the report. In the “other” category, survivors also mentioned a fear of being seen as the offender (referring to having been made to participate in their abuse or abuse others). According to the literature, this is a common strategy employed by perpetrators of organized abuse to inhibit disclosure and is an essential part of the indoctrination process.⁶⁰ Although such fear is certainly justified when considered in context, it is crucial to remember that “what may appear, to an external observer, to be an adult’s ‘decision’ to participate in sexual activity (however unusual or

⁶⁰ Coleman 1994.



sadistic) or to engage in some other risky behavior is in fact better understood as a coerced response underpinned by a history of abuse, fear and manipulation.”⁶¹ While the concept of “survivor’s guilt” may go a long way toward explaining a survivor’s inability to either disclose or bring to the attention of police, survivors in these cases “often harbor a genuine fear that, should they report their abuse to others, then they will also face criminal prosecution alongside those that abused them.”⁶²

The reasons outlined above are significant barriers to victims reporting their abuse and such fears or apprehensions should in no way be marginalized. Still, given the reality of ongoing abuse for several of the survey’s respondents and the near certainty that other children are currently victims of organized child sexual abuse by the same organized group, there is a real and tangible urgency, now more than ever, “to raise the profile of organized abuse among those most likely to encounter sexual abuse cases.”⁶³ It is the Canadian Centre’s hope, therefore, that the accounts provided by the survivors, and the courage they displayed in offering them, will help increase public awareness, encourage other survivors to disclose and seek help, and provide a measure of hope to those who have experienced this type of abuse, including those whose abuse is still ongoing. Ultimately, the challenge is how to integrate the data collected into policy and practice.⁶⁴

Figure 54: What is your understanding of why charges were not filed?

ORGANIZED SEXUAL ABUSE — WHY CHARGES WERE NOT FILED/LAID (N=18)

Multiple Responses per Respondent



In spite of the challenges and exposure involved, 38% of organized sexual abuse survivors did report their abuse to police. Of these, however, criminal charges were laid in only 7 cases (28% n=25). In the 18 cases (72%) where charges were not laid, it appears that survivors and/or law enforcement officials

⁶¹ Salter 2017, 11.

⁶² Salter 2013, 174.

⁶³ Salter 2013, 175.

⁶⁴ Salter 2013.



often faced additional barriers to substantiating and/or to filing the charges; these barriers included a lack of evidence, the statute of limitations had expired, the perpetrator was deceased, police/prosecutors did not pursue the survivor’s complaint, and, predictably, the survivor’s disclosure was not believed/seen as credible (n=25). As previously mentioned, descriptions of organized sexual abuse can strain credulity for people – authorities or otherwise – unfamiliar with the subject. Even health professional and scholars in the field may still “experience the same initial sense of disbelief, for what they hear belies all concepts of normal human behaviour.”⁶⁵ Therein lies the danger; perpetrators of organized sexual abuse count on survivors being met with skepticism and disbelief if they speak of their experiences.

Figure 55: Threats or consequences for non-compliance



Other threats/consequences included making people believe it was the victim’s fault (13%); making the victim watch the abuse of other children or saying other children would be abused if the victim did not cooperate (13%); confinement (11%); withholding food, drink, or sleep (6%); loved ones would withdraw affection (2%); and offenders (if family) would withdraw affection (2%).

“No threats were necessary. There were 5 adult men, I was six years old” – Survivor, in response to the question “Please describe any threat as or consequences of not complying with the abuse or expectations”.

As with many victims of child sexual abuse, threats are a common means of ensuring compliance.⁶⁶ Accordingly, of the 64 respondents who reported being threatened by perpetrators, 49 (77%) were personally threatened with physical harm/punishment (51% involved threats of death), while a threat to a family member occurred in 18 instances (28%) (56% involved threats of death) and threats against a person/animal in the respondent’s life occurred in 16 instances (25%) (44% involved threats of death). Although comparably fewer experienced them, some survivors received threats of a much darker variety: threatened to force the victim to watch the abuse of others / that other children would be

⁶⁵ Coleman 1994, 91.

⁶⁶ Salter 2013.

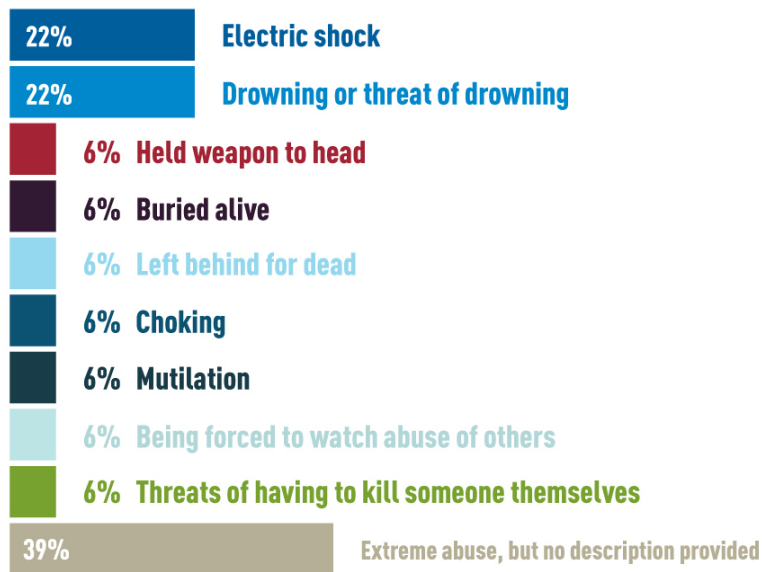


harmful in 8 (13%) cases; 7 (11%) survivors were threatened with confinement; and 4 (6%) received a threat that food, drink, and/or sleep would be withheld.

While the threats outlined in the previous paragraph are alarming, the responses provided by some survivors demonstrated a trend towards far more extreme levels of physical and mental abuse, as set out below.

Figure 56: Extreme abuse or threats

ORGANIZED ABUSE - THREATS OR CONSEQUENCES TO NOT COMPLY (N=70)
 Multiple Responses per Respondent



Among the 64 respondents who reported receiving threats for non-compliance, 18 (28%) also reported severe and abhorrent forms of threats and abuse;⁶⁷ these included receiving electric shocks, being threatened with drowning, having weapons held to their heads, being buried alive, being left for dead, being choked, and/or being mutilated. Additionally, 7 respondents indicated having suffered extreme abuse or threats but provided no further details. Finally, while the question asked in the survey was related to any threats or consequences if they did not comply with the abuse, many respondents affirmed that the above consequences did actually occur and specifically described being choked, beaten, drowned, and having their pets killed.

⁶⁷ Four survey responses indicated that there were no threats involved in the extreme abuse; this speaks to the normalization as well as the helplessness felt by these victims.



What do we know about the networks/offenders?

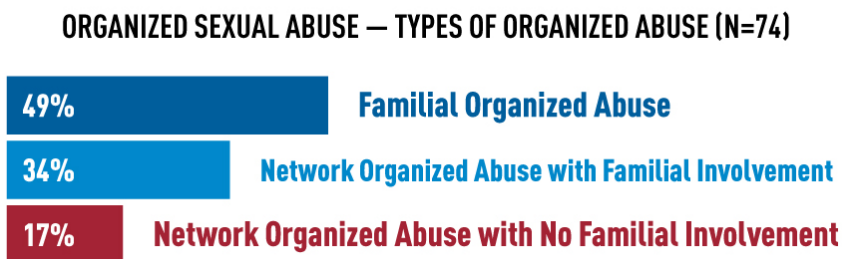
“Organized abuse involves the collision of risk, transgression and sexuality in the company of like-minded others, constituting a collective ‘edgework’ experience that is linked to ideologies of masculine sexual domination and superiority.”⁶⁸

As seen in the definitions outlined in the beginning of this document, there are a number of ways in which adults have organized themselves to abuse children.

Types of organized abuse

Working from the definitions provided by Salter, the experiences of the survivors within this survey were categorized as follows:

Figure 57: Types of organized abuse



Familial Organized Abuse, 49% (36): 2 or more family members, usually with the addition of outside persons

⁶⁸ Salter 2013, 25.



Figure 58: Familial organized abuse, family members identified

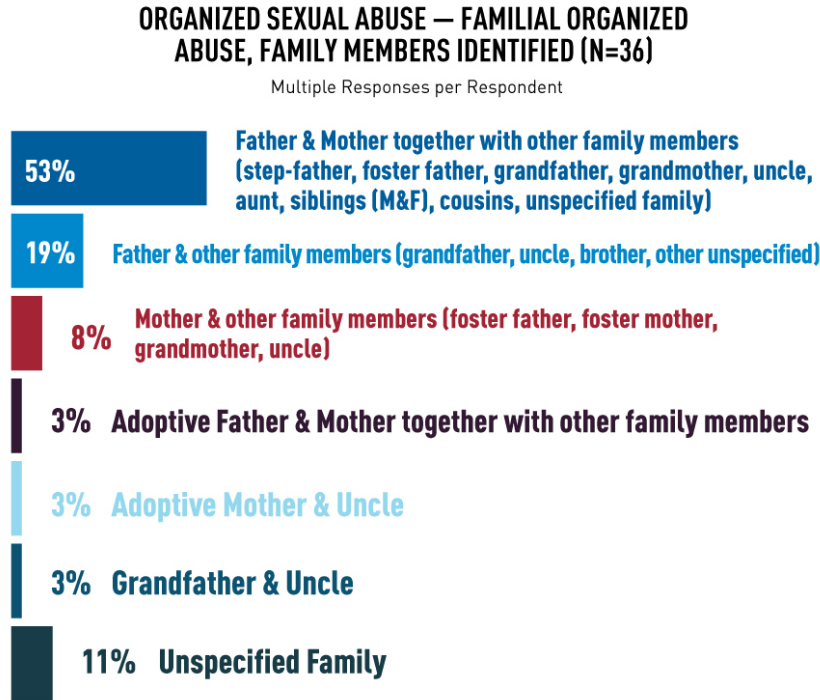
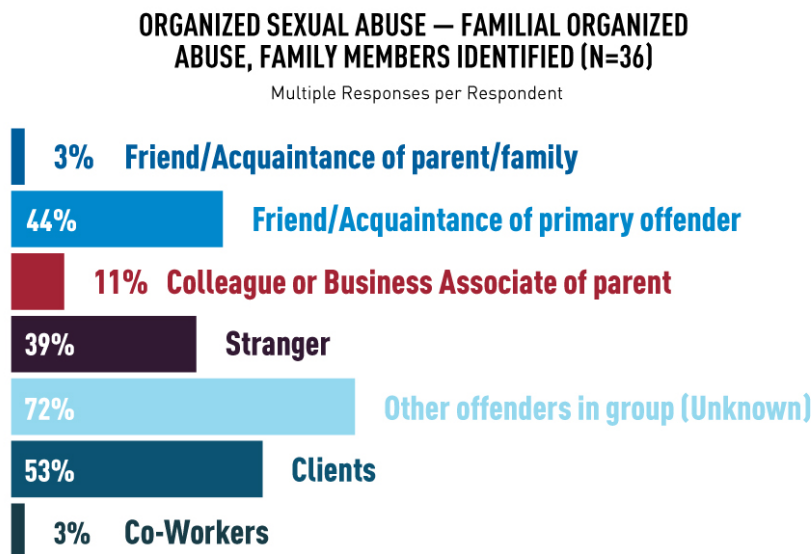


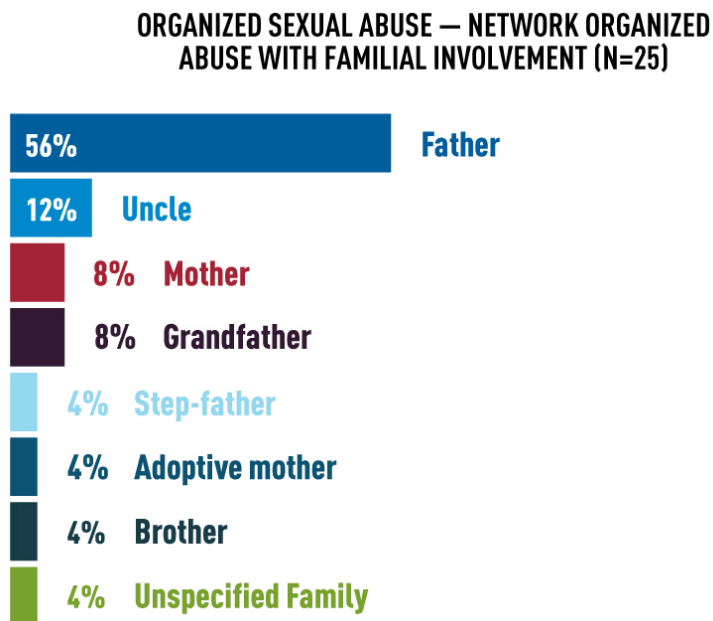
Figure 59: Familial Organized Abuse, Persons brought in by Family Members





Network Organized Abuse with Familial Involvement, 34% (25): no more than 1 family member involved with outside persons.

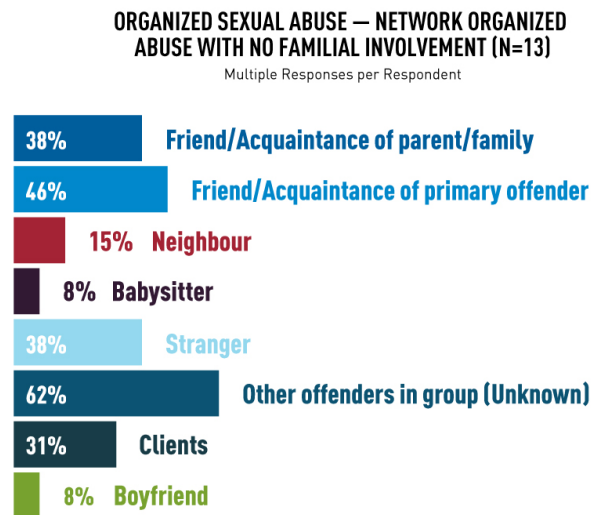
Figure 60: Network Organized Abuse with Familial Involvement





Network Organized Abuse with No Familial Involvement, 17% (13): More than one person involved in the abuse, with no family members involved or aware of the abuse.

Figure 61: Network organized abuse with no familial involvement



Familial organized abuse represented the largest subcategory, accounting for 49% of the organized sexual abuse reported by the survey’s respondents. It is important to note that when considering this category in combination with network organized abuse with family involvement, we see that a family member was involved in a total of 83% of the abuse cases.

Of note within the familial organized abuse, in the 19% of cases where only the father (as opposed to the father and mother) was involved in the abuse, the gender of all other offenders involved was male, including any reference to offenders outside of the family. When considering the circumstances where the mother, and not the father, was involved in the abuse – the gender of the other offenders involved were mixed, both male and female.

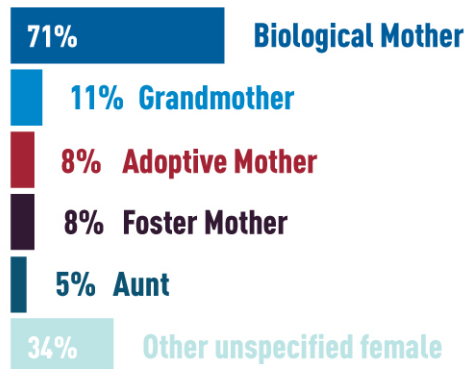
The data showed that in 48 of the 74 (65%) organized sexual abuse-related surveys, the primary offender was a parent or someone acting in the place of a parent, such as an adoptive or step parent. Additionally, a significant number of respondents (27%) indicated that *both* parents were involved in the abuse in some capacity, which could include as hands-on offenders, facilitating the abuse with other offenders or knowing about the abuse and actively not intervening. Many respondents did not specifically indicate if the abuse was perpetrated by a biological parent or an adoptive/step parent. If a response specified that the offender was an adoptive parent or a step-parent, this fact was documented within the data.



Figure 62: Female Offenders

ORGANIZED SEXUAL ABUSE — ADULT FEMALE OFFENDERS (N=38)

Multiple Responses per Respondent
The categories of females named within the surveys
in the context of offending (in some capacity) were:



As alluded to earlier in the document, the role of the adult woman in the organized sexual abuse cases was surprising. An analysis of the text-based responses, utilizing the respondents' descriptions of the females mentioned to determine their role, demonstrated that 51% of the respondents mention at least one female in the context of their organized abuse. It is important to note that this was not a specific question asked in the survey so there may have been other respondents who did not mention the role of females in their abuse or who did not provide enough detail for a determination of the female role. The scope of female involvement ranged from tacit acceptance to active participation.

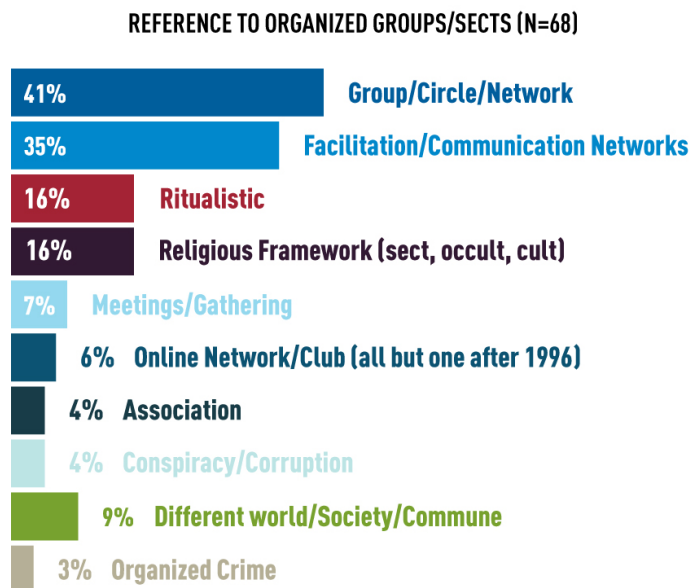
In cross referencing the gender role with the role in the abuse we see:



Figure 63: Role of female offenders

Offender Type (n=38)	Tactic Acceptance	Knowledge/actively concealing	Facilitated access	Participation (listed in offender group or otherwise specified)
Biological Mother	5% (2)	5% (2)	11% (4)	58% (22)
Adoptive Mother			3% (1)	5% (2)
Foster Mother				3% (1)
Grandmother				11% (4)
Aunt		3% (1)		3% (1)
Other unspecified female(s)	3% (1)	3% (1)	29% (11)	3% (1)

Figure 64: Reference to organized groups/sects



92% (68) of respondents referred to network, organization, group or sect in relation to their abuse.

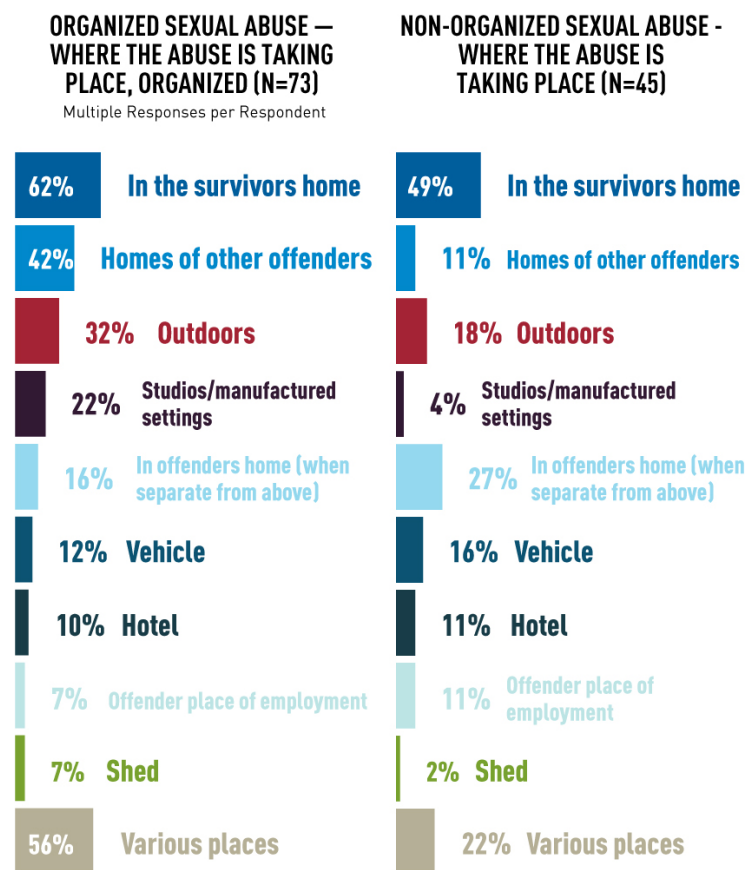
A number of survivors reported circles or networks that were very close-knit. In particular, descriptions of ‘main circles’ with peripheral members were common within the responses. Many survivors recounted the feeling of being raised in ‘two worlds’ – the world of sexual abuse and the outside world



which was kept very separate or compartmentalized from the sexual abuse. Survivors reported being told to not raise attention to themselves—for example, by neither excelling nor failing in school. The importance of skirting authorities and staying under the radar were themes described by many survivors.

“In our society another society is active. With its own network and own system. Children are bought and sold there and many of the ones that survive later take on another role in that system.... Life proceeds there the way it must” – Survivor, in response to the question “what would you like the public to know/understand”

Figure 65: Where the abuse is taking place



With respect to the physical locations where the hands-on abuse occurred, there were a number of similarities as well as a number of differences between the survivors of organized and non-organized sexual abuse. While similar numbers of survivors described the abuse as occurring in vehicles, hotels, sheds etc., there was a significant difference related to the abuse which occurred in the survivor’s home, outdoors and studios/manufactured settings as noted in the above graphs.



Conclusion

“As a victim of this most horrific form of child sexual exploitation, I have felt alone, misunderstood and helpless. It is time for the world to understand child pornography and the unimaginable impacts it has on us, the victims. We need to find our voice to help those who wish to better understand and help us.” – Victim of child sexual abuse imagery

Discussion

“Detection is always contingent. It depends on a cooperation and a consensus about what matters, what is wrong, what hurts, what is visible, and what is knowable. Detection is above all about what is evident and what is evidence...Seeing is believing...If you don’t believe it is possible for children to be sexually abused en masse by the men in their lives, then you don’t see the signs, even when they are staring you in the face.”⁶⁹

Multiple perpetrator sexual offending is believed to be relatively uncommon but it may actually occur more frequently than realized given that organized sexual abuse is an under-reported and under-researched subject.⁷⁰ Such under-reporting and the dearth of research on the subject may be reasons why the evidence suggests that although survivors of organized sexual abuse represent a visible group known to a range of agencies, the “responsiveness of multiple systems [e.g., police, medical, child protection agencies] to dissociative adults has not kept pace with treatment improvements.”⁷¹ For example, in a 2017 study, Salter interviews both mental health professionals and survivors of organized sexual abuse. The resulting case studies demonstrate that responses from child protection agencies, medical services, and the police ultimately failed the survivors. In the case of the police, it appears that their “lack of training and understanding of complex trauma and dissociation...was a major barrier to investigating and prosecuting adult organized abuse complaints.”⁷² Similarly, while it is not surprising that many survivors were frequently in need of medical attention, it was found that “their atypical injuries and presentations could raise questions about their credibility in medical contexts. Health workers and doctors frequently assumed that their injuries were self-inflicted despite their complaints of victimization.”⁷³ Finally, case studies also demonstrate that because child protection agencies often misunderstand “the specific patterns of victimization...adult organized abuse victims [are often denied] the support they needed to keep themselves or their children safe.”⁷⁴

⁶⁹ Campbell 1988, 71.

⁷⁰ Harkins and Dixon 2010.

⁷¹ Salter 2017, 11.

⁷² Salter 2017, 7.

⁷³ Salter 2017, 8. See Brooks (2001) for similar case studies involving the failure of social services and child protection agencies to safeguard children from organized sexual assault by perpetrator fathers, often by vilifying the mother.

⁷⁴ Salter 2017, 10.



In order to remedy this situation and produce mechanisms for supportive and effective intervention, a greater understanding of the symptoms and mechanics of dissociation disorders and organized sexual abuse is required at all levels. Salter maintains that this can be achieved through “increased training and capacity building for a range of systems and agencies in contact with adult organized abuse victims.”⁷⁵ Indeed, interviews with healthcare professionals and survivors clearly indicate that knowledge of organized sexual abuse was the most important factor in effective treatment in a system where otherwise, “a supportive response to a complaint or disclosure of adult organized abuse was largely a matter of luck.”⁷⁶

Next Steps

“In many respects, the tactics used by organized abuse offenders mirror those used by others who sexually offend against children. Prevention efforts aimed specifically at organized abuse are probably not needed, given existing initiatives to educate children and the public about sexual abuse and encourage disclosure and reporting. Prevention education should also include candid discussions of extra-familial abuse, statutory rape offenses and offender tactics that include seduction, manipulation, and grooming.”⁷⁷

- ✓ **It may be very difficult to uncover “organized” child sexual abuse.** Given the involvement of multiple perpetrators, the nature of the threats that are made to secure compliance, and the fact that often at least one of the perpetrators is a family member, victims of organized abuse are unlikely to come forward on their own, and may not have a safe adult to whom they can turn. Education about this type of abuse is the first step to helping uncover these types of crimes.
- ✓ **Most respondents whose abuse fit the “organized abuse” category did not report what has occurred to the police or another authority like child welfare.** If a report is not made to an authority, and the police do not otherwise discover the images and find the victim, the criminal justice system cannot become engaged. Better understanding the barriers to reporting, and identifying ways in which reporting could be facilitated is a necessary step to improving the dialogue between victims and police.
- ✓ **Even if a victim does report to police or other person in a position of power, they may not be believed. As a result, the allegation may not be investigated fully, if at all, and valuable information that could assist current victims may be left unexplored.** Part of the challenge is victims may not present with a coherent narrative of events (which in turn may be tied to the complex trauma that has been experienced). Also, the abuse being reported may seem too extreme to be believed. However, if a victim who tries to come forward is not taken seriously, that victim is left unprotected, which means not only may they continue to be abused, but the

⁷⁵ Salter 2017, 12.

⁷⁶ Salter 2017, 11.

⁷⁷ Wolak 2015, 31.



abuse of other children may also continue unchecked. Building awareness among law enforcement and other persons in positions of authority regarding the prevalence of this issue is critical to breaking the cycle of organized child sexual abuse.

- ✓ **There is an overall lack of knowledge and awareness tied to female offenders** and females who directly or indirectly facilitate the abuse (e.g., mothers). There is an urgent need to better understand the role that women play in order to better understand what interventions can and should be pursued.

The Canadian Centre plans to continue to review the data provided, and better understand this issue. Information will be shared with all stakeholders. It is hoped that by sharing this information, a deeper understanding of this complex abuse can be achieved, and spur meaningful change to the way in which systems approach situations that may at first seem "incredible".



E. DISCLOSURE, UNCOVERING ABUSE & INTERVENTION

This section focuses primarily on the information respondents provided about how (or if) the circumstances of their abuse became known to others. It covers several issues such as:

- if the respondent told someone about the abuse, when the respondent told (e.g., as a child or adult, while abuse was occurring or after it had ended), who they told, and whether the abuse ended after someone else knew of it;
- if the abuse was uncovered or discovered by another person (as opposed to the respondent telling someone), what the circumstances were surrounding the uncovering or discovery; and
- the success/failure of any steps that may have been taken after the respondent told someone about the abuse, or it was uncovered/discovered.

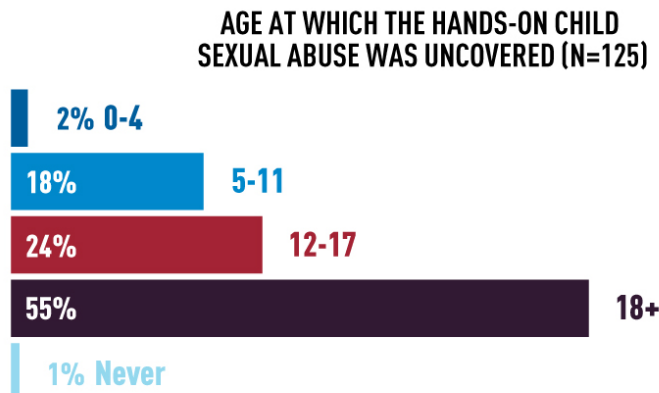
It is hoped that the information in this section can be used to improve understanding of the factors that may encourage or impede a child from telling someone what is happening to them and increase awareness of possible indicators that could lead to early intervention.

Hands-on abuse

Age at which hands-on abuse was uncovered

Respondents were asked how old they were when the hands-on child sexual abuse was uncovered, meaning, when did it become known to someone other than the respondent and the offender. Notably, more than half of the respondents said they had reached adulthood before the abuse was uncovered (55%). This highlights the importance of those adults who may have the opportunity to observe children in environments outside the home (e.g., teachers, medical professionals, child welfare workers) playing a greater role in uncovering abuse that may be taking place.

Figure 66: Age at which the hands-on child sexual abuse was uncovered



Note: One respondent reported on two different abuse situations.



How was the hands-on child sexual abuse uncovered?

Respondents were asked to provide information about how the hands-on abuse was uncovered. A significant number said it was uncovered because they told someone, but it is important to stress that just over one-third of the respondents (35%) told someone while they were a child. It is distressing to note the fact that of those who did tell as children, their disclosures were not always believed or acted upon. Professionals who work with children readily understand how difficult it is for a child to come forward, especially if the abuser is a parent or family member. Yet it is still the case that – except in situations where imagery or recordings are found that clearly establish that abuse has taken place – it is typically the child who needs to tell someone what is going on if they are to be protected.

While it is clearly important to continue ensuring that those children who come forward with an allegation of abuse are supported, it is also important to openly and honestly acknowledge the grim reality that not all children are going to come forward while they are still children. This means that it is critically important for adults who are around children to become better educated about offender behaviour, abuse dynamics and possible signs of abuse so that there is a greater likelihood that the abuse can be uncovered when it is occurring. There will be children who are living realities that make it extremely difficult for them to feel safe enough to disclose or who will perceive that they will not be believed or protected if they do tell. These are the children that need to be identified and protected in another way.

Figure 67: How was the hands-on child sexual abuse uncovered?



Two (of 114) respondents who provided a response to this question indicated that the hands-on abuse had not been uncovered.

Examples of responses coded as "other" include: the offender had communicated with another person online; when the victim gave birth to a child; and when the victim found images as an adult.



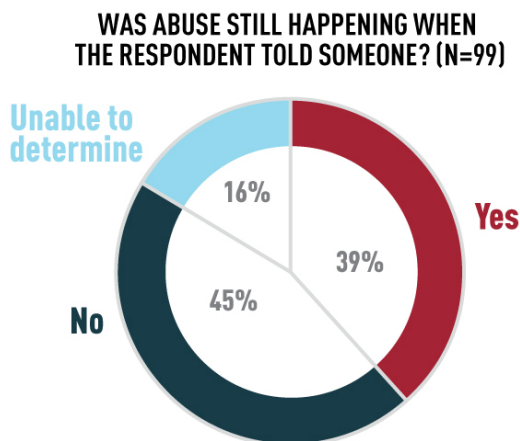
Additional analysis regarding those who told someone

In order to understand more about the experiences of those who told someone about the abuse, additional analysis was performed with respect to those specific respondents, using data that had been shared by the respondent in response not only to the question "How was the hands on child sexual abuse uncovered" but also in response to other questions of the survey.⁷⁸ Responses to other questions were also analyzed because it was noticed that details about how the abuse had been uncovered were often provided by respondents in response to questions that did not ask for that information. The goal was to attempt to capture all information shared about a particular topic regardless of where in the survey the information may have been shared. The result of the additional analysis is reflected in the graphs below:

Was abuse still happening when the respondent told someone?

Respondents were not directly asked if the abuse was still happening when they told someone; however, the amount of detail shared by many survivors made it possible to glean that information from the survey as a whole. The following is the result of that deeper analysis:

Figure 68: Was abuse still happening when the respondent told someone?



*Note: There had been 5 respondents who said that they told someone about the abuse but their age at the time of telling could not be determined from their response. From the information analyzed for these respondents, it was determined that the abuse had ended for one of the 5 respondents. It was not possible to determine if abuse had ended for the other 4 respondents at the time of telling.

⁷⁸ For example, a question that was often checked in addition to *How was the child sexual abuse uncovered?* (n=114) was the response to the question *At what age was the hands-on child sexual abuse disclosed/uncovered?* (n=125). These two questions differed in the number of respondents who answered the question and in the information shared. Accordingly, the numbers for each of the additional graphs will differ.

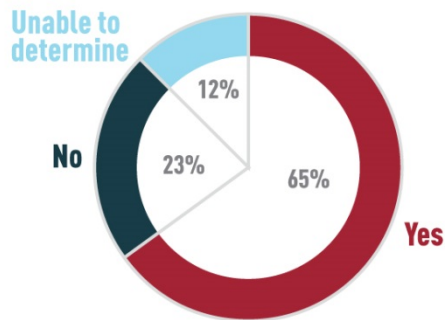


If respondent was a child at the time they told someone, was the abuse still happening?

Information about the respondent's age when they told someone was cross referenced with the information gathered about whether the abuse was ongoing. The following is the result:

Figure 69: If respondent was a child at the time s/he told someone, was the abuse still happening?

IF RESPONDENT WAS A CHILD AT THE TIME S/HE TOLD SOMEONE, WAS THE ABUSE STILL HAPPENING? (N=40)

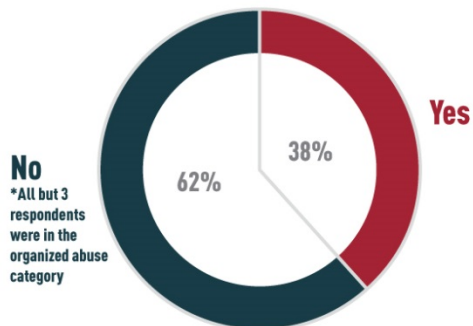


If respondent was a child at the time they told someone and the abuse was still happening, did the abuse stop after telling someone?

Again, respondents were not directly asked if the abuse stopped after telling someone but this information could be drawn out from all the responses provided by the respondent. It was disheartening to see how many respondents were not protected from further abuse after disclosing.

Figure 70: If respondent was a child at the time s/he told someone and the abuse was still happening, did abuse stop after telling someone?

IF RESPONDENT WAS A CHILD AT THE TIME S/HE TOLD SOMEONE AND THE ABUSE WAS STILL HAPPENING, DID ABUSE STOP AFTER TELLING SOMEONE? (N=26)



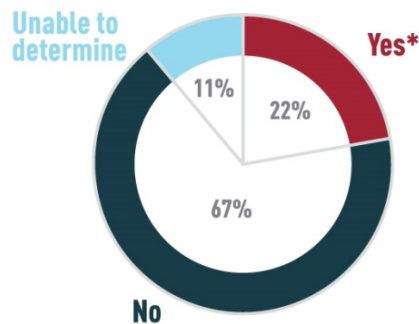


If respondent was an adult at the time they told someone, was the abuse still happening?

It was noted earlier in this report that some respondents were abused into adulthood. That information was analyzed together with information about how the child sexual abuse was uncovered:

Figure 71: If respondent was an adult at the time of telling someone, was the abuse still happening?

IF RESPONDENT WAS AN ADULT AT THE TIME OF TELLING SOMEONE,
WAS THE ABUSE STILL HAPPENING? (N = 54)



*For 100% of the respondents who told someone about the abuse as adults while the abuse was still happening, the abuse did not stop as a result of the telling someone.

Some examples of the answers that the respondents gave to the question "How was the hands-on child sexual abuse uncovered" that are notable to better understand the above graphs are set out in the sections below.

When they told

As noted above, most respondents who told someone did not do so until they became an adult. Even for those who told as children, it appears they were on the older end of the spectrum when they did tell. Some of the responses received that provided an indication as to *when* the respondent told someone, as well as some information about the circumstances that prompted the disclosure, are set out below:

- *The abuse was not disclosed until I was 18 years old*
- *I did get help around age 15. I first got help for other problems ... gradually I started naming the issue.*
- *When I was older (15), the abuse had not stopped, but abuse related to imagery had ..."*
- *I disclosed it when I was 14 (after being more or less forced to see a psychologist).*
- *I disclosed it myself for the first time during counseling.*
- *During a conversation with an elder sibling, during which I found out that she too had been abused by the same person. It had been invisible within our household.*
- *I disclosed the abuse as an adult.*
- *I told about it when I was 19.*
- *Placed away from home at age 16, reported it there to supported living supervisor*



- *I first spoke about the abuse with a supervisor when I was at university, in very few words, merely 'there is something with my father; I couldn't utter a word beyond that. He was so perceptive that he understood that a lot more was wrong.*
- *[told as a child] ... With [the other (secondary) abuser] I told my parents. There was a big investigation and I was taken into [child welfare] custody. I was very confused and scared. Made it hard to come forward about the rest and [primary abuser]. ... [Primary abuser] had inserted himself into the first investigation and so [child welfare] overlooked him and wasn't suspicious. The abuse [by the primary abuser] continued for 3 years after this.*
- *[told as a child] ... About one year after her boyfriend had left, I told my mother (co-perpetrator) about some of it. She did believe me a little bit, but accused me of jumping into his lap.*
- *[told as a child] I decided to tell about it because I began to worry about my younger [sibling] who told that my father once felt her up. I seriously thought he would do something like that to her [sic] and that he would do that only to me I always protected my [sibling] from it I suddenly felt very guilty and was shocked about her story. It didn't amount to much in comparison to mine but the fact he could do it to others after all, that realization really did compel me to do something. Told it to my at-that-time boyfriend then to [a family member] and only after that to my mother.*
- *I disclosed to a partner as an adult.*

Who they told

Some respondents provided information about someone to whom they told. It was not clear if this was the "first" person they told (see later question "Who did you first tell about the child sexual abuse"):

- *I told it to my principal treatment provider at that time [as an adult]. -*
- *I told a school teacher at age 11*
- *I told my GP. (Victim was 17)*
- *I had already notified the police; later my cousin reported it there were criminal proceedings.*
- *Told a therapist in child and adolescent psychiatry who seemed trustworthy.*
- *I told something to the person of trust at school*
- *I was suffering a major mental break down and several weeks of severe anxiety. I was with a close friend who I trust very much and was able to tell her. Her supportive, non-traumatizing response helped me to move on and seek help and disclose to more people.*
- *I came forward to my boyfriend.*
- *Through therapy for abuse by another perpetrator.*
- *By disclosing my physical and mental problems. Re-experiencing symptoms and a few pictures and images that I ran into [of] myself on a dating site.*
- *I told it to my therapist*
- *When I went into therapy I told about it in very few words.*



- *I told my therapist myself. And some of the people who are close to me know it, but otherwise nobody.*
- *Told it to a friend [male].*
- *Sought help with the aid of a friend [female], in a self-help group ... later various therapies... It was disclosed to a small select group*

Difficulty getting others to believe them, or take action

The following quotes from survivors illustrate the difficulties some had getting others to believe them and/or take action to protect them:

- *When I confided in the first persons, they responded with incredulity, in the process, I didn't even come close to describing the entire dimension of the violence. I was not taken seriously and not protected. I didn't have any strength left to confide in anyone because I was so scared of being let down again. I was only able to make a new attempt when it became clear to me that I would die anyway and that it would be my only chance to survive.*
- *Abuse continued during different periods of therapy, none of the therapists actually provided therapy, they all went along with my parents, the abusers that I was making thinks up/worse, that other people abused me (not them) etc. Even police/authorities went against me by not doing anything at all.*
- *When I told it to someone that person didn't act on it.*
- *The rage of my father when I told someone before did the job that I told nobody in my younger years. When I was 16 and told my mother she ignored it completely ... I was trying to tell teachers and the doctor but my family was so convincing that I was terrible person kid and so no one believed me.*
- *Child protection services dealt with it very poorly preferring to keep eyes shut about it and also because they themselves were to blame in part and prefer to sweep it under carpet.*
- *When I was 15 years old, I told it to an adolescent psychologist. He responded with something about a normal sexual desire that girls have towards a father or a father figure. End of topic. I didn't have the impression that he didn't believe me. He just didn't think it was all that bad really.*
- *My therapist had already had a suspicion for a long time based on my symptoms; after nearly a year finally told that those suspicions were correct. My mother already suspected it at a younger age and asked me several times about it but I was too scared to tell it at the time. She also shrank from persisting with it because people around her thought she was crazy (how can somebody think their child is being abused by a relative, you're crazy....)*
- *My mother discovered it when I was an infant, but no actions were taken at that time. Hospital staff reported it to child protection authorities when I was a teenager and being hospitalized for suicidal ideation and self-injury. They reported it after finding me screaming while having a*



flashback...it took a while before I knew where I was or that I was safe. The police came to speak with me the next day, I believe. I reported the abuse to my teacher and principal at age [before I was a teenager], while a student at a Catholic school. The parish priest was consulted and deemed the issue to be a private family matter. No action was taken.

How the abuse was "uncovered"

Some respondents provided information about *how* the child sexual abuse was "uncovered". Some examples of answers include:

- *Partially because I started talking about the abuse, partially because people (teachers) saw the bruises etc.*
- *I talked about it.*
- *I was not the one who reported it. One of my cousins did it.*
- *I was placed in care because of problems at home. And then everything emerged. Little by little. Only when I was much older, did the most important details surface.*
- *At a girlfriend's sleepover party I talked during my sleep. Her mother overheard it and informed my teacher.*
- *By seeking help myself.*
- *I started talking.*
- *Family physician helped*
- *Told about it myself*
- *By reporting the crime*
- *By talking to people my age who were involved; and later talking to adults!*
- *Counseling with respect to general psychiatric problems and confirmation that I was traumatized.*
- *Because I started to talk about it with my family...I was 40 years old at that time, I think.*
- *It was found out when [another victim] who was also abused by him came forward.*
- *Conversation with my mother who more or less confirmed my assumption.*

One respondent simply said: *"It wasn't [uncovered]. I've never told what happened down into depth. Only the tip of the iceberg".*

The role of memory

Several respondents indicated that the abuse was not "uncovered" until they remembered it. Responses indicated that some respondents had blocked memories of the abuse or dissociated from it, only to remember as adults. Some examples of answers related to the role of memory include:

- *Memories during therapy*



- *The abuse took place from my birth until I was age 25, when I departed the situation and went to live elsewhere. As a child, I developed dissociative identity disorder. My brain stored the memories outside my conscious awareness. When I was [a young adult] years old, I was in a safe situation for part of the week. I also began realizing that I was afraid of people and had a disoriented attachment style (I didn't learn that term till much later, however, during my studies - I just knew that although I'd been teaching myself social skills since adolescence, I didn't know how to respond to human closeness). In that period, memories of the sexual abuse entered my consciousness for the first time. At that point I talked about it for the first time.*
- *Intrusive memories came back and several pictures turned up in my parents' photo album - pictures in which I was covered with bruises when I was a girl 1.5 years old, pictures of me completely naked as a 7-year-old girl and pictures of me masturbating.*
- *I remembered. ... At first, I was being treated as an adult for various psychological problems. Only during the course of the therapy I started to remember my experiences as a child, adolescent and young adult (dissociated due to dissociative identity disorder).*
- *Through recollection during pregnancy.*
- *Memories came flooding back after the main perpetrator disappeared from my daily life.*
- *For a long time, I had the feeling that something was not right. Then I saw a theatre performance. One of the actors wore a bathrobe which looked like the same one of the perpetrators wore. This is when it clicked. Then, step by step, I remembered some of the events. I was then able to accept most memories during trauma therapy.*
- *Realized/recalled it at age 11.*
- *By me having returning fragments of memories*
- *It was uncovered to me by recollection, and to my treatment provider(s) because I spoke with them about it. ... Countless symptoms forced me to seek help and during that therapy the child porn sessions came to light.*
- *My own recollections in combination with those from the family I come from (especially mother and sister).*
- *I remembered it. That was almost 10 years after the last time. ... Then nobody was willing to listen and later when I was [a teenager] and abducted for 3 days I told again.*

Reasons respondents' did not tell, or did not share the full scope of the abuse

The following quotes from respondents provide valuable insight into why some did not tell someone, or did not tell the whole story when asked, providing a lens into some of the struggles faced in coming forward to another person. Some quotes were provided in response to the question "*How was the hands-on child sexual abuse uncovered*". Other quotes came in response to a question in the Therapeutic and Medical section of this report about what caused the respondent to delay seeking therapy, but as the information was far more relevant to the topic of disclosure, it was included in this section instead of the therapy section. Examples of answers include:



- *[due to] loyalty to my parents and family and being so much afraid to be killed by them I refused [to tell when questioned] and told that it was not that bad all. In [year] the social worker did nothing more, she had to call this in but did nothing.*
- *Fear of the perpetrators, lacking protection; fear that no one would believe us; problems speaking (selective mutism).*
- *Then it turned out I was not the only one, but we did not know for sure about each other; and there were occasional threats like if you don't do what I tell you to do, I will get my hands on your brother/sister."*
- *Parts have taken over the body which were still too scared to say anything as a child.*
- *Before I was [in my early teens] I thought it was normal what was happening. After finding the pictures at age 14 I sought help because I wanted to die. I told my mother I was harming myself so I wouldn't have to tell her what her husband was doing. I felt very ashamed and was afraid of him. He had already threatened me before.*

Who did you tell first about the hands-on child sexual abuse?

One of the questions asked was who the respondent first told about the child sexual abuse. This question was asked to gain an understanding of whom a person might tell when they are ready to tell someone. Not surprisingly (given that most survivors who did tell someone about the abuse did not do so until they were an adult), the most common answer was a therapist (32%, n=116). It was uncommon for the first person told to be a person in a position of authority, such as a doctor, police officer, teacher or child protection worker. This makes sense as a person is more likely to talk about what is happening or has happened to them with someone they know and trust.



Figure 72: Who did you tell first about the child sexual abuse?



Other people not included in the graph above include: Doctor (4%); Police (4%); School personnel (3%); Foster parent/group care provider (3%); Child protection worker (2%); and Other (10%). The "Other" category included answers such as: co-workers; a violin teacher, online forum, and a university professor.

*One of the 115 respondents described who they told first in relation to each of their two separate instances of abuse.

The following are examples of what respondents said about who they told first, with comments grouped by relationship:

Therapist. The majority of answers provided to this question indicated that a therapist was the first person told about the abuse. This is consistent with the fact that most respondents said they had not made a formal report to police and that many respondents had received or were receiving therapy at the time of completing the survey. Most respondents in this grouping simply identified their therapist, counsellor or psychologist as the first person they told, while others provided more context. Some answers providing additional information include:

- *I first talked about it during therapy because I was very scared of possible consequences, e.g. to be betrayed to the perpetrators. I was very much ashamed and had consistent stringent memories and I feared that no one would ever believe me. Much of what I lived through also seemed so absurd that I was afraid of being called a liar.*
- *My therapist. I think he was relieved that I finally know what was wrong with me. He was very kind and supportive.*
- *Therapist Abused right from baby onwards [year born] so kept silent for a very long time. Did mention things at times but nobody picked up on it.*
- *I told my therapist first. The reaction of the first therapist was overall supportive (though she did become quite overwhelmed and was unequipped to work with trauma and/or personally going through some tough times).*
- *With counsellors of an organization specialized in counselling of victims of sexual abuse. Their reaction was appropriate, comforting and emphatic. They shared their thoughts and helped in finding a way to file a report.*
- *My current counsellor who stayed totally grounded and supportive*



Friends. The second most common response was that the respondent first told a friend. Examples of responses that provided more context beyond simply the word "friend" include:

- *I first told one of my best friends from university who is also my age.*
- *My best friend [female]. My therapist shortly after that.*
- *A good friend [female] who had also experienced abuse herself.*
- *A friend [female] but only very superficially.*
- *A housemate/friend. She thought I'd made it up, but didn't know how strongly my past was interlarded with sexual abuse.*
- *My best friend He told me to come forward I didn't.*
- *A friend - they were understanding and supportive.*

Family member. The next most common response was that the respondent first told a family member. Examples that related to a family member include:

- *I told my parents about [secondary abuser]. They didn't believe me at first. He was developing an interest in my younger sister and I had to protect her. The next day my parents reminded me how serious my allegations were but then they believed me. With [primary abuser] [a child protection worker] picked me up at school. I denied it at first. I told the investigators once they assured me everything would be ok.*
- *A family member as a child (she said I should keep quiet)*
- *My stepfather, while it was occurring and my boyfriend after I had put a stop to it years later.*
- *first told family member "as a child" and a teacher "as a youth"*
- *first told mom & she shielded off perps*
- *My mom. She believed us because my father was also abusive to her. She was Angry, but tried not to let us see and drove us to school.*
- *My mom was the first person to hear of it when I was [under 10]. She was upset, said it was her fault. Then [as a teenager], it was my guidance counselor. She was professional and listened, then said we would have to report it.*
- *My mom and my sister. They believed me. I just wanted it to stop.*

Romantic partner. Most respondents placed in this category did not provide information beyond the relationship to the person they first told, but the following are examples where more detail was shared:

- *[as a teen, I told] my second boyfriend. That was the first time I told someone. It was after 3 maybe 4 months of dating. I never trusted anyone before him. He couldn't believe what had happened to me. He kept my secret and never pressured me into telling him any details. He knew the just of it. I told him the details of my story as our relationship went on. We have been together for [a long time]. We have a very strong bond. But I struggle to move our relationship any further than boyfriend and girlfriend.*
- *Before I told my family, I told my current husband, I told him before we got married.*



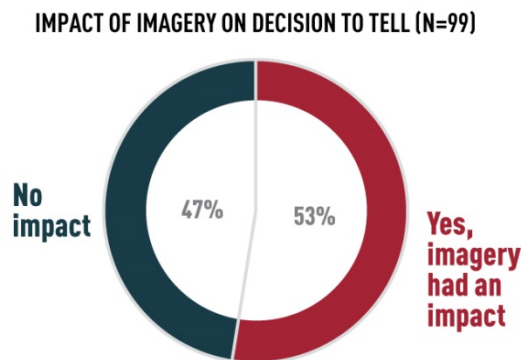
- *My boyfriend - he was supportive*

Child sexual abuse imagery/recordings

Did the existence of images impact the decision to tell, and if so, how?⁷⁹

Respondents were asked how the existence of images may have influenced their decision to tell someone about what was happening to them. Some simply said that yes, the images had an impact (or no, they did not), while others provided additional information to explain the impact of the images on their decision. The two graphs below reflect the information shared on this topic.

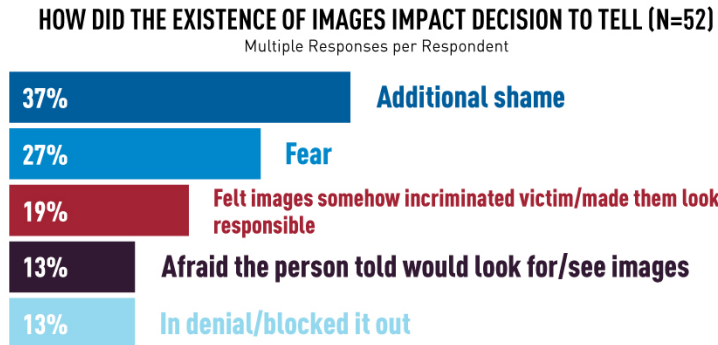
Figure 73: Impact of imagery on decision to tell



⁷⁹ Note: Some respondents who indicated that the existence of images impacted their decision to tell someone did not describe how it impacted their decision. This question was interpreted differently by German respondents as all German respondents answered this question with either a Yes/No responses which was sometimes accompanied by a description. Also, some respondents appear to have responded based on their first ever disclosure, whereas others responded based on subsequent disclosures.



Figure 74: How did the existence of images impact the decision to tell?



Other ways the imagery impacted a respondent's decision to disclose, not included in the graph above include: Fear not believed (6%); and Other (8%). Examples of responses that were coded as "other" include: respondent wanted to explain before someone found and made assumptions; relief as the imagery provided proof but embarrassment as the police would see the images.

The following are examples of some of the responses provided. Responses are grouped together under the primary heading that is closest to the sentiment expressed:

Additional shame. Some of the respondents indicated that they felt ashamed and this either delayed their decision to disclose or it stopped them from disclosing altogether. Examples of the respondents' answers are noted below:

- *I was so torn. I didn't even know where to begin to tell my story. Every time I thought of a way to start I would stop. Nothing felt right. I didn't want this person to think I was disgusting. When I finally did tell my story about what had happened to me, I had to just blurt it out as fast as I could without looking at this person. It was the only I could say it out loud without crying or changing my mind.*
- *It actually hindered me from informing anybody else about the abuse.*
- *It made me want to die*
- *It is totally entwined with my overall experiences.*
- *I was so ashamed, still are, seeing someone staring at me could make me think of it.*
- *I feel an extreme, extreme amount of shame from the fact that images of the abuse were created and exist. It is piled on top of the shame I feel about the abuse itself. I'm always afraid someone will recognise me, from the imagery. These are very great taboos for me. As a consequence I've walked round with secrets for years, never daring to tell anybody. The imagery raised the barriers for me even further to inform someone about the abuse.*
- *I've never told anybody that imagery exists because I'm too ashamed of it.*
- *It was even more uncomfortable. It took me a long time to talk about it and I was afraid that these films and photographs still exist.*



- *It was humiliating to have to show the police the images. I really didn't want to do it but I knew it was my only real proof.*
- *I remember being humiliated when my abuser showed another child (whom I liked) photos of my torture (with ropes). I wanted to hide these images because of the shame, so disclosure would have been nearly impossible. Disclosure would implicate me in what I believed was a crime for which I was at least partially responsible.*

Fear. A number of respondents indicated feeling fearful of various scenarios that could come about as a result of the images being shared or discovered after they disclosed the abuse. Some examples of these responses include:

- *I was in denial until I was about [age] years of age. I swallowed this sadness for many years.*
- *The perpetrators blackmailed me with worse things.*
- *I couldn't even think about that, I could hardly think about the abuse, I was having the worst flashbacks and nightmares 24 hours a day, I thought I was crazy. I was merely scared to death*
- *Actually I've never shared this part with anyone yet. Because I'm terribly afraid of the consequences.*
- *That made it even scarier. As an adult I tell myself that I as a child won't be recognized if someone happens to see it. But if they know about the imagery and then see some of it they might recognize me after all. Horrible idea. I did tell it to my therapist that there is imagery of it, but we have never actively discussed it. We've discussed the abuse itself but not the imagery.*
- *It made me even more scared. It still is a "semi-secret". A couple of people know it, but most of them don't. Although I even have spoken about my experiences at an international conference on women's shelters, I never mention this. I do not want people to possibly get to see something of me.*
- *I never thought about that. I have never been able to notify anyone out of fear. I have not reached that stage yet.*
- *Because of the fear that it might be out there*
- *I was terrified and very anxious and upset*
- *I spoke about the sexual abuse, without naming the imagery (!) in the media. Somehow I cannot bring myself to talk about [the imagery]; I think it is because I am afraid since there were several offenders, directly and indirectly. Also because I do not want people to possibly get to see something of me.*

Felt images somehow incriminated victim/made them look responsible. Some respondents feared they would be judged on how they were portrayed in the images and face possible legal consequences for the abuse of other children and/or animals the offender(s) had involved in the abuse. Some examples of the responses that were placed in this category are set out below:



- *I thought the whole world would lay into me. Everybody would be disgusted with me and I was depraved everybody could see that. You don't want to call that to the attention of others. I preferred keeping my mouth shut. It was so huge.*
- *It has a huge influence. Because I really don't want people to find out all the things I have done*
- *I was embarrassed to death and also felt guilty that I hadn't had the courage to put up resistance it took decades before I was able to talk about it.*
- *In my perceptions, the photographs were THE proof that I was 'weak', that I was a coward that didn't have the guts to act when a grown-up pulled down my trousers. I was afraid that if other adult were to know this about me, they would also start abusing me. I perceived the photos as betraying my deepest secret: my impotence as a child against violence and intimidation. And that I would let people do literally whatever they wanted to me if they applied enough intimidation and violence. During the abuse situations, there were plenty of moments at which I was quite literally paralyzed by fear.*
- *I was extremely ashamed as if I had actively cooperated with it. I was afraid people would get a strange idea of me and that I'd have to go to the police against my will. a good friend of his was employed by the police*
- *The fact that I had posed for pictures at a very young age made me believe that I was responsible for it... without realizing that I was incapacitated by my age and was manipulated by an adult to perform these actions*
- *The people around me didn't understand anything. I kept quiet about the pictures. Shame. As a child I did mention some things about the abuse. Not much empathetic response, not even from my psychologist at the time. I knew for sure that if the pictures were to turn up, everybody would point to me as a perpetrator. After all, I did participate.*
- *Yes, because we initially feared that the perpetrators would be using the videos against us.*

Afraid the person would look for/see images. A number of respondents indicated feeling fearful about being recognized by others, or of others seeing the images, fearful that the discovery would elicit further distribution of the content, fearful of not being believed nor perceived as a victim, and/or fearful that they would lose control of *how* and *what* they chose to disclose about their abuse experience. Some examples of these responses include:

- *Those intense fears made me maintain my silence. But there came a time when I had no choice but to seek help. The 'secret' I carried with me was breaking me apart.*
- *The fact that I don't know if the images are in circulation or not.*
- *I think the whole thing was just terribly difficult to discuss. The fear of not being believed which strangely enough runs parallel to the fear of having to share things that I would never want or dare to tell anybody obstructed my ability for a long time to be able to say anything at all about it.*



- *A lot of impact, afraid that people would make targeted searches on the Internet. That accusations would be made after viewing that I'd done too little to prevent it and that I actively take part in it in a few films that I'm in at a later age. Fear that imagery would be further distributed etc., as few as possible people are aware of the existence of this imagery.*
- *I didn't want people in my surroundings to see that. It was another reason for me not to talk.*
- *It has little to no influence on whether I tell about my experiences with abuse, but it's an aspect that I usually refrain from mentioning. That's because people might then go looking for it or something like that.*

In denial/blocked it out. Some respondents indicated that they blocked out/denied the existence of child sexual abuse imagery. Some examples of these responses are set out below:

- *I was in denial until I was [in my late twenties]. I swallowed this sadness for many years.*
- *No – pushed it far away, was too specific*
- *I generally ignore the existence of images, because I don't know how I would otherwise deal with that knowledge. When I started talking about the abuse, the memories of the production of photo imagery had not yet penetrated into my consciousness. It didn't have much impact on my telling about the abuse, except that I told about that a lot less to anybody at all than about the other aspects of the abuse. Only my therapist and my boyfriend know about it.*
- *Due to tremendous shame; this carries a great emotional charge. For years I blocked out the fact that there were videos; too awful to be reminded of. Whereas I now know that during the abuse I had to watch as those images were played back. I'm 'deathly afraid' that someone will recognise me.*

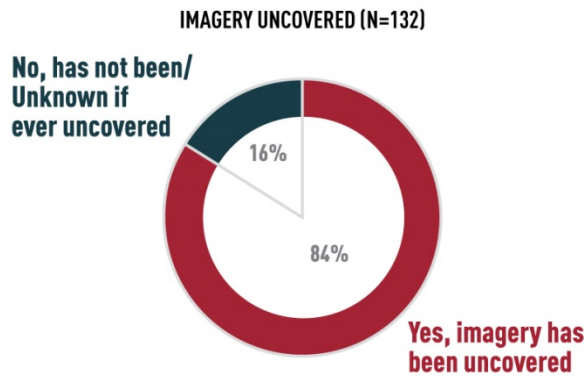
Was the child sexual abuse imagery ever uncovered?⁸⁰

Most of the respondents indicated that the imagery of their abuse had been uncovered in some way (84%) but there were some (16%) who either said the imagery had not been uncovered or they were not sure if it had been (n=132).

⁸⁰ Note: Some respondents understood the question as asking whether the imagery had been seen by either the respondent, the police or a third party. Other respondents interpreted the question as asking whether the respondent had disclosed the existence of the material to another person. Therefore the responses to the question were extremely varied.



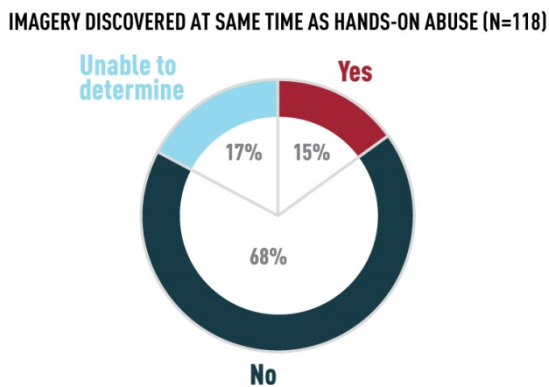
Figure 75: Imagery uncovered



Timing of discovery of the child sexual abuse imagery and uncovering of the hands-on abuse

Respondents were asked if the child sexual abuse imagery was uncovered at the same time the hands-on abuse was uncovered, and 68% said it was not. Another question (discussed later) asked for details of how the imagery was uncovered, and it was clear that in most cases, if the imagery was discovered, this did not occur until after the hands-on abuse was uncovered.

Figure 76: Imagery discovered at same time as hands-on abuse



Note: There were 18 respondents who said that imagery was discovered at the same time the hands on abuse was uncovered. Of those, 10 said they were children at the time the hands-on abuse had been uncovered (and so would have been children when the imagery was uncovered), and 7 were adults. It was not possible to tell if the last respondent was an adult or child at the time of discovery/uncovering.

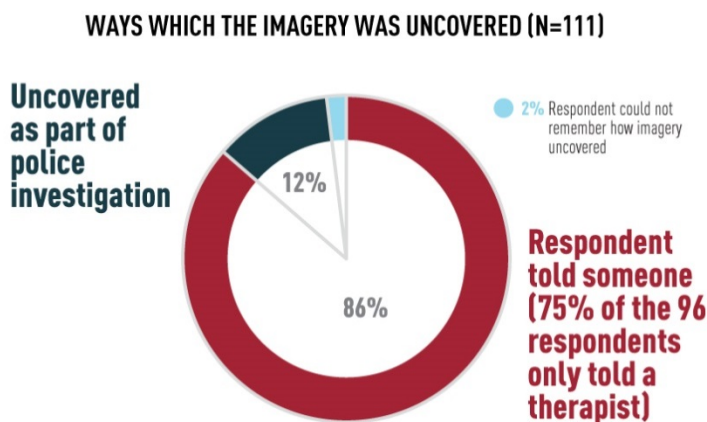
How was the child sexual abuse imagery uncovered?

When asked how the child sexual abuse imagery was uncovered, most respondents indicated that it was uncovered because they had told someone about it (86%, n=111); however, further analysis revealed that three-quarters of those respondents had only told a therapist. There were not many respondents



who indicated that the imagery was uncovered as part of a police investigation. Moreover, it was apparent from some of the responses that the memory (or realization) that the abuse had been recorded sometimes did not emerge until they were older.

Figure 77: Ways which the imagery was uncovered



Some respondents simply said the imagery was uncovered in therapy (without more details) while others provided more information. Below are examples of the responses with more information:

- *When it 'just happened' to come up one time. Not a single practitioner had ever asked about it. It seems a little like they don't know that can happen*
- *During therapy, as felt too fearful to say it previously*
- *Within the family, the abusive depictions have been "discovered" from the get-go since they were openly recorded and the family was involved. During therapy, the depictions came up when video recordings were used as a threat against us so that we don't drop out.*
- *It became clearer to me during counseling, when I was around 26. It became really obvious to me during therapy when I was around 33.*
- *Only through my stories in therapy. A search was never made for photos, etc.*
- *The memories of abuse weren't all shared at the same time ... but I'd say that the imagery was uncovered (i.e. understood enough to be verbalized...) in therapy when more memories were shared and therapy felt safer (shame was a big factor in delaying that disclosure).*

Below are examples of responses from those who said the imagery was discovered as a result of a police investigation:

- *I think it was uncovered 3-4 years after it was happening.*
- *When I was 6 or 7 it was uncovered in the news and by cops/investigators.*
- *On my father's computer after he was arrested.*



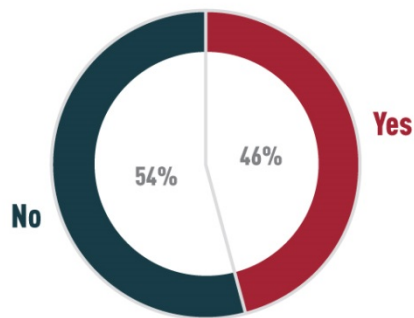
- Somewhere during the nineties. Images found by police in a collection, sanitized version shown on TV, [I] recognized [my]self & did not come forward.
- As the investigation progressed and it became known that it was me, on those photos. Then I started talking.
- I think the police have found imagery during raids. The police know that the images are of me.
- During the investigation which lasted one year.
- I spoke of it [to police] and then his house was searched.

Denial of recordings when asked

Respondents were asked if they had ever denied that the abuse had been recorded when asked. Just over half (54%) said that they did not deny it, while just under half (46%) said they did.

Figure 78: Was there ever a time you denied that the abuse was recorded when asked?

WAS THERE EVER A TIME YOU DENIED THAT THE ABUSE WAS RECORDED WHEN ASKED? (N=115)



Reasons respondents' did not acknowledge the abuse was recorded when asked

Those who answered "yes" to the question above (i.e., said they had denied that the abuse had been recorded when asked) were then asked what made the recordings difficult to acknowledge. Shame, guilt, and fear were the most common responses.



Figure 79: What made it difficult to acknowledge recording when asked?



Not included in the graph above are: Didn't remember (drugged) (2%) and Other (10%). Responses that were labelled as "other" included: cannot recall the abuse properly; protect offenders (if a family member); protect non-offending parents; and nobody's business.

The following are examples of the responses received to this question under the various headings:

Shame/Guilt. Some respondents indicated that they were ashamed of the imagery. Examples are set out below:

- *I thought everybody would then see what I was really like, badly depraved. And we also had to imitate orgasms and that made me think they'd think I was to blame. That was also the confusing part it often felt good too you learn to use your body so it will hurt the least and even give you some pleasure and then that's right there recorded on film.*
- *I felt terrible shame. And it makes it even 'more real'. Sometimes you want to tell yourself that you've just imagined everything, that you're crazy. That things maybe didn't take place as harshly as you remember them. Imagery is irrefutable evidence; I wish it didn't exist. I never stop feeling dirty because of it, will always feel shame about it and always fear I'll get recognized someday. Don't even know if it was distributed, how far it was distributed, what people have seen it? Terrible things to think about.*
- *I saw them as evidence against me, proof that I was depraved. I thought it would go away if I denied it. I was also afraid that people would start looking for it*
- *Shame as though I'd caused it myself or else encouraged it. What they would think of me.*
- *Because I was/am ashamed of it; because I no longer know/knew it - that might sound rather odd, but there really are times when I just don't know things anymore and then I'm also embarrassed about that.*
- *I felt ashamed of myself.*
- *I am ashamed for what is on the tape/ pictures*
- *Great shame and anxiety. If I were to have admitted that, denial would have no longer been possible*



- *I denied everything, terribly ashamed. Because the pictures existed I knew I was to blame.*
- *I was ashamed and the perpetrators scared me a lot.*

Fear. Themes in respondents' responses related to fear included not being believed, getting into trouble, people looking for the imagery as well as offender threats. Examples of answers included:

- *Shame and afraid of not being believed and it was so long ago*
- *Being afraid they would find it and I was deeply ashamed. And I had also abused other children/animals myself and was afraid I'd go to prison if that were discovered.*
- *Because not everyone needs to know this. before you know it they'll start looking for it*
- *That would have confirmed that it was still there and that perhaps other people could still see my 'depraved behaviour'.*
- *I thought that I would get in trouble. Also, as my abusers were men and I was gay in a homophobic environment, I thought that it would lead to further negative repercussions for me.*
- *I denied it all at first. I was so scared.*
- *The perpetrators' threats that I would end up in a home, in prison or in a psychiatric ward if someone were to see them.*
- *I wanted to protect my parents and family members from harm from outsiders. Besides, I was a liar, so why would I now suddenly be honest about child pornographic imagery when I was already 'lying' about having been sexually abused?*
- *Fear that no one would believe me.*
- *Lack of trust, fear of punishment by the perpetrators; fear that no one would believe us and that we'd be locked up in a psychiatric ward.*
- *That no one would believe me.*
- *I was embarrassed and scared he would kill me. He was in the air force and had easy access to guns.*

Denial. Some respondents stated that they had denied the abuse, even to themselves. Examples of these responses are noted below:

- *Well I was really young when they asked me right after everything came out. I didn't want to believe I went through it I didn't want to accept it or think I did that*
- *I denied it all at first. I was so scared.*
- *I didn't want to admit it to myself.*
- *I saw them as evidence against me, proof that I was depraved. I thought it would go away if I denied it. I was also afraid that people would start looking for it*
- *Admitting and acknowledging the imagery feels binding, something about which I actually don't even want to know that those pictures are floating around everywhere and nowhere.*
- *I just wanted to pretend it didn't happen*



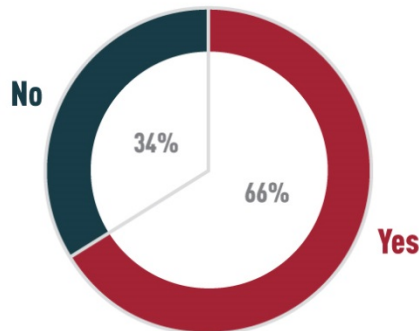
- *I refused to see it as organized and ritual violence.*
- *Just an instinctive blocking out reaction I think.*

Factors that may have influenced the timing of disclosure

Two thirds of the respondents said they would have disclosed the sexual abuse sooner if someone had said or done something differently.

Figure 80: Would have disclosed sooner if someone said/did something different

WOULD HAVE DISCLOSED SOONER IF SOMEONE SAID/DID SOMETHING DIFFERENT (N=107)

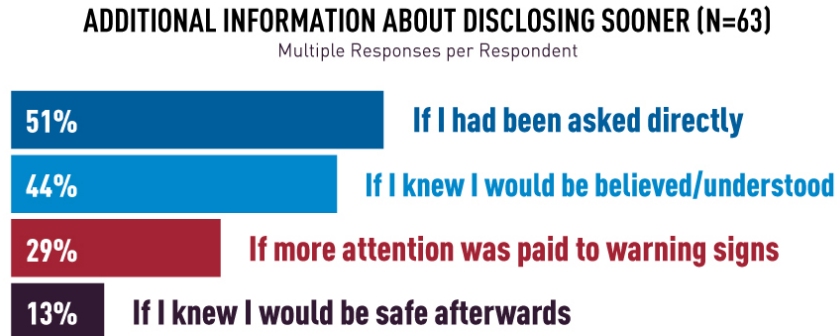


Additional information about a time respondent may have disclosed if someone had said or done something different

Those who said they would disclose sooner if someone had said or done something differently (n=63) were then asked to provide additional information about what might have made a difference. About half (51%) of the respondents felt that it may have made a difference if they had been asked directly, and almost half (44%) felt that it may have made a difference if they had felt they would be believed/understood.



Figure 81: Additional information about disclosing sooner



Less common responses not included in the graph above include: If I knew I would not get into trouble (6%); If educated on abuse (6%); If I knew family would stay intact (3%); If saw doctor (2%), and Other (16%). "Other" included: to help others and criminal evidence; if I had been spoken to away from my parents; if questions had been asked differently; if writing about it option; if someone followed-up after retracted disclosure; if knew siblings would be safe etc.

The following are some examples of the additional information shared by respondents, grouped by the categories set out in the graph above. Some responses to this question related more to what would have helped with disclosing information about the imagery, while others related more to what would have helped with disclosing information about the child sexual abuse itself. For example:

If I had been asked directly. Many of the respondents stated that they would have disclosed or disclosed sooner (about the abuse, or the imagery, or both) if someone had simply asked. Upon review, it became apparent that some responses pertained to what would have helped the person to disclose to a person in authority or one who could help stop the abuse, while others pertained to what would have helped the respondent to raise the abuse in therapy. Responses that pertained to being asked by a person in authority or a person who could help are listed first:

- *During the initial interviews with the police, we also spoke about the locations where the abuse took place. I admitted honestly (but reluctantly) that it also happened in a photography studio. The perpetrator also happened to run a photography club in which teenagers (!) could take part. The investigating detective FAILED to realize at first that the abuse that took place in the studio was also photographed. Had she asked about it at that point, I would have answered honestly. But my anxieties prevented me from broaching the subject myself. Later, in the run-up to the court cases, everything became known after all about how this perpetrator operated.*
- *If someone who I trusted had asked me straight forward about it while it was happening and especially if they told me I wouldn't be in trouble and that they would protect me.*
- *Why are you scared of XY? Is this or that unpleasant for you? How could it be better? Do you want to be at the meeting with XY or would you rather not?*



- *People have never asked me about anything when it comes to photo/film/etc. The thing is: I thought it was all ok/normal, it happened in every family. If anyone would have asked, there was no need for me to lie/deny, because it would confirm that they knew (in my head) because they're in the same situation. Still that would be my first reaction, although I do know now that people do not always care for the truth and that most people 'just want to know' so they can talk with others about you.*
- *If I'd been asked about it carefully then I'd have known I could talk about it*
- *she was so focused on getting me out of my abusive parents that she didn't asked about sex abuse, only all the other. So it never was a good time*
- *Usually nobody asked about it when I spoke about other experiences. If they had done, I would have probably admitted it.*
- *The teacher whom I told about it should have dug deeper because I was lacking the right words.*
- *When I cautiously got up the nerve to mention that abuse had taken place, at no time whatsoever did anyone ask whether photo material was made. I thought it must be irrelevant to the therapy, or that it maybe happened to everybody*
- *If it had just been asked.*
- *When I was [age] I took an overdose and my parents were in the room when I was asked why, I didn't want to upset my mother, so I said I was unhappy at school. No one sought to speak to me on my own.*
- *For example if they had started talking about it.*
- *Someone could have asked whether I, e.g., feel happy in my family, why screaming and crying can be heard so often from our apartment, why I'm sick so often, why I dread weekends and holidays, why I already ran away from home as a child in kindergarten.*
- *Someone should have built trust in a sensitive and open manner and simply ask me.*
- *Countless times during my childhood. I was very distressed from late primary school through to early teens and came in contact with multiple professionals. Many didn't see me alone and almost all were blaming or judgmental. If any had asked the question I feel I would have disclosed. Many actually tried to shut down small disclosures (about physical and emotional abuse) that I did make to test them out.*
- *If anyone had talked about the abusers who were allowed to do this, I might have been able to disclose it earlier. If anyone had even mention the reality that such things were DONE, I might've been able to disclose it sooner. If an investigator had asked me at any point sooner about it, I might've been able to disclose sooner.*
- *I think that if the many adults I trusted as a child had asked me, I would have told them. As a child, I was always hoping to be "rescued". As a child, I used to daydream about getting adopted or having someone get the authorities involved and save me, my brother, and my mother from my father's ways. I deeply trusted the principal of my school and several other teachers at that school, heck, I even trusted some of the [people] who rented rooms next to our house and*



frequently heard me scream. Every time the police were called to our house by neighbors, I presume, I always wished they would demand to speak with me so I could tell them everything and I imagined they'd arrest my father and we'd all be safe. I wished so many times for so many years that someone would ask me.

- *I think it's important, especially in this Internet era, to make it clear to the care providers that they need to explicitly ask whether imagery was recorded; I myself was never asked that question, so I didn't explicitly bring it up for the first time until very late even though it has an enormous impact.*

If I had been asked directly (by a therapist). Responses that provide information about what would have helped the respondent to disclose information to a therapist are set out below:

- *As soon as things fall outside the 'standard' therapy for incest, you sense that therapists get nervous. Multiple perpetrators already scare them off. If a therapist would have been brave enough to keep asking questions, I might have had the courage (and the trust) to tell it or at any rate admit that more things had gone on. I think that if a therapist I'd been in therapy with for some time had asked a direct question about imagery, I wouldn't have denied it. Most probably I wouldn't have been willing/ able to talk about it but it would have been a relief if someone had had the courage to ask about it themselves.*
- *I suppose that if my current therapist would ask me questions about this I will possibly have the courage to do it*
- *If counsellors would not be so anxious themselves when asking questions about it.*
- *My therapist asked about it in the beginning. I denied it then. Had she brought it up again later in the process, I might have told about it. If my current therapist were to ask about it specifically, I would now answer in the affirmative.*
- *With my current therapist I've never yet spoken about the recorded images, although she knows I'm deathly afraid of cameras or of having images made of me in whatever way. I mention that regularly partly because it's also an issue in my work and I sometimes have to move heaven and earth in order not to get filmed. If she had picked up on that in any way or asked further questions that would have given me an opening to muster the nerve to say something about it. Now I don't do that because I think (assume) that doesn't want to know it, thinks I'm dirty etc. Sometimes I wish she would probe further into it.*
- *I suppose that if my current therapist would ask me questions about this I will possibly have the courage to do it. Also here trust is very important. Shame is keeping me from starting talking about it myself. I may be less afraid to write about it. At the time when it happened to me, I lived in a children's residence and nobody suspected anything. Because as a child you are told to keep your mouth shut because otherwise they will do something to you or your brother/sister, you learn to keep silent. If even a doctor of the children's home collaborates in these practices, all*



there is left is the school, but they were also brainwashed, I think. Today, everyone is much more alert for these kinds of things, I think.

If I knew I would be believed/understood. Some respondents stated that they would have disclosed the abuse sooner if they felt that they would have been believed. Some examples of these responses include:

- *To believe me, us and protect us. As young teenagers and also later on. This did not happen until I was almost 30 years old that's why.*
- *It would only have taken one police officer who believed us (or at least considered it) that what we said could be true instead of pressuring us and/or suspecting people from familiar family surroundings who had nothing to do with this (because it was easier).*
- *If someone had explained that it's normal if you as a girl learn to find pleasure in it, that you learn to play-act, that you even do often enjoy it. That that's what makes it so confusing. You receive attention, you're good at something and now everybody talks about it as though it's depraved when you've just come out of there you see it all as quite normal and the world as very strange indeed. You're scared because that one world seems to condemn the other world. Then you don't belong anywhere any more.*
- *If they don't keep emphasizing that it's something awful or filthy.*
- *I wanted to tell my new friends in high school but they were too immature to understand the weight of the situation. I didn't want to be looked at differently or even treated differently and most importantly I didn't want anyone's pity. I knew if I had shared my story with them, they would have looked at me like this and a part of me was scared they wouldn't want to associate with someone like me. By that, I mean someone who had been sexually abused and exploited on the internet. It was just too heavy of a conversation that had too many different possible outcomes.*
- *If they had made me feel safe and accepted, if I wasn't in a homophobic environment or made to feel like I would be in serious trouble for my own victimization.*
- *To listen more without judging, trivializing or writing it off.*
- *There should have been someone who was on my side.*
- *People should have believed me, should have acknowledged that it was true what I remembered and that I am not crazy.*
- *There is widespread taboo against it, first of all. In addition, my family's background is a big reason why it doesn't even occur to people that this would be possible. Not even to health and welfare professionals. Not crazy.*
- *If people hadn't said how stupid that was. While you had no choice.*
- *Disbelief makes you stop talking.*



- *If someone had had the strength, the awareness and the kind-heartedness to say to me what the character Olivia Benson in Law and Order: SVU said to a rape victim: 'Whatever happened, you are not to blame. It was the perpetrator that did it.'*
- *If I had been believed from the very beginning by my treatment providers/teachers then there would have been real reason to believe that what I said was true and then I wouldn't have needed to provide evidence of my abuse.*
- *That people believe you no matter how incredible it all sounds. That you are not disgusting, guilty or worthless because of it.*
- *If I had believed someone outside of my family would be willing to actually help me, I would have disclosed a second time. I did not tell family members for fear that my abuser would kill them. I was also terrified my abuser would carry out his threats to abuse my baby brother as punishment.*
- *At [age] years I ran away and ended up at a police station. I would like to know what I said, but records no longer exist (I checked). Officer said to my father 'she has a vivid imagination' and I went home and the abuse continued. [My father was a police officer].*
- *A good friend [male] had once seen a documentary on the BBC, and he told me he thought the notion of 'child pornography' was totally inappropriate for what such photographs really are, namely: 'pictures of a crime scene'. I started to cry. I hadn't felt so well understood for a long time. I told him what had happened to me.*
- *Children should also be taught that they are believed, no matter who the perpetrators are. Some of my perpetrators held influential positions or respected professions. They said nobody would believe me that they do something like that.*

If people had paid more attention to warning signs. Some respondents stated that if someone had been more observant and paid attention to the respondent's behaviour and that of the offender, they would have disclosed the abuse. Examples of these responses include:

- *It would have only taken one teacher.*
- *If my family would have paid more attention to the warning signs, this would have never happened.*
- *Or someone could have offered to have a discussion with me that I can come when I have problems and people will believe me no matter how unbelievable it might sound.*
- *Someone should have seen that something is not right and question it.*
- *For me this also applies to the abuse in general. There was a point in time when a teacher [male] from my primary school informed my parents that he thought I exhibited unusual behaviour towards him as a man. My parents pulled the wool over his eyes and they got extremely angry at me. The suspicions he expressed to my parents just made things worse for me. It would have helped me if the teacher had asked me something sometime perhaps rather than asking my parents.*



- *If my parents had taken me to get regular medical check-ups as a child, some physical evidence may have been discovered because I remember my genitals being bruised or swollen sometimes.*
- *There were many times that I tried to drop subtle hints to people at church by saying certain things like "I would get in serious trouble if did this or that". I also indirectly hinted to close friends that abuse was happening, but they never picked up on the hints to ask more questions.*
- *All the times I ran away, all the times picked up by police, suspended from school etc. etc. No one ever asked and yet everyone knew my parent was mentally ill.*

If knew would be safe afterwards. Some respondents noted that they did not disclose or disclose earlier because they were afraid for their safety. Some of the responses are set out below:

- *If any adult had told me that he would protect me from the perpetrators if need be, I would have said something. If any adult had been interested to find out why I was feeling bad, I could have tried. Just like the teacher but he would have had to listen to me. "*
- *People should have had to stay on and persevere. We were already conspicuous in elementary school but educators and teachers made the mistake to ask our parents why we are so. But the parents were involved in the abuse. They should have asked us. And we would have needed protection. We only told about the abuse once we saw that we were able to get away from the perpetrators and not be punished by them (it did not work out in the end but at least it was important that there was a possibility).*
- *You should have listened to me, taken me seriously and not have been allowed to brush it off as rubbish, fantasy and childish attention. And in school, it should not have been allowed to tell me that when I tell something my parents will be informed. "*
- *If people had offered me a safe place with no threat of being sent back.*

Some respondent also expressed the conflict that can arise depending on the situation. For example:

- *It's a hard thing to do [disclosure]. I can only speak for my experience, but being abused by your father feels worse to me than by some random stranger. It impacts your whole life forever. Every holiday, special event where family is usually present is made more difficult because I no longer have a family. I would hope that it's easier to prosecute and hold accountable some stranger. Doing it to a family member creates a lot more complications as the impact is upon everyone in your life that you care about.*
- *My parents and family still do not know, they don't need to know. It would tear the family apart and put unnecessary stress on my parents. I am working on my healing and will make certain that I make decisions in the future to protect myself and my future children based on my experience.*
- *Sometimes you just need to get far away to be able to disclose. Small towns make it hard to disclose because there is no privacy.*



Other information provided by respondents about disclosure

At the end of the series of questions about disclosure/uncovering of abuse, respondents were given an opportunity to share any additional information about their experience with disclosure. Most of the responses contained information that was relevant to responses that had been provided in relation to other questions of the survey and so the responses were analyzed in relation to such other questions. For example, most of the answers discussed the reasons the respondents had not disclosed the hands-on abuse or the imagery. Other responses related to impacts of the abuse and are included in the Impacts section of this report. What remained were responses that primarily relate to education and awareness, as well as intervention. These responses are set out below.

Education and Awareness. Some respondents indicated that there is a need for more education and awareness around child sexual abuse and child sexual abuse imagery. Examples of such answers include:

- *I would love to see public service type announcements on television channels that children watch that encourage them to tell, who to tell, and that there are people who want to protect them.*
- *There was the [children's helpline]. In school, they said the telephone number would not be shown on the telephone bill. The whole time I asked myself about the display on the phone, if it would then be stored there under the last calls and if yes, whether and how you can delete that. I didn't have the courage to ask. Furthermore, it wasn't clear to me how people should help on the telephone. I think it's important to include these aspects.*
- *I heard about children's rights on television. My mother said that only applies to good children; I had forfeited my right to that. Later on, I found out that no one is allowed to commit acts of violence on others no matter what they have done, and that this is a human right. Even if someone has murdered another person, you are not allowed to punish him by force. That is totally important information, that there is nothing you can do in order to forfeit one's human rights!*
- *Take "strange" reactions seriously, dig deeper.*
- *Don't pose it as a question but recount it in figures, label it concretely so and so many girls/boys are victims of, that's a lot less threatening and brings the worlds closer together.*
- *Break the taboo. In the 70s and 80s there are lots of cases like me I suspect.*
- *I don't think it is sufficiently understood that it affords a different/deeper dimension to what happened.*
- *A good deal of child pornographic material happen in smaller circles where there is no supervision over the children. That's how children get abducted or get procreated in a victim in order to produce new victims. That makes it more difficult to find and then prosecute a perpetrator.*
- *Child education. Many children still do not know the difference between what is allowed and what is not. To teach children to contact the widest possible range of help lines (father, mother,*



family, school, doctor, children's help line, police, etc...). Also teach children that transparency in mutual relationships and behaviour is a good thing and that it has a protective effect, since it creates a safe zone.

- *To be interested in the children and youth, to not stand above them; to keep offering open communication; build trust; to not contradict; to not tell anyone what they are saying (and to keep that promise!); to keep offering concrete help; to not question the parents against their will or to involve police, the youth welfare office, etc.; to let the child decide what it needs; to show possibilities of what it would look like "afterwards", e.g. to tell them about sheltered housing, housing for battered girls, etc.*
- *I didn't know what was or wasn't 'normal'. I didn't know what was or wasn't 'abuse', I didn't even know exactly what was or wasn't real. I didn't know you COULD talk about these things and that they weren't somehow your fault.*

Disclosure and Intervention. Some respondents highlighted issues around disclosure and the impacts of disclosing the abuse. Some examples are set out below:

- *Adults must have the courage to antagonize other adults when they want to help the children of these others.*
- *Disclosure is not accepted; often it's too great of a burden for those around you. Experts themselves do show understanding, but it's difficult for everyone to fathom.*
- *Give the person a feeling of safety and that he or she can tell their story without asking about blame.*
- *Being measuredly specific, being very specific, is helpful.*
- *Faith, helping, therapy or someone that say to you it wasn't your fault you're allowed to tell what you went through.*
- *Anonymously I can bring myself to admit it, but I would never dare tell this to people who know me. ... even my mother doesn't know it (she does know about the abuse, not about the images).*
- *Peers ... understand without having to explain. I can just be 'me' without having to pretend I am someone who has had a normal childhood. Its ok and no one judges me when I say that it is fabulous to be (now) an orphan etc.*
- *It was striking how other victims of abuse leave you out in the cold. It's a subject that's too harsh and volatile I think to be able to come out with and ask support for. People don't want to hear it, can't endure it, get sickened or infuriated by it. And that's not something you're really out to experience. So I keep it to myself.*
- *It is painful you're ashamed you're afraid of being rejected (which also happened by certain friends) seen as also a perpetrator although that's absolutely not true.*
- *At most I tell it to people that I trust very much, such as very good friends. For the rest I only tell it to health care professionals if it's relevant to the care.*
- *People don't believe it, are shocked to death or presume that that didn't happen to me.*



- *I did not disclose it myself and I did not plan on it.*
- *Don't force statements, don't exert any pressure.*
- *Belief, knowing about psycho-traumatology, thinking of DIS in conflicting situations, being reliable, feeling safe, having faith, being authentic, being human*
- *That people believe you no matter how incredible it all sounds. That you are not disgusting, guilty or worthless because of it.*
- *It was way easier to answer questions than to talk about it freely.*
- *It is difficult to shake the feelings of peril a victim experiences, even many years later when retaliation is less likely. Abusers go to great lengths to control the minds of their victims.*
- *Please listen to what's not said.*

How respondents hope others respond when they share their experience

Ninety-eight respondents stated the ways in which they wanted people to react to hearing about their experience. Respondents indicated they wanted people they told to be understanding and compassionate, to believe them and not to trivialize what they had been through.

Figure 82: How do you hope someone responds when you share your experience?



Other responses included: Respectful questions/not ask too many questions (21%); No pity (19%); Offer support or hope (17%); Show emotion (4%); See strength (3%); Respect privacy/don't tell others (3%); and Other (1%).

The following responses have been grouped under the primary theme noted within the response but may also reflect other themes and ideas:

Show Compassion. Over half of the respondents indicated that they would want the person to whom they told about the abuse to be understanding and non-judgmental. This includes being sympathetic or empathetic, not showing disgust and not blaming the survivor. Examples are as follows:



- *I hope they would really listen and try to understand. Say something like I am so sorry that happened to you. It must have been awful. I can't imagine going through that – are all nice things that convey the emotional heaviness of the situation. And I hope that they do not tell other people, but let me tell people myself.*
- *I really hope they respond with compassion and of why I am the way I am.*
- *With understanding, compassion, and a to re-address it at future dates and not ignore it like I never mentioned it to them before, a desire to always be there for me in case I need their support or need to discuss what is bothering me.*
- *Showing understanding. I'd want somebody to respond from their heart, not artificially and not aloof, just humanly. I'm also human and want to be treated as a human being, preferably with compassion, sincerely and lovingly, acknowledgement.*
- *Understanding, calmly, not afraid to ask questions, not angry when the answer doesn't come, but not giving up too quickly. Not expecting the person to look at you at that moment.*
- *With respect, listening, empathy. Ask whether you may ask more questions. Show you believe the other person- although there's a lot of anxiety here too - afraid people won't believe you; simultaneously afraid someone will believe you. ..*
- *Have courage, don't give up. Things do get better.*
- *Reassure me by saying that possible solutions exist, so I'd never lose hope. I've always found those things very very important, and still do.*
- *I want them to respond in a positive and supporting manner.*
- *With understanding, sympathetically but with a realistic reflective point of view, who doesn't hesitate to express her/his own opinion. Who says if something is difficult or has difficulty with something themselves and doesn't put forward answers and solutions to everything because that person knows and understands everything so well. Thinking along with me but with candour and not consulting with colleagues only. Somebody who projects their own feelings, thoughts or situations onto yours. Somebody who always just understands explains and questions everything without a sincere interest and never tells anything about themselves. Approaching the situation objectively the whole time. Reactions that pity or patronize you by not saying everything etc.*
- *Blame themselves, get upset with me, blame me, try to make decisions for me.*
- *With compassion and empathy. I want to be taken at my word and believed for every word of it.*
- *To say that they are sorry that happened to understand the PTSD it has caused and to not tell me I'm crazy for being scared or nervous in situations other people would consider safe. [And not] tell me it's my fault and I'm stupid for not coming forward sooner.*
- *Where did you know him from? What were you wearing, what did you do with them. Why would they have done that?*
- *Listen compassionately especially medical staff they mostly say that's a shame quickly moving on. I don't want them to dismiss me the event or just see me as a mental case.*



- *With empathy, not compassion. Without fear or nervousness. Inquiring. [Not] Rejecting, judgmental.*
- *I'd hope they'd be appalled for the reality of child sexual abuse via imagery (past and present), that they'd be supportive and not disgusted or intrigued (when people get the 'did they do that?' or 'did they actually do this thing or that things' it is super icky and has a prurient aspect to it), that they'd also see how this may have affected me but is not all of who I am. Not with disgust. Not with "I can't even hear about this stuff" Not with "oh, these things don't really happen" or "are you sure this isn't something your therapist put in your head" Not with "ah, just don't think about it".*
- *I hope, if they were not survivors, that they would not be scared away. I have gotten over the compulsion to tell everybody on earth, even the postman.*

Don't try to solve it or trivialize it. A number of respondents indicated that they would want the person to listen and not minimize the abuse or give advice. Examples are set out below:

- *Just listen. The first thing everyone says is why didn't you go to the police, teachers of whatever. They don't understand. I think that listen to the whole story and don't being judgmental is the most important thing. The worst thing they can say is 'it wasn't your fault' (because then they fail to appreciate that I did and might still (I don't) think it was my fault and why) and 'was your father abused' which drives me crazy. I don't care if he was or was not. It is irrelevant to me. He was an adult when he chose to abuse me. I have no desire to abuse others. So to try and minimize my experience by suggesting he might have been abused and therefore my consequential abuse is an abusive statement in itself.*
- *Even now I am still cautious who I disclose to, and there has to be a reason. BUT the things I hope they say is 'thank you for trusting me'. The worst thing they can say is 'it wasn't your fault' (because then they fail to appreciate that I did and might still (I don't) think it was my fault and why) and 'was your father abused' which drives me crazy. I don't care if he was or was not. It is irrelevant to me. He was an adult when he chose to abuse me. I have no desire to abuse others. So to try and minimize my experience by suggesting he might have been abused and therefore my consequential abuse is an abusive statement in itself.*
- *I would like for that person to acknowledge how horrible it is, and pause to think about it, and not fill in their own details not trot out solutions but endure the pain with me. I wouldn't want somebody to play it down, start talking about the weather or say something like: you'll get over it or oh well, can't be helped, or, you're so strong you'll get through it or other senseless things.*
- *I would hope that they would not judge me and just listen.*
- *With caring but not pity.....I would hope that they would better understand why I am so angry at times...or moody. I don't want advice....or questions of doubt....or to relive the horror by having to repeat details....or pity...or they know how I must have felt*



- *By telling me to “suck it up” or “there's no way that really happened” or to just ignore it all together because it’s too depressing for them to fathom.*
- *Listen interested, sensitive and ask me if I want them to ask questions or not. [Don’t] ignore, say that was a longtime ago be voyeuristic in their curiosity.*

Believe me. Some respondents indicated that they would want the person to whom they told about the abuse to believe the respondent, including not calling them a liar. Examples are as follows:

- *Listening. With compassion. Taking me seriously. Taking the whole horror of abuse and child pornography seriously. Involved, empathetic. As I said in a previous question, 'whatever happened, remember one thing: the perpetrator did it.' "Like therapists: I've spoken half a sentence and they think they immediately understand what I'm feeling. Some female therapists top the lot by claiming they know what I've been through because they are a woman. Then I'd like to see their opposite number: a male therapist saying to an abused boy, 'You're telling me, little chap! I get what you're saying completely.' Bungling amateurs, they are. Charlatans. I'm also not a pitiful little grey seal; I don't need to be saved from the waves and winds by selfish benevolence. Some of my friends also say stupid things sometimes, but they don't have the pretension of curing me.*
- *Normally and not full of disbelief. It took a long time before there was a therapist that didn't dismiss me as a liar straightaway.*
- *I have recognized that hearing the words “I believe you” has a staggering impact of feeling heard and understood. I hope that people don't express judgement, even if it is disgust for what happened because I still view this as a judgment on me even though I was a child. Recognition of the long-term impact of the timeless quality of images. That they could exist for ever and that someone could still be abusing me now without my knowledge.*
- *To listen and, above all, to believe me. The question of what I would wish for. Trivializing the experiences as well as the resulting symptoms. “Come on, it is over now, don't keep living in the past” is probably one of the worst statements I ever heard.*
- *That the person believes me unconditionally. That it is recognized that this is totally unjust. Understanding that it is still on my mind and will continue to worry me. Detailed inquiries; disbelief; asking how one could have forgotten it for so long.*
- *A bit of understanding for my being different. "That I am not believed. That someone thinks I am exaggerating. That someone thinks I only want attention. That someone thinks I am completely whacko. And because all of this has happened to me before I only share very little of my life with very few people.*
- *Not dismissive, but open, friendly and inquiring. Dismissive because I can't deliver evidence or because my parents are such good people. Or deciding what will or won't work well for me.*



- *Tell me that you believe me if you do and if you don't, tell me that as well. At least then I will know where I stand.*
- *Tell me that I am making it up, that I am crazy or brainwashed. Or simply disappearing because they were so uncomfortable.*
- *With belief, and no judgement. With a desire to help and to understand that this experience was part of shaped who I became - but it didn't define me. [Not] Disbelief, minimizing, pity, "well that was years ago - look at you now".*

Do not be overly emotional. Some respondents stated that they would want the person to be calm and not get upset. Examples are set out below:

- *I always hope they won't be deeply impacted or taken aback. I hate and am so tired of the surprise at how extreme my abuse was. I get it, intellectually, how difficult / strange it must be to hear about...but I'm so emotionally disassociated from my abuse that I wish others, when I spoke about, would be equally casual and nonchalant about it...at least, at first. It would be helpful to have a calm, non-surprised, non-emotional, almost flippant or disconnected response when first hearing about it...that would make me feel like less of a freak. Maybe have the emotional reaction or comments later on, in bits and pieces...that might be easier for me. I feel like, as I write this, this must sound crazy...because how could someone hear about what happened to me and act like it was nothing? But, that's how I feel...that would be really nice. I'm sure when a prisoner of war is interviewed or debriefed by a military psychologist, that psychologist doesn't have facial grimaces or profoundly emotional reactions to hearing about what they went through. I wish that's how things were for me, too. Have your moment of shock or secondary-trauma after I leave the room, but don't let me see it on your face or hear it in your words...it never feels good. I feel damaged enough as it is, I don't need reactions that only validate how deeply damaged I am...I want reactions and responses that make it seem like I'm normal. That would be nice.*
- *That they would listen very carefully, calmly and seriously, and take the time for me. Show their understanding and compassion in words.*
- *I need people to respond in a way that it seems they already know (as if they think it's normal, like I mainly think), that's what my GP did and she took little steps and a lot of time to challenge my "normal" to her "normal" and helped me to understand how wrong some things are/have been (some, because when too many things come up I really get overwhelmed/confused/stressed out/ etc.). So I need people who pretend they already know, so I feel more free to speak about what happened, without carefully considering what I am going to say and which words I can use.*
- *If [my wife] had replied in a calm, emotionally stable manner "I'll PROTECT you", that would have felt good to me.*



- *Neutral, not sad not angry, not act like I'm pathetic, but just a hand on my shoulder or say that everything will turn out alright.*
- *Calmly and above all without overdone emotions. Asking questions but not pressuring on and showing understanding if you're not able to talk about it being able to be with it without showing judgement or abhorrence.*
- *I think they ought not react with excessive pity. Nor with an attitude like they know everything about it and that it's a commonplace occurrence. I wouldn't be keen on talking about it at all actually; if I do, it think I only want to hear 'what an awful experience, I can imagine that that makes you anxious' or something like that. Showing understanding and condemnation of the perpetrator. If they don't express condemnation of the perpetrator then I'll always hear a concealed condemnation of myself in what they say. Will always be afraid they'll see me as dirty and slutty, that they'll blame me for it. Don't show excessive pity. Also don't react coolly and change the subject. Don't immediately start asking all kinds of intimate questions (like 'what did you have to do then' and 'what did he say after that' and 'so why did you do that').*
- *That the person will tell me they don't consider me dirty or guilty. And will just ask questions. If I can't or don't want to answer I'll let them know. Severely shocked or aghast. Taking note of it and never mentioning it again after that.*

Treat me the same after. Some respondents stated that they would want the person to treat the respondent the same after the disclosure. Examples are set out below:

- *If I were to tell a best friend or a significant other, I'd want them to treat me the same way before I didn't tell them. I don't want them to pity me. I don't think I would want them to respond in a certain way. I mean obviously I don't want them to deny what happened to me, but this issue is disturbing and complex so some would respond differently to the situation. I believe telling someone would be more therapeutically healing for me.*
- *Disclosing is awkward for me. I haven't had a response I actually liked yet. I think I would just love it if the mood, feelings or even the relationship between the person I disclose to didn't change. It may seem like I want to minimize my experiences but to me it's not that big of deal and I like it when people don't treat it as such. Just be proud of me that I am where I am despite of what I've been through and trust me when I say I am going to be okay.*
- *That the other person still sees me as a whole person afterwards, that he doesn't get scared, that this does not put too much of a burden on him.*
- *The best thing was something a friend said. She said it did not matter, even if I'd been a porn star or a murderer, she likes me for whom she got to know. As far as therapists, I think that the fact that my therapist did not hide her feelings, but showed emotion, really was confronting, but also very healing.*
- *...No rush no pressure. Give the other person the feeling that you consider nothing strange; don't judge.*



- *I wouldn't want grief and pity. Because that was my wife's first reaction when I told her. That made me feel even more rotten, because at some point I began to feel like I had to comfort her because I had opened my mouth.*
- *The things I hope they say is "thank you for trusting me", I'd like them to say that it changes nothing about the way they see me. That you are still seen for who you are and not for what happened to you.*
- *Shocked, and cutting ties for this reason.*
- *I wish they would look at me rather than stare at the floor. I wish they wouldn't change the subject and instead ask questions or at the very least acknowledge that I disclosed it. I wish I wasn't avoided after they knew. I don't want them to pretend I didn't say what I said. I wish they didn't change the subject. I wish they wouldn't treat me differently afterwards. I wish I felt believed.*



F. VICTIM IMPACT

This survey set out to gain a better understanding of the way in which the recording and distribution of child sexual abuse imagery impacts an individual. While there is a substantial amount of research to help policy makers understand the significant impact that child sexual abuse can have on a person throughout their life, limited work has been done to understand the impact of having that abuse recorded and potentially distributed online. The information shared by the respondents to this survey makes it clear that the recording of abuse and its distribution adds an extraordinary layer of trauma for a victim. Keeping in mind that the survivors shared information primarily in their own words (i.e. not through yes/no or multiple choice answers), they were tragically consistent in their descriptions of the constant fear and vulnerability that they live with as a result of there being a permanent record of the abuse experience. As one survivor who reported having been stalked and harassed online aptly stated, *“I’m justified in my paranoia.”* These survivors have to live with the reality that the abuse has been permanently captured in a recording and that other people have likely seen that recording.

Impact of child sexual abuse imagery (general)

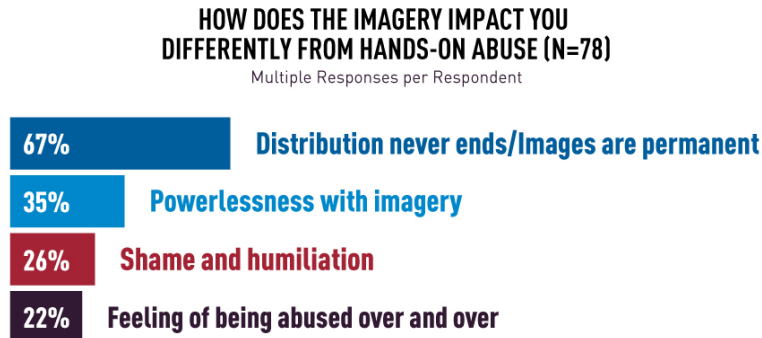
This section provides an overview of the general information shared by survivors about the impact that the child sexual abuse imagery may have, as distinct from the impact of the child sexual abuse itself.

How the imagery impacts survivors differently from the hands-on abuse

Respondents were asked how the imagery may have impacted them differently from the hands-on abuse. A wide range of answers were provided. Some of the more common themes are reflected in the graph below.



Figure 83: How imagery affects you differently from the hands-on abuse



Note: Eight respondents provided responses indicating that the hands-on abuse was more impactful or there was no difference in the impact between the hands-on abuse and imagery.

Other impacts shared by respondents that are not reflected in the graph include: always feeling exposed (18%); hands on abuse has ended but not the distribution/hands on offender no longer a threat (17%); feeling less safe overall (15%); sickened by the knowledge that others are using the images for sexual purposes (13%); fear of being judged (12%); and other (13%). Examples coded as "other" include: anger, fear of harassment/blackmail, the images led to more hands-on abuse, and the feeling of being stuck at the age when the images were taken.

The most common themes are reflected in the graph above, and below are examples of responses provided within each theme. Overall, respondents conveyed that the imagery impacted them differently from the hands-on abuse because while the hands-on abuse had ended, the images/recordings were a permanent record of the abuse that had occurred. For respondents, knowing that such recordings exist and that other people could and did view them, take pleasure from them, and use them to abuse other children, was cause for distress. Not knowing who might have seen them and being powerless to stop their ongoing distribution were recurring factors that respondents mentioned. Fear about all of these aspects was also either expressed openly or could readily be inferred from the responses.

Below is a summary of responses provided, organized by theme. As responses often contained multiple themes, responses were grouped under the heading that most closely matched the response. As this was not possible for all responses, many responses reflect more than one theme.

Distribution never ends/images are permanent. There were many responses placed in this category, and given the importance of this information to the overall study, the bulk of responses are reproduced below. Responses have been sorted into subcategories to assist the reader:

- *Anyone can have those pictures, that's not my choice, I can't stop it, but no one can touch me again, that is my choice*



- *The imagery is different than the hands on sexual abuse because it's out there forever. The hands on sexual assault has stopped because he is now in jail.*
- *The abuse stops and at some point also the fear for abuse; the fear for the material never ends.*
- *The physical abuse is in a relatively small circle. The existence of imagery can spread very far. Physical is more towards the inside, imagery is more towards the outside*
- *He is dead so the hands on - is only now body memories; but the images are, perhaps, out there and being used, as he used them.*
- *Look at it like this. The hands-on was horrible. But at the very least it is over and done with. The constant sharing of the abuse will never end; therefore the reminder of its existence will never end. ... If you ask me, a crime that will never end is worse than one that is over; no matter how much more serious it may appear. That this is something inescapable. That there will never be total absolution*
- *The experiences are over. I can get a certain measure of control over those experiences. With regard to the imagery, I'm powerless. I can't get any control. The images are out there.*
- *Images.... feels like you're exposed to the whole world. Hands on you're stuck in a dark place. No one can hear you or see you. You're trapped. You're screaming for help but no one can hear you.*
- *The idea that videos and photos exist make it all the more present. Where are these videos and photographs: does anyone still have them? It is unbearable for me that anyone could still see these recordings. It is as if the past is brought back to the present. But somehow different than the past itself. I keep dealing with the fact that I managed to survive for so many years and that it hasn't killed me yet. That these recordings could still exist does not fit into my processing. In addition, it is also humiliating that the acts were recorded.*
- *The bad thing with the images is that they will still be on the Internet and they are there for everyone to see who looks at stuff like this. I still believe these images can ruin my life. I will still feel ashamed of myself for a long time that so many people can look at them, even though the abuse is over. I can protect myself from being raped again, but there's nothing I can do against these photos and films being sold and stored. At the same time, it is good that these images exist and that maybe they will be found because they are proof that I'm not lying. I cannot do very much because it's too dangerous, because the perpetrators could find me (free time, social network...*
- *You can come to terms with the physical abuse, provided you get the right help. There is wide recognition and targeted help and acceptance nowadays. But you can't get any grip on the things that are outside your control, like the lies some people spread about you, or the photographs that can be passed around. There's nothing you can do about them. Anybody who hears or sees that places it into their own context."*
- *The imagery was what caused me to feel very anxious and oppressed and threatened. I began to realize this after the court cases, because it was ultimately during those proceedings that I came to terms with the distress that specifically surrounded the photographs. The consequences of the abuse, such as nightmares, are still with me. But the consequences of the photographs have left*



me. In fact, if the legal proceedings had never taken place, I would have probably never dared to fill in this survey. That's how extreme my anxiety was as a result of the intimidation that radiated from those photos.

Powerlessness with imagery. A number of respondents stated that the distribution of their child abuse imagery made them feel powerless. For example, some of the respondents stated that:

- *Because it's out there every day, anyone could have seen it. You don't know if you walk by someone, you don't know if they've seen it. I have had multiple cases in my own state. And people all over [my country] and the world are looking at it. Very difficult knowing anyone can see them.*
- *Because I do not know who has the images now.*
- *The idea that I never get older than 6 to 9 years old on the Internet, that this will always be there and will always continue to be shared, makes it difficult to let go of it permanently.*
- *The images are indestructible and reach a huge lot of people and it is unstoppable. That's what makes it the worst thing for me. The idea that a complete and utter stranger has seen you and that I'm somebody's gratification right up to this very day*
- *Because the imagery continues to exist and you have no control over it. You never know who will see it. And if you get approached on the street by a total stranger who says 'Don't I know you from somewhere?' or 'You look familiar to me', you quickly link that to the imagery.*
- *It is never over. There are still photos and films on the Internet. It is very humiliating.*
- *The unsafe feeling, worried where has it all ended up by now????????????*
- *Knowing that there is imagery and maybe hundreds of people looking at it and doing who knows what with it makes it unbearable.*
- *It is especially the fear of distribution and the traumatic experiences linked to the recordings. But in the end this is also part of all experiences. The making of this imagery material is not much different from the other things that happened.*
- *Always the fear it's still floating about, being distributed. Fear of being recognized*
- *The uneasiness that someone could show up any minute with 'the evidence'. Fear of threats being carried through. That the imagery is still circulating around is constraining and unending. Letting go of it won't work. You often wonder whether a person will have seen it, you don't trust anybody.*
- *Especially when it's in the news. I always feel insecure. I can't bear to think those pictures might suddenly turn up*
- *The sustained abuse influences/affects me more but it is over now. The films and pictures will never be gone, they cannot be retrieved; a sense of powerlessness and the feeling of being at the mercy of someone remains.*
- *There will always be a lingering fear it is out there and I can't control it*



- *The ongoing aspect of it. The not knowing who saw what when, where those images are, if they still exist, if they'll ever be 'gone', how there are people I never even met who may be using them (using ME) for their icky stuff, how those may 'inspire' others to harm children in similar ways.*
- *The realization that now, through the internet and the retro hype - which is also raging in the world of porn - images of me could have been distributed. It gives me a feeling of worthlessness towards the outside world. Again there is an unpredictable factor making me feel how vulnerable I am in this regard. Even knowing that probably no one will recognize me because I am so young on the imaging material.*

Added shame and humiliation. Some respondents stated that the distribution of the images depicting their abuse made them feel shameful and humiliated. Examples of some of the responses are noted below:

- *It causes me great shame knowing that someone else sees me in this situation and does not help.*
- *I'm filled with shame and disgust because I know that something like this happens again and again, and somebody enjoyed seeing this or is still doing it. I'm aware that it happens again and again but I don't want to think about it too much, that there are images of me. It's a huge business in the Darknet or elsewhere.*
- *And then also the idea that there are more people that may be looking at this very moment at a movie or photograph that they can see me in.*
- *Insofar, it influences me in a different way that I am worried about meeting people who have seen the abuse images. It is also a terrible feeling to know that these humiliating moments are captured for an eternity and can be called up time and again. In the event of criminal proceedings, it would certainly be helpful evidence, but I would nevertheless find it horrible if the prosecution authorities could see these images. Overall, it is still therefore filled with even more feeling of shame. That they see how I'm suffering and how I'd preferably simply be dead, and that they get turned on by this. Actually, the only way you can tolerate this is when you try to push it to the back of your mind.*
- *I think it makes all activities outside the home extremely terrifying and complicated. I don't know who, and how many people have seen me in situations that I'm terribly ashamed of; it feels like a stigma.*
- *The sense of shame plays an even greater role and also the feeling of guilt. You're constantly afraid it will still turn up somewhere, that it happened voluntarily*
- *Imagery heightens the shame, the fear of being found out. The abuse carries a bit less of a taboo; nowadays I do risk telling about that to people I trust. But imagery is far more sensitive; I'm always afraid people will see it or have seen it. When I meet new people, men/women, young/old, whatever, one of the first things I think is always that I wonder if they will have seen it or know about it. Even abroad, even on holiday*



- *I have no control or knowledge of those images or what has happened to them. As a consequence, in my eyes everybody is already by definition either [sic] a dirty pervert that looks at child porn. Unfair of me but I can't help it that those thoughts always spring to mind.*
- *[Uncertainty/ not knowing] which or how many recordings are circulating which seem as if the abuse [was wanted]. Although the lawyer and therapists said [I] could not be prosecuted ... still afraid of what could happen if the recordings were used by the perpetrators and handed over to the prosecutor, etc. And apart from that, there is the all-encompassing shame that what happened did not remain [private] us but that a lot of other people can see it. This is awful. It is also awful that the recordings are probably still being used so that men can get turned on. An abuse on video makes [a person] even more an object than the abuse itself. An object forever.*
- *The abuse suffered influences me inside although symptoms also are evident on the outside. The existence and distribution of the material makes me feel ashamed and I live under constant fear that other people could recognize me and know about it. It triggers the feeling that one can never escape from these experiences.*
- *It perpetuates the abuse by its very existence and the shame will never really fade*
- *The hands-on abuse was between us but the photographs I always wonder if they are still out there being circulated. I don't understand the world of child porn distribution and that creates a need to understand. When talking to other people about child abuse and I mention that I was in pictures/child porn I'm not treated the same afterwards. People avoid me when they know that. It's like the fact that I was victimized in my childhood by sexual photography makes me feel victimized again as an adult. People understand hands on but not what you call child sexual abuse imagery. There is an extra stigma if one was victimized that way. I'm made to feel ashamed every time I mention it because people, even friends, can't look at me, and change the subject if I mention it. But that doesn't happen if I mention hands on sexual abuse.*
- *There is a specific feeling of humiliation associated with these photos--a vulnerability. Again, they serve as evidence implicating me in a crime. My abuser said that I was partially responsible for the events that transpired, and that the police would take my participation very seriously. I have always had a fear of police.*
- *In this society it's quite normal for people to look at pornography. So for me that means I have to accept the possibility that a whole lot of people are deriving pleasure from my body, from my abuse. Those things that I struggle with daily and have nightmares about gives them sexual satisfaction. It makes me feel furious, but above all ashamed and humiliated. In a certain sense it never stops, nor will it ever stop. In addition it also induces a fear of perhaps getting recognized as such and that people may then get the idea that they can get away with everything with you. To me this mainly relates to the later images in which I could pass as an adult. The earlier images evoke mainly indignation. There are people who've followed my whole childhood - to me that's a source of great distress and shame. My physical abuse has since ceased, but in a certain sense it still continues through the images. Money is still being earned on me. In my case that also heightens the danger of renewed physical abuse, coming from the former perpetrators.*



- *At this time it is so old that it is not as much hurting as then but now and then it feels that way "*

Feeling of being abused over and over. Some respondents stated that the distribution of the imagery re-victimizes them and makes them feel that they are being abused all over again. For example:

- *The hands on sexual abuse has ended and I have closure about it. I also know who did it and they are in jail, likely for the rest of their life so they are no longer a threat. The images are downloaded by strangers. The scariest enemy is the one you cannot see, but know is there. That type of threat causes much more anxiety and paranoia because it is unpredictable. These images will always be out there and I can't predict when and how they will affect my life by hearing of people being caught with them or being stalked by someone who has seen them. The threat is always there and I am always dreading when it will come up. They also mess with my identity because I am shocked at the number of people who have viewed them and seen the worst moments of my life and have convinced themselves that I enjoyed them. Even worse, is knowing that they are constantly getting sexual gratification from something that was so painful for me. I feel used and have no control over it or way to stop it. I can only fight back in small ways, but the problem will continue and I don't see an end to my having to fight back. It is exhausting.*
- *On top of having fear for my life every day that someone could potentially find me, I am constantly being degraded by people that I've never even met people who have bad intentions and don't believe that they are harming anyone. These people are mentally unstable and need to be locked up. My child sexual abuse imagery is out there for anyone to see, I will forever be taken advantage of. It's not something that will ever go away. Being the adult I am now, my photos are still out there, as long as the internet exists my photos will always be out there. Sites will be taken down but new ones are somehow being put back up. As far as I know there is just no way of permanently deleting those photos. There is no way I can finally be done with this abuse. I have to live my life guarded and can never fully trust anyone. My own father did this to me. A man placed in my life to protect me, not hurt me, abused me. And now thousands of other people continue to do the same.*
- *The imagery abuse impacts me differently than the hands-on abuse because now THOUSANDS of people are taking advantage of me. Their argument is that they aren't physically abusing me so there's no "harm" being done. They are insane for thinking this way. Those are sexual images that were taken of me as a CHILD. These people are degrading me every second they look at those photos. I did NOT get a choice in taking those photos. It was ABUSE and when they are looking at them, and doing whatever it is that they are doing, they are abusing me all over again. The abuse will NEVER end for me. I am never safe. I don't get to live a normal life where I can take pictures at the beach and feel comfortable. I feel like I am constantly naked, like, I will never have a clear mind because I know somewhere someone is looking at my photos right now. It could be someone from another country or maybe even someone I work with. I am terrified for my life. I constantly have thoughts of someone finding out who I am and trying to hurt me.*



- *They are the same thing. Looking at pictures and videos is the same thing as physically doing it. That's what everyone doesn't understand. It is like raping us all over again and again. Everyday I know people are looking at my pictures and there is nothing I can do to stop them*
- *It was bad enough that the hands-on abuse and the imagery dragged on for years and years of my life and it's hard to be there in the moment when it's happening, but I would sit at my home and think about how many time he re-watched old tapes and looked at old photos and it felt like I was being molested all over again. Then there is the idea that in his exposure came my exposure. Now those photos and videos are no longer for just his eyes, they've been seen by strangers. I'm still not sure if my abuse imagery was ever distributed but I couldn't imagine how those children in the videos I was forced to watch feel, knowing they were abused not just hands-on but also by the eyes of perverts all over the world.*
- *Because it never stops, never. Even after 20 years, my old photographs can serve as satisfaction for men whose hands I may be shaking. It makes it worse that everything is documented and that because of this it never is really ever over.*
- *As if you're being abused all over again, completely powerless! Still not heard!!*
- *Imagery gave me unsafe feeling in outside world; I felt everyone who saw it received a license to abuse me, even strangers. Abuse itself gives me an overall feeling of tension and worthlessness*
- *The distribution causes a perpetual feeling of insecurity. It makes the abuse persist in real life. But the physical abuse is the thing that caused the real problems! I believe those are much harsher if images were also made - due to the absurd nature of that. That you have to repeat idiotic acts because the take wasn't good. That you have to act out whole takes again. That takes much longer. What good is that anymore???*
- *Trauma and abuse are ongoing and you cannot do anything about it*
- *In this society it's quite normal for people to look at pornography. So for me that means I have to accept the possibility that a whole lot of people are deriving pleasure from my body, from my abuse. Those things that I struggle with daily and have nightmares about gives them sexual satisfaction. It makes me feel furious, but above all ashamed and humiliated. In a certain sense it never stops, nor will it ever stop. In addition it also induces a fear of perhaps getting recognized as such and that people may then get the idea that they can get away with everything with you. To me this mainly relates to the later images in which I could pass as an adult. The earlier images evoke mainly indignation. There are people who've followed my whole childhood - to me that's a source of great distress and shame. My physical abuse has since ceased, but in a certain sense it still continues through the images. Money is still being earned on me. In my case that also heightens the danger of renewed physical abuse, coming from the former perpetrators.*

Other. A couple of respondents noted that it was difficult to separate the impact of the hands-on abuse from the impact of the imagery. Their responses are set out below:



- *I think it was mainly the abuse that had a lot of impact. The cameras etc. were 'just part of it'. The abuse is humiliating in itself, the cameras make it worse. The fact that there are people that get a thrill from the hell I went through is very distressing, but is only a part of the abuse.*
- *I can't separate the two all that precisely. To me it's one and the same thing. Years after the abuse took place; I wanted to find out whether [the abuser] might still have those pictures in his possession. As a paedo he was very crafty, knowing all too well how to win over a child, so I surmised that I wasn't the first one and also not the last. If he were to be detained for some other paedo offence, the police would find the pictures of me, and then he would get off scot-free (the production of child porn was not a punishable offence in [Country] at that time) but I wouldn't get off. The police would see what I had done. ... the Internet and the digital swapping of pictures by paedos. Suddenly there was a great likelihood that the pictures of me that were once in my [abuser's] possession could now be shared by loads of other paedos. I'm now [over 50]. The chance of somebody recognizing me from those pictures is highly improbable. But it feels like that's sometimes the case anyway. And then I get overwhelmed by nausea and shame. And then I prefer to be invisible. I'd rather live in the shadow.*

Avoid thinking about the imagery. Some other respondents explained that the imagery is an aspect they try to avoid thinking about. For example:

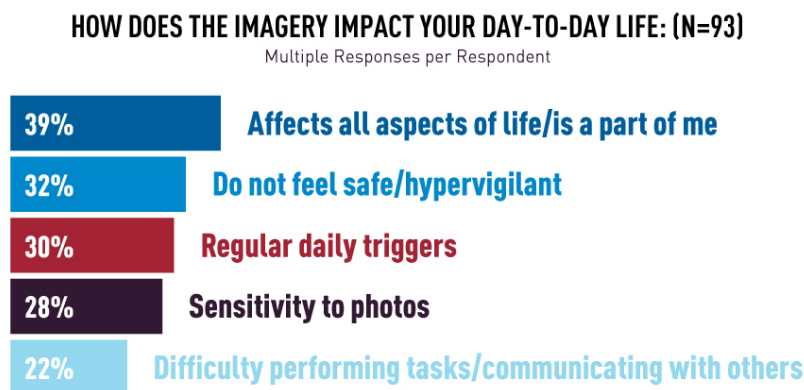
- *I ignore this aspect, because acknowledging it would mean I'd have to live with the fact that those images are still located somewhere today a/o are being looked at and used. I remind myself that they are coloured pieces of paper or pixels on a screen, not my own self, and that the people that are looking at it, if they are doing that of their own free will, or the people that are forcing them to do so, are the ones that should be ashamed of themselves. And then I go on ignoring it again.*
- *You'll go crazy if you think about it. Not within the meaning of post-traumatic stress disorders, but really and truly crazy.*
- *It is something, which because of its intangible nature (i.e. in the case of webcam streaming like for me) as well as the lack of recognition of adults who have experienced this as children and youth, that makes me feel unrecognized as a "proper" victim or without decent means to seek out justice. In my case regarding child sexual abuse imagery, I had countless men who abused me and they were largely hard to identify or used pseudonyms and were in other jurisdictions (like the US and UK). There is no way to remove or take back what was created from my abuse during those years and in many ways, I feel so empty, as if my house has been looted and there is no way for me to get justice or have my thieves return what they stole. I also think that much of my trauma I have experienced after the abuse itself has taken place- it is the harmful after effects which also can be so devastating.*



How the abuse experience interferes with day-to-day life

Survey respondents deal with a wide range of issues on a daily basis as a result of the abuse they experienced. Respondents said that their victimization has affected all aspects of their life and forms a part of who they are. Many reported that they often do not feel safe, and experience regular daily triggers. A common theme that emerged through this question and several others in the survey was that many respondents have developed a heightened sensitivity to photos – some will not permit cameras around them at all, while others are triggered by the presence of a camera in a public place. The graph below highlights the most common day-to-day impacts mentioned by respondents, and the narrative that follows has been derived from the responses provided by respondents.

Figure 84: How does the imagery impact your day-to-day life?



Impacts shared by respondents that are not reflected in the graph include: distrust of others (19%), poor self-image (18%), limited to no social contacts/isolation (17%), sleep disturbances (15%), fear of recognition (13%), and other (12%). Examples of responses coded as “other” include: anger, inability to set limits, moving, struggling to keep control, experiencing physical aches and pains.

Since many respondents provided responses that convey several of the themes identified in the graph above, the responses below are sorted according to the primary theme conveyed.

Affects all aspects of life/is a part of me. A number of respondents indicated that the abuse affected all areas/aspects of their lives, which made it difficult to perform daily tasks. See examples below:

- *My experiences impact (and have impacted) virtually every possible area of my life. My relationship with my body is always disturbed, and I live with enormous hatred towards myself. I'm constantly absorbed with death and it's a very tough struggle not to give in to suicidal thoughts or destructive behaviours (such as cutting). For fifteen years, right from childhood, I've had an eating disorder. For it I took part in a five-day intensive (inpatient) course of nutrition therapy several years ago. I have difficulty with men, setting limits, sexuality, intimacy, trust, and I often suffer anxiety and nightmares. I feel extremely ashamed of myself and of my experiences.*



I'm constantly afraid that people are angry at me and that the rest of the world hates me. I suffer from intrusive flashbacks, in which I relive my traumatic and other experiences. Due to my experiences I have no more contact with my family. I often feel terribly lonely, isolated, depressed and a burden.

- *I think it influences your whole outlook on the world, the way you deal with authority, how you see the people around you, religion. At every level of your life, you're expected to act 'normally', and there's no room for 'weaknesses' and 'weird stories'.*
- *It ruined my life and [I] feel I'm a burden to society. I trudge through life. Trust in humanity, who looks at such images. It has effects on every area of life that one can imagine.*
- *It is part of my history, and therefore it will always be a part of me - at times I can put it to one side and at times I can completely 'park it'; but it is still part of me - and given the current landscape where CSA is being discussed more, and including societal response to IICSA etc., it is harder to switch that part of me off - it is part of my past/present/future.*
- *I cry every day. Do things every day to keep me on track: daily exercise, going outdoors, making sure to take rest breaks. Can't cope with a full-time job. Resolution requires lots of effort and energy. Getting triggered also claims lots of effort and energy. The imagery is fucked, but the experiences have the upper hand. My life was damaged by the abusive experiences, not by the imagery.*
- *In everything, partly due to DID, this results in a difficult life structure because you have to live in 1 body with multiple personalities each of which has its own desires and personality. The re-experiencing symptoms that recur daily. Constant anxiety and stress. Sleeping badly. Chronic fatigue. My normal daily life and functioning.*
- *From the moment I wake up in the morning until I go to bed I have to put in a lot of effort to keep myself going. There are many daily issues I am confronted with, thresholds I have to pass, and anxiety I have to fight to lead a somewhat livable life. Of course the night is full of nightmares, re-experiencing and panic attacks. There are periods when my life is livable. But there are also many periods when my life is only mere survival. That is difficult, I only have 1 life. I cannot make the comparison of how difficult or easy it would be without this experience. I suppose it has affected all aspects of my life: relationships, family, career, finances, addiction problems, body perception, intimacy, trust, sexuality...*
- *I don't really live, life is passing me by! I'm now [over 50] and it still govern[s] my life! That's why I really shouldn't look back, the past but the past is also part of my life as a human being! As a child! The way things ought to be!*
- *Even though I don't currently have therapeutic help. I'm still not finished with the trauma resolution process. I'm not yet integrated. There are still lots of things I don't know yet. It has impeded me in living my life and even though things are now going a lot better, I still can't cope with time, or put my time to good use. I still live very much alone. Another thing is that for decades I wasn't able to have my picture taken. I ducked away as soon as I saw a camera. That was mainly before I recalled the child pornography. In recent years that's been somewhat better.*



My whole life is damaged! For decades I couldn't bring myself to have my picture taken. If somebody did that anyway, I got so upset I'd have wanted to destroy that camera.

- *Going out of doors is a hassle, making and maintaining contacts is a real hassle, trying to stay positive is a hassle. Not allowing gaps in time and staying lucid/ not dissociating is a hassle. Sleeping is a great hassle, nightmares are awful. Always being tired is a hassle. Making contacts and feeling safe. Daily life is a chore. Always being scared is a hassle and having the feeling of being worth nothing, being depraved and the chance of it getting found out through imagery makes it difficult to keep going on in life.*
- *Affects me every day...it has shaped who I am*
- *I now have PTSD complex. I'm a mess. I have flashbacks from the sexual abuse. No one calls me or comes over. I'm alone. I wish I was dead. I keep trying to figure out how to end my life in a way that would be successful and rather painless. I no longer live. I exist.*

Do not feel safe/hypervigilant. Some respondents indicated that they generally do not feel safe in their everyday lives and find themselves being hypervigilant about certain things. Sample responses are set out below:

- *I get really anxious with being in public alone. I have a random fear that a man is going to take me and possibly rape me. Or that I am going to be kidnapped. I literally assume that whenever I am out in public, a man I see is going to attack me or something like that. I get really anxious with being in public alone. I have a random fear that a man is going to take me and possibly rape me. Or that I am going to be kidnapped. I literally assume that whenever I am out in public, a man I see is going to attack me or something like that. "*
- *I never know who has seen my photos. I never feel safe anywhere. One time walking home from school, a kid ran up to me calling my name. I had never seen this kid before but he talked to me as if he had known me forever. When I asked who he was he said [he saw] a story in the news about my family and I and he asked me if my father had really touched me. When he asked me that so bluntly my heart dropped into my stomach. I immediately got defensive and told him to leave or I would beat him up. Then he ran off. It came out of no one and he knew everything about me. ... I've actually had a few encounters like that one. But I fear for the ones who don't say anything. The ones who watch. I will never know who knows. I can't explain the fear I have. I never feel safe. I still feel scared; I never post anything on any social media that could be taken the wrong way. I don't want anyone to find me, the people I have are people close to me. I hate social media. I hate the internet. I wish it never existed. It does more harm than good. I can't believe that after 20 years my photos are STILL being distributed amongst abusers...It makes me feel sick and like I'll never be free to live a normal life. Anyone at any time can recognize me and take advantage of me...It's a fear I've always had.*



- *It makes me worry a lot about there being people looking for me, trying to find me. Scares me that it's out there for anyone to get their hands on. Nothing I can do. No way to make it stop. Never going to catch every single one.*
- *I have to have fear of retribution from every single perpetrator. I have to fear that any one person finds out and tells everyone. Then I have to move. There are sick people in this world that would hurt me if they could find me.*
- *Always on guard fear of recognition with people. Nightmares. Daily life. Sleeping. Distrust towards everybody Insecurity anxiety sleep problems*
- *I'm quite scared to talk about the abuse for fear that people will think I wanted it myself, that I willingly did it to earn money (though I never received a penny for it). I'm also afraid it will emerge that I committed abuse myself (under strong coercion, but still). Because that's something I anxiously keep secret. I'm also afraid I'll bump into people that have seen images of me and assume it was voluntary and then assume that because of that they can just take me with them to have sex...."*
- *I still at times get blackmailed with material, through email or post, as a reminder to keep shut or other things. It makes me at times extremely afraid. It is hard to see one separate from another. As I said earlier, I have no idea who I would be without it.*
- *Not that much but maybe more less relaxed with people and crowds*
- *Scared to go out the door alone, be alone with somebody in a room.*
- *A whole lot of anxiety. Also lose a lot of time due to the DID. No concentration, often feel poorly. Guilt feelings. I can't work full-time, can't study full-time. Maintaining personal contacts is very difficult, since I've never learned to set boundaries. I move house almost every year. Out of anxiety. So because of that I don't have a stable life.*
- *Wanting to keep control, always and everywhere, anxious, always with antenna on/scanning surroundings, fatigue persists. Place in community, difficult to take it on visibly and strongly.*

Regular daily triggers. Some respondents indicated that they experience daily triggers associated with the child sexual abuse imagery. Examples of some of the responses are set out below:

- *It makes it hard to sleep because of PTSD, mainly anxiety. It's so hard for me to turn my brain off at night and I have nightmares frequently. Being sleep deprived means I stay in bed longer in the mornings that I would like to and get up groggy. Because of this, mornings are not very productive for me. There is always a back burner stress about the images and a constant trepidation that I will be getting bad news related to them or that something will bring it up or trigger me. They are never far from my mind since I deal with them from a legal standpoint so often. This stress sometimes makes me irritable. I also have days when I am overwhelmed and barely leave my bedroom. Sometimes I dissociate and forget to eat. Poor self-image.*
- *I always feel like people are out to get me. I feel paranoid all the time. I feel like someone is always watching me or judging me. I have panic attacks everyday specially in large crowds*



- *By now I know I need help/support in every aspect of life. I still use my childlike feelings, unable to develop some adult feelings/emotions. My days are one long chain of triggers, the nights too. And my psychologist doesn't understand that everything I do, every person I meet, every place I go, things I hear (words/sounds/news/etc.) is a trigger. I fail to function well on every area, my house isn't a home, my neighbourhood is nice but doesn't feel safe (also because of the material on the internet...), I do not talk to strangers, don't make phone calls, no sports or anything involving people I don't know (but maybe they know me, who knows), also because I fear my dad might get knowledge of it, so far no one seems able to stop his influence, although my brothers are starting to recognize/see what it is he does to me and did to me. Yet, they love their parents [and] benefit their presence in their lives.*
- *Every day you live with stimuli that retrigger images and nightmares. Sometimes I'd just like to huddle myself away for shame if somebody cracks a joke about something or if it's a topic on TV"*
- *Every day intrusive memories nightmares dissociating switching feel unsafe anxious trust nobody am never relaxed can barely function independently am often on the ground.*
- *I can't work due to intrusive thoughts and furthermore an administration order and debt management due to not being able to get an overall view and many many nightmares. I don't know, everything is in disorder*
- *Ultimately it impacts practically everything. If I must summarize it, it's as if I never have real 'freedom', never uninhibited, never without fear. The result is that I never sleep well, that everything is complicated and that I can get stirred up by the stupidest things. If I'm somewhere and somebody looks at me, I'm always afraid that it's because people know it, or recognize me.*
- *... I still experience the fear the distress and the pain every day.*
- *Time gaps due to DIS; constant fear, flashbacks, memories; constant physical pain; recurring phases of chronic suicidal thoughts and hopelessness; because of this I can barely plan my daily life and feel very isolated at times.*
- *Because I am unable to work I feel useless. I am ashamed because I need so much support although people keep telling me that I can do a lot if one considers what I have been through.*
- *In the past I had nightmares and other sleep issues (though I am now, for the first time since the abuse, free of nightmares). I am far more aware of the impact and prevalence of child pornography than other people, and I am triggered by events that crop up in the news.*

Sensitivity to photos. Respondents were not specifically asked whether they have experienced a fear of cameras or wariness of photography (both of being photographed and of other children being photographed). However, this theme showed up in several different surveys in response to this question and others. Some participants mentioned this fear in multiple responses, suggesting that for these participants, it is fear that is constantly present. Examples of some of the responses that mentioned a problem with cameras, photos and videos are set out below:



- *It makes me real sensitive to photography, videos, stories or medical texts about sexuality and youth, pornography and sex in other media like movies, and it really makes me super triggered when I hear stories in the news about child sexual abuse imagery (i.e. people being arrested for child pornography). When I hear about it, sometimes my whole day can be ruined .*
- *I'm often inwardly terrified for a moment when someone takes a photo/films something, and everyone is always taking photos/filming something with their mobile phones. I start to panic, panic I have to conceal when I see tripods. I feel sick when someone next to me takes absolutely normal photos of their children. I'm scared when talk is about images having been found during the apprehension of a perpetrator because I'm worried each single time that somebody recognizes me out of those who then see them. I cannot do very much because it's too dangerous, because the perpetrators could find me (free time, social network, ...)*
- *In addition I continue to have a strange relationship with cameras (unless I have it in my own hands), and I feel sick if I see somebody (e.g. a parent) taking pictures or filming videos of their kids, because I immediately make the connection that they may be doing that in the bedroom too.*
- *Again the same anxiety, distrust, susceptibility to depressions. The idea that this world doesn't like me, doesn't want me around. I know those are unrealistic thoughts, but I'm just not capable of switching them off. Plus I still have some fears of contamination, disgust with myself. Can't bring myself to brush my teeth with my eyes open because toothpaste looks like something else. It comes back every day. I'm very wary of posting pictures, passport photos etc., especially of children, on social media. I always use pictures of something else as profile photos. When my partner posted a 'darling passport photo' of me on her Facebook without consulting me that triggered quite some quarrelling. Social contacts or actually social life as a whole.*
- *I still often feel watched; have the feeling that I'm then being filmed wherever I go. I hate things like cameras on the streets and in lifts. I then get back a kind of past feelings. The idea that there are lots of other people that are still looking at me on their computers years later. That the material is indelible. Makes it difficult for me to have my picture taken I can't even do it with my children. My Internet behaviour: don't have Facebook or anything else. For fear of being stalked or spied on. My relationships , my self-image*
- *At some point, security cameras were being installed all around the streets. That disturbed me for a while there, even though it's for my own safety. That's yet another of those examples of how my youth can come back to haunt me: suddenly there's 'something' that remind me of something and my day is completely ruined. That sensitivity has been greatly reduced in the course of the years and especially through therapy. But there have also been times when I wouldn't even read a paper or watch the news, because if something was reported about an abuse case, I would flee the living room in panic. Even the term 'child pornography' alone was enough to make me literally sick to my stomach.
The PTSD does still remain today, and I still need to learn to cope with it better.*



- *I sometimes find it difficult if pictures or films are being made, I often feel scared. Basically it's affected all areas of my life, my whole development has suffered a blow.*
- *Photography/video recordings. I'm scared of being photographed. I'm not afraid of being visible to other people or myself, fully clothed of course, on a photograph. But I'm afraid of the emotions that are triggered when I hear the sound of a camera. On my own equipment that I have fear taking photographs, that sound is disconnected. If somebody takes a picture of me and I hear that clicking sound a/o there is a flash, then - and even now whilst I'm describing this, for I've now lost track of the rest of my sentence and several minutes have intervened before I can go further - I lose it for a few moments afterwards. I've also taped off the cameras on the user's side of my equipment (tablet, mobile phone, laptop), because the idea of a camera being trained on me causes me a huge amount of stress.*
- *I've developed a sort of allergy to cameras. Always afraid the pictures will turn up somewhere. Also fear that something will happen to my children.*
- *If people ask whether they know me from somewhere, I first try to place them, because the initial fear is that they've seen me in photographs or films. I also can't cope well with cameras (photo or film). From the abuse as a whole, including the child pornography, I also experience trauma symptoms (nightmares, insomnia, flashbacks, intrusive memories, anxiety, distrust, etc.) In my case that also heightens the danger of renewed physical abuse, coming from the former perpetrators. Self-image and outlook on the world and trust and confidence in myself and others.*
- *I still have problems with photographs and the clicking noise a camera makes when taking pictures.*
- *[My therapist] knows I am deathly afraid of cameras or of having images made of me in whatever way.*
- *I find it quite difficult to have my picture taken, at work for instance. Shame and feelings of inferiority; wanting to be perfectly clothed and coiffured and that never succeeds Social sphere, distrust towards 'the outside world'.*
- *Specific phobias developed from camera clicks. I never get my picture taken, I blank out then. At such times I am not capable of remaining present this [sic] in an emotional sense for the pictures. I disassociate on it [sic] as a result of which I don't know till hours later that my picture was taken.*
- *Paranoia of being recorded in any way. For example, it is Triggering to see a security camera, to be asked to be a part of a group photo (or any photo really). ... My family life now is impacted greatly by my experiences. I rarely photograph my children and avoid letting other people photograph then or post their images to public sites. I am easily triggered by the presence of cameras and recording equipment, and the resulting effects on me impact those around me. I do speak openly with my children about online safety, the realities of permanent images through social media and texting with friends.*



- *Memories are being triggered again and again, partly by unknown triggers but also by everyday things such as cell phone cameras, flashlights, and special lamps.*
- *I am very sensitive when it comes to photographs of people in general. I don't like it when someone observes me, looks at me. My boundaries are being overstepped in doing so.*
- *That these videos and photos were taken makes me feel worthless (in addition to the acts themselves). A thing you can do with what you want. Of course, these thoughts influence my daily life. Relationship with a partner. Self-confidence at university/at work. Family planning. Almost all areas in my life are influenced by it but it improved after trauma therapy. Leisure time; excursions; sports; family planning; doctor's visits; limitations/panic when driving a car.*
- *The recordings themselves only rarely influence it; if then if someone takes pictures or videos. I try to avoid it or to take pictures myself.*
- *My sensitivity to cameras / video and triggering by those devices. Then think about how they are in banks, by ATMs, at the gas station, on everyone's phone, etc. The modern world is full of triggers for someone sensitive to having their image captured.*
- *I am very suspicious; I feel easily exposed and have an extreme fear of photo and/or video equipment. In these days when everyone has a mobile phone with a camera and when it seems normal to make photos and films everywhere, it is very difficult to function. It is a daily struggle.*
- *I have no photos of my children. (hate cameras and taking pictures or having them taken). I have no family pictures...*

In addition, several respondents specifically mentioned being uncomfortable with sexual photography of any kind, or adult pornography. Examples of some of these responses are set out below:

- *It seems that taking photos or recording sex acts between consenting adults is a thing A LOT of people do. I'm just not down for that and I know my husband is disappointed. I also really don't like to watch pornography.*
- *Besides the myriad of relationship and healthy sexually issues them come with childhood sexual abuse, I limit the amount of photography in the house by deterring even the initiation of it. I would never be open to anything like sexting, watching point etc. [Sexuality is] messed up.*
- *No photos, videos or anything similar during sensual interaction. Or anything sexually tinted at all.*
- *I won't let partners take pictures of me during sex, even though it's something I would like to do. I'm too afraid of a repeat.*
- *I would never sext in a romantic relationship because I would be afraid the pictures would be spread and sent all over without my permission.*
- *When I caught my partner using pornography, I was terrified that he might be using child pornography or other violent and sadistic materials. For me, pornography is more about abuse than titillation, so when people defend its use I get upset.*

Difficulty performing tasks/communicating with others. A number of respondents have difficulty performing daily tasks or communicating with others. See examples below:



- *I have to cling to my own daily structure. Every day I walk the dog, to ensure that I get out of bed and out of the house. In addition I have voluntary work. Sometimes I see almost no social contacts for several weeks, if things aren't going well/in times of crisis. Sometimes a crisis admission is necessary. It's hard to get out of bed and it takes me a lot of trouble to tread into the outside world. A training course or a steady job is impossible at present. I exercise (by myself) and that helps me hold my head up. The consequences and impediments in daily life are terribly disruptive and far-reaching.*
- *Daily inability to function healthily at all levels. Social contacts; Mental health; Trust; Safety; values norms and especially world view and persuasions have largely changed for good; housing and living environment, having to flee from several places of residence. No longer safe; Participation, in community you no longer feel you can take part.*
- *As already mentioned I have a severe dissociative disorder (DIS in English DID) and every day I experience consequences of it: memory loss, concentration disturbances, agitation, attacks of anger, understanding things wrongly, switching to other parts etc... [Impacts] self-image.*
- *Totally in all directions. I'm not capable of leading a normal life. The memories always overtake me. I cannot talk to strangers, cannot go out alone, I faint continuously, hardly get any sleep, get panic attacks due to tiny things, cramping seizures, I dissociate and conk out, I cannot go to the doctor alone, cannot go shopping,...etc.*
- *Contact with body is totally disturbed. Am afraid to take showers or baths things happened there too. I feel dirty and disgusting. I often feel no pain anymore no emotion, no needs and desires any more. Everything has been manhandled and abused out of me.*
- *Today I think it's pretty well under control - but that's after 15 years of working on it on and off. But my key symptoms are: 1) Super easy to make me cry. Tell me anything sad and I'll start crying right away. News stories, sappy commercials, anything - it's embarrassing. 2) I don't like being controlled. So a micro-manager boss at work is going to create conflict. 3) I'm actually pretty bold at work - I sort of feel like I've already been through hell so not much else bad can happen. As a result, it can be off putting at time. 4) I'm hard to get to know. A colleague recently told me "I thought you were a no fun, know it all at first". Once people get to know me they usually find me delightful and fun, but I guess I have resting bitch face or something that is off putting.*

Other

One respondent was very direct about feeling angry as a result of the abuse:

I am really good at blocking out all of the disturbing and bad things in my life, but when I think about it, it just makes me really angry and upset. It has made me very angry that there are pictures of me out there that any weirdo/creeper/pervert can masturbate to whenever they



please without me even giving permission to the release of the pictures. I honestly feel quite violated and somewhat exploited.

Another respondent poignantly described the reality of the struggles dealt with on a daily basis:

It has permanently damaged me in my body. I'm confronted with that body daily. I'll never change clothes anywhere, for fear of laying myself open. I can't stand being naked and will always keep some clothing on however bizarre that is. If I've got something on I can at least keep my anxiety at bay. Without clothing I'm back to being nothing and nobody, a thing without a will. I think there's few people that take showers/baths with their underwear on. I always think even if I just keep my socks on so to speak then I stay who I am.

How the abuse imagery impacted the respondent's life as a child

Respondents were asked about the impact of the child sexual abuse imagery upon the respondent's family life as a child – the results of that question are detailed later in this section of the report.

Nineteen respondents detailed effects suffered by the respondent directly as opposed to the impact on family life. Those responses were not taken into account when preparing the graph pertaining to family life as the response was not about family life as a child. However, it is important to take note of what the respondents said. These respondents stated that, as children, they had been negatively impacted by the creation and distribution of the child sexual abuse imagery. The negative impacts they described included a distrust of adults, running away from home at a young age in order to avoid the abuse, becoming sexually confused, and developing psychological problems at a young age.

Worries about being recognized and/or targeted due to the abuse imagery

Respondents were asked a series of questions to gain a better understanding of what they worry about in relation to the abuse imagery or things that may have happened to them as a result of the existence and distribution of the imagery. A significant proportion of respondents (69%, n=129) said they worried about being recognized by someone who had seen the imagery of their abuse and described how that worry impacted their daily lives. That worry was justified – 30% (n=99) said that they had been identified online or in person by someone who had seen the imagery, and some who had been targeted as a result (23 respondents – most of whom are still under the age of 40).

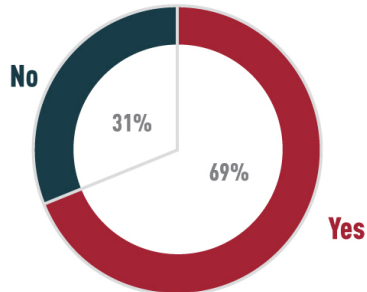
Worry about being recognized

Respondents were asked if they worried about being recognized as a result of the images depicting the abuse they had endured, and 69% said they did worry about this (n=103). A separate analysis revealed that the majority of respondents who had answered yes to this question had also confirmed (in relation to a different question of the survey) that they believed the images of their sexual abuse had been distributed online (69%, n=71).

Figure 85: Do you worry about being recognized by someone who has seen images of the abuse?



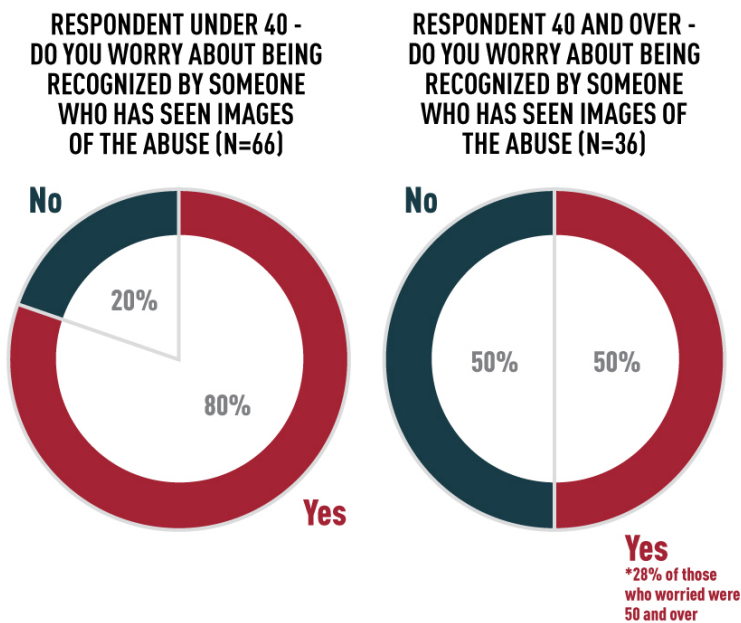
DO YOU WORRY ABOUT BEING RECOGNIZED BY SOMEONE WHO HAS SEEN IMAGES OF THE ABUSE (N=103)



Respondents under 40 worry more about being identified by offenders who have seen child sexual abuse imagery of them (80%) than those 40 and over (50%).

Given the varying age of respondents, the above information was cross referenced by age, as set out in the graphs below.

Figure 86: Age of respondent and worrying about being recognized



One respondent did not provide a current age. She indicated that she does not worry about being recognized.

The above analysis revealed that the proportion of respondents who worry about being identified does differ by age. While 80% of the respondents who were under 40 at the time of taking the survey worried about being identified by offenders who have seen child sexual abuse imagery of them, the



percentage dropped to 50% for those who were 40 years of age or older. The percentage of respondents who worried about this issue dropped significantly for those aged 50 or older (28%).

Impact of worrying about being recognized

A large number of respondents who indicated they worry about being recognized from the imagery provided additional information about the impact that this has on their daily lives. The information provided was organized into main themes, and the graph below provides an overview of the distribution of responses among the themes identified:

Figure 87: Impact of worrying about being recognized



Various (30%). Examples of responses coded as "other" include: fear of police/legal consequences; block it out; lack of trust; fear of blackmail; negative self-image

Examples of the responses received are set out below and have been organized according to the themes set out in the above graph. As many respondents provided responses that identified a variety of impacts, responses were placed below the heading that most closely matched the sentiment articulated but may also apply to other sections:

Suspicious of others/overall fears associated with being recognized. Some respondents indicated that the distribution of their child sexual abuse imagery made them afraid to go outside for fear that they would be recognized. Examples of some of the responses are noted below:

- *I live in constant fear that someone will recognize me and I will be abused over and over again*
- *It's stressful. You never really know, when a stranger smiles at me, or someone gives me a strange look. I never will know.*
- *I am very skeptical in dealing with people and look for any sign that could indicate that this person has seen it.*



- *Yes I have that. Whenever I'm in busy places with a lot of people I always think about it sometime. If somebody a stranger to me looks at me for very long I think he recognizes me from some or other film or pictures.*
- *Not trusting anybody, wondering about everybody whether they look at those kinds of things and whether they'll recognize me and whether they'll ask me about it then or repeat it to others. Whether they'll consider me a slut.*
- *Easy, only the thought someone I know/meet will see/has seen any of the materials makes me want to hide, stay inside, alone, away from everyone.*
- *I am skeptical in dealing with other people. I would recognize the direct perpetrators if they were to stand in front of me. I would not recognize the indirect ones who saw the films. Every day I live in fear that my pictures will be recognized and I will be cope and show my face in public*
- *I'm worried it might be on the internet or out there somewhere that someone may see it...*
- *Especially on days when I am generally not feeling well, the thought is present with every contact to strangers. This leads to self-harm, self-hatred, shame and strong disgust as well as fear or panic.*
- *Now that I have these recollections, it makes me anxious. I think about it a lot more now. Fear someone will see them and recognize me.*
- *I'm always scared somebody I don't know will recognize me from in the imagery and think I'm some kind of whore. So any time a stranger even glances at me, I see them as a potential viewer of the imagery.*
- *The knowledge that the images exist and that others may still use them sits heavily with me. I worry that in some way I may be exposed to it again through found originals, or by being identified by someone in some way.*
- *Fear of someone seeing my photos someday think I [am] a whore*
- *I not only have the fear of bumping into perpetrators, I have an additional fear that people around me could recognize me from the photo material. When I was twenty I scarcely dared mix with people for fear somebody would recognize me. I dyed my blonde hair to reduce recognition. Now I'm no longer afraid of it. It's so long ago and the material is old-fashioned.*
- *I'm even more scared of police officers and I'm scared the assholes who have seen the abuse images will recognize me again and reveal me to the producers of the images.*
- *The fact that imagery was made makes it even dirtier, rottener and scarier. It's a feeling like a ticking bomb. You never know when something like that can turn up, by whom or how you'll get confronted with it. Maybe it will never happen but you're always waiting in apprehension.*
- *I'm always afraid of being recognized. The DID makes me lose blocks of time and because no treatment has materialized together with other indications the mental health care providers and I suspect that it continued in any case until a few years ago.*
- *Imagery gave me unsafe feeling in outside world; I felt everyone who saw it received a license to abuse me, even strangers. abuse itself gives me an overall feeling of tension and worthlessness*



- *Always the fear it's still floating about, being distributed. Fear of being recognized*
- *I always wonder who has seen me as a child in pictures/films and got aroused by that and therefore looks at me as that little girl from back then. And I can never be certain that all copies have been destroyed. When will a picture of me turn up after all? The fear always remains that new copies [will surface]*

Hypervigilant/anxious. A number of respondents stated that they are constantly anxious/hypervigilant and in some instances have taken precautions to change their appearance to avoid being recognized. Examples of what respondents said included:

- *I only run around in hoodies that are way too big for me and pull the hood way down low on my face when I'm feeling really bad and the worries are particularly great. I cannot stand it when someone looks at me.*
- *I try to cover my face with my hair.*
- *I've adapted my outward appearance. I've taught myself a different manner of speaking. I always keep an eye on my surroundings.*
- *It makes me extremely cautious*
- *Unsafe feeling, that it will repeat.*
- *Always being alert. Loads of anxiety.*
- *Paranoia of acquaintances in small city.....dealing with customers at my job...wondering if they are pedophiles*
- *When I was waitressing a man asked me have I seen you on something like computer magazine and my mind went there in was frozen shaking I burst into tears then I got angry and I didn't want to buss there table I didn't want to face him. I get so scared that someone would recognize me. When I'm in public I'm always scared looking around and feel like people know and I get shaky.*
- *Distrusting everybody, afraid somebody will approach you with it sometime or that you don't know that a certain person has seen you. Afraid of another cesspool being opened if something comes to light with the police, the local environment or the perpetrators. Threats being potential[ly] carried through.*
- *Shame because it may not be noticeable that it was against my will. Always trouble with: what are realistic thoughts and anxieties, and to what extent are they unrealistic. Always the suspicion that other people want something from me, that they're out to get me. Insecurity about whether the films and photographs from then have been digitized and are on the Internet. On the other hand the images are from so long ago that they're probably unrecognizable images.*
- *... The fear of being the centre of attention, bright lights are difficult (I often put candles on and I am glad when it gets dark), imagery (pictures and recordings) give me heart palpitations. But*



also the idea that someone might see you and recognize you. The loathing, the dirtiness, the shame.

Limit social interactions/going out in public. Some respondents have limited the number of times they leave their homes or interact with others in order to avoid being recognized by anyone who may have seen the images of their abuse. Examples are set out below:

- *I avoid doing some things, ... anything that would put my name or image out in a public way. I don't want to draw attention to myself so I avoid things I would otherwise want to do. I also have found that I cannot have social media under my real name or post pictures of myself online.*
- *I worry about this every day. I'm afraid for my children's safety, try to avoid going out and doing much other than normal stuff I have to do for the kids. Really paranoid when I take my kids to places like the zoo.*
- *Fear of going out the door, especially to places where there are a lot of people. Afraid of being found on the Internet.*
- *Difficulty with groups of people. Evokes a lot of anxiety in me. Difficulty going outside. I perceive the world as scary, malicious and unsafe. It causes me a lot of (additional) anxiety and tension.*
- *I try to live as invisibly as possible. That succeeds rather well. I live very reclusively. Try to impress upon myself that the chance of recognition is really very small, since I'm so much older now. But the feeling persists. And then I get serious stomach and bowel problems.*
- *Relationships ruined. Can't go outside any more*
- *I do not want to socialize; I am scared to step out of the door.*
- *I do not want to socialize...I most of all prefer to be alone*

Shame/humiliation. Some respondents expressed worry about the humiliation/embarrassment they are likely to experience if someone who has seen the imagery recognizes them. Examples are as follows:

- *It's not something I think about every day, but I occasionally ponder if this were to happen and it makes me very angry, upset, embarrassed and maybe ashamed even though it wasn't even my fault.*
- *I'd die of shame if somebody were to see that. Then I couldn't look them in the eyes anymore and would just want to crawl under a stone and hide"*
- *Humiliation. A feeling of loathing towards myself and shame. Not daring to look the person in the face, but also never being sure if someone knows it or not. Feeling that you have no control over what you want to share or not and with whom. You never know for sure.*
- *Especially on days when I am generally not feeling well, the thought is present with every contact to strangers. This leads to self-harm, self-hatred, shame and strong disgust as well as fear or panic.*



- *I'd be ashamed to death and wouldn't dare come under that person's eyes ever again.*

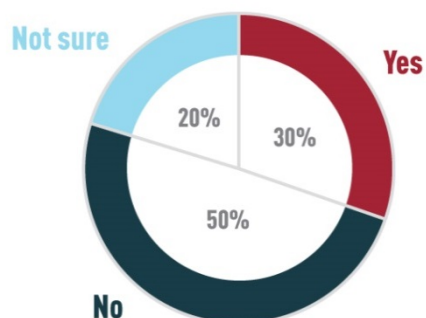
Worry about being stalked/harmed. A number of respondents stated that they worry about being stalked or harmed by people who have seen the child sexual abuse imagery and recognize them as adults. Some examples are noted below:

- *I worry that they will harm me or stalk me.*
- *Having someone see you at your most vulnerable and exploited. Then letting others know of it. Then I have to worry about who is the sicko looking for these things and if they are out to get me.*
- *Afraid they will take legal steps against me. Afraid they will think it was voluntary and therefore assume I'm an easy prey for having sex with and will go trumpeting that around.*
- *I'm afraid they might get physically sexually violent because 'I'm used to that anyway' and/or that they will begin to see me differently (as not a full person).*
- *I'm afraid that me as a child will give reason to abuse me once again or to abuse my son. That makes me scared that I of being seen [sic] as the town whore and to fall back into the hands of the cult or other perpetrators.*
- *Daily fear of never knowing if people are still using the images and recordings. Fear that someone will see me as weak and try to abuse me know in my adult life.*

Respondents who had been identified online or in person by someone who had seen the abuse imagery

Figure 88: Have you ever been identified online or in person by someone who has seen the abuse imagery?

HAVE YOU EVER BEEN IDENTIFIED ONLINE/IN PERSON BY SOMEONE WHO HAS SEEN IMAGERY OF YOUR ABUSE (N=99)



While half of the respondents did not believe they have ever been identified by someone who had seen images/videos of their abuse, 30% were certain they had (more information about these respondents is set out in the responses to the next question about the impact of having been identified). Those who



were unsure about whether they had been identified from the imagery of their abuse shared information about the experience that made them think they may have been recognized, or how they thought they would react if they were to be identified:

- *I had a couple of men who wanted to be “friends” and say they know me but I didn't know them. Maybe coincidence but I don't think so.*
- *Even greater shame. Serious trouble with the fact that it gets circulated and you don't know who or where. Even more people that will get off on child porn; confirmation of suspicion of other people.*
- *Sometimes we don't know if some men - in the course of forced prostitution - only book us because they know of old recordings from us and want to use now the respective inner children for sex. But it has no special influence. Much worse for us than the depictions themselves are the acts, the scope of the acts (family involvement, etc.) and the continued acts.*

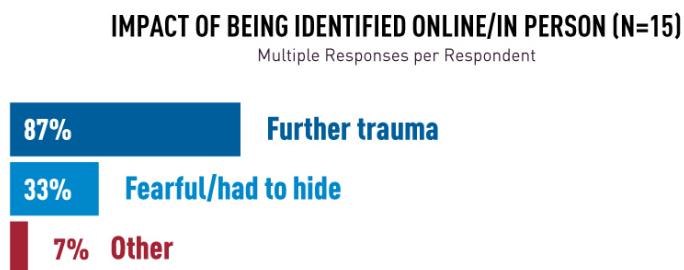
One respondent simply said:

- *[This is] the most difficult question so far. I'm sorry, but I can't really bring myself to answer it.*

Impact of being identified

Respondents who said they had been identified/recognized as a result of the images/videos of their abuse were then asked to share information about how that impacted them. The responses from the respondents who provided additional information were grouped into themes, as reflected in the graph below and the narrative that follows.

Figure 89: Impact of being identified online/in person



Note: Respondents were only asked about the impact of being identified. Specific details such as who had identified the respondent or how the respondent believed s/he had been identified were not requested.

The graph above shows the distribution of the type of impacts respondents have had to deal with as a result of being recognized by persons who have viewed their child sexual abuse imagery. The main impacts that are common among the respondents are set out as follows:



Further trauma. Some of the respondents have endured further trauma and pain as a result of being identified by persons who have viewed images of their abuse as children. Some examples are set out below:

- *It hurts, sometimes after so long you think maybe no one will remember, but they do.*
- *I wanted to run home and commit suicide. I thought my life was over. I felt like everyone knew me.*
- *With the photos that weren't as bad, it was incredibly humiliating because many who saw them had to comment on them and pass the story on to others, in the case of the bad ones, I do not know.*
- *It is devastating. It ruined everything I had built up again and I went back into my shell, socially and psychologically, extremely afraid.*
- *In the past, men sometimes came by who had first seen me in films and wanted to hire me for real. It's also something you're constantly afraid of.*
- *You feel totally condemned, as if there's a life-sized inscription on your forehead and all the ground under your feet sinks away. Afraid of previous events.*
- *They were friends of the perpetrator. He had taken me to a pub and I was introduced to them. When I understood what was going on my senses froze.*

Fearful/had to hide. Some respondents stated that as a result of being identified by people who had viewed the images of their abuse, they feared for their safety and had to hide in case these people wished to harm them. Some examples are noted below:

- *I had to leave the city I lived in and moved 1000 miles away. Literally out of fear.*
- *It made me feel like I couldn't be safe anywhere. It made me want to change the way I look so I would not be recognized (I have not done this though). It convinced me to legally change my name. I do not get to use social media like most people do, which limits me socially. I panic when an unknown number calls my cell phone, or when someone calls out my former name in a public place, even though it is usually just someone I went to school with who hadn't heard about the change. I feel like it's made me a bundle of nerves. I don't let any current images of myself be posted online, which is difficult for my friends to understand when they take pictures with me in them at social events and want to post them. I also panic when I hear a noise in our house at night, and we have installed a motion detector in the downstairs of our house that I can check the activity on from my phone to give me some more peace of mind at night when I lie awake.*
- *I plunged into a deep abyss because it made it all more real. I knew before that the videos existed online; I was afraid that someone could recognize me. After this happened, I got paranoid and imagined that everyone had seen it.*



One respondent simply said:

- *I haven't been recognized for years but it's scary. It's a mental toughness that's hard to develop. I think you just have to stay focus[ed] on how good you're doing.*

Respondents who have been targeted as a result of being recognized

Respondents were asked "Have you ever been targeted as a result of being recognized in child sexual abuse imagery?". The majority of respondents who answered this question had been targeted as a result of being recognized (82%). A cross analysis by age was then carried out, and from that analysis it appears that respondents under 40 are more likely to be targeted as a result of being recognized.

Figure 90: Have you ever been targeted by someone who has seen imagery of your abuse?

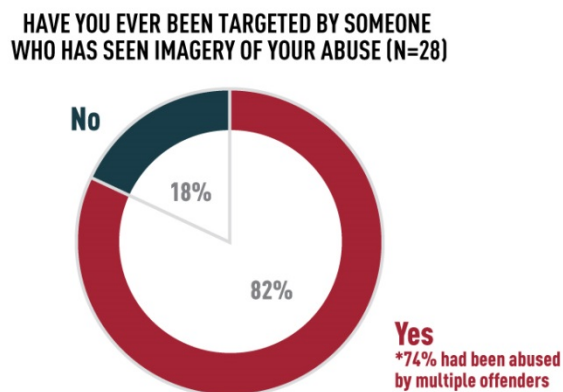
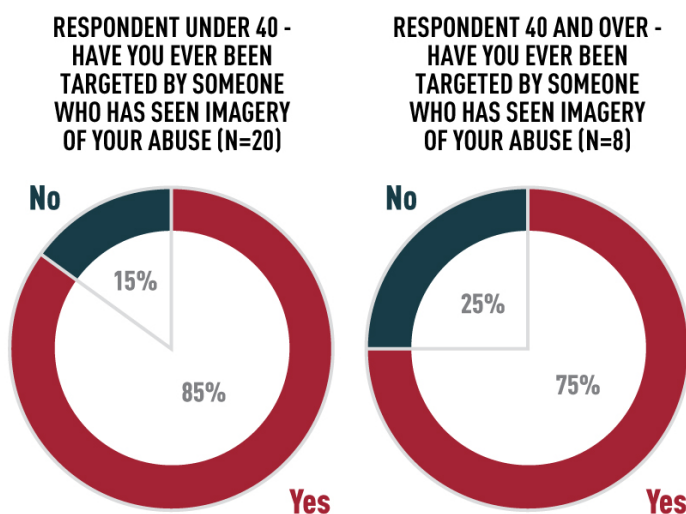


Figure 91: Respondent age and having been targeted as a result of being recognized





Results of having been targeted/recognized

Of those targeted, the most common result was to be propositioned and/or re-victimized. It was not always clear from the responses if the person who had targeted the respondent had been involved in the filming of the child sexual abuse imagery or had only viewed it.

Figure 92: Impact of being targeted



Note: Respondents were only asked about the impact of being targeted. Specific details such as who had targeted the respondent or the way in which the respondent was targeted were not requested.

Some examples of responses that reflect the themes outlined in the graph were:

Propositioned/re-victimized. More than half of the respondents who answered this question stated that they were propositioned or re-victimized as a result of being recognized in child sexual abuse imagery. Respondents mentioned experiences such as being followed/stalked, verbally propositioned, and abused again. Examples of the responses are set out below:

- *I was followed by a man for about 2 weeks, every morning when I walked to the bus...around the age of 7. My mom reported it to the school and got them to pick me up in front of our home. I also had frequent experiences as a girl of older men coming up to me in public places (the park, my block, etc.) and asking me to engage in sexual activities. I can't say for sure they were purveyors of the child porn I was in...but none of my other friends had those experiences, let alone on a regular basis. Also, those men never engaged in any conversation beforehand...no typical grooming behavior or building of rapport, they'd just approach me and ask for x, y, or z...which suggests to me they saw me as someone who would do those things and I don't know anyone who would assume that about a little girl other than those who recognized me doing those things in photos or video.*
- *Try to follow me home, try to offer me money for sex.*
- *He asked me if I wanted to go home with him.*
- *I was approached by a perpetrator who mentioned it and wanted to take me home with him as a result of whom I no longer dared go to that location and avoided places he frequented.*
- *During my early adolescence I was approached by a perpetrator who tried to get me to go with him, but I refused. We didn't go ... I felt panicked at the thought of that man for months.*



- *It led to more abuse, once by a co-worker, at other times complete strangers, a couple times people who abused me as a minor, who wanted to do the same thing again (they brought the material).*
- *[recognized] twice in everyday life. It also happened when people who abused me found out there was material online/they could get via others, then they came back, sometimes showing the material. So, I do not trust anyone 100% but my GP*
- *[Saying things like:] I saw you in [x]... How much do you cost? When can I book you?*
- *They make dirty remarks or have a look on their face like a dirty perverted man.*
- *The ... man who stalked me did so when I was [a teenager] through [social media]... To my friends he posed as another friend of mine and tried to gather information about where I lived and things I did. To me, he told me he had view the videos of me and that he wanted to make more of them with me... When I was [a young adult] I received a few emails from pedophiles that were along the same lines as the stalker... [then] they did hack into [a social media] account I used to have to steal pictures and information about me and post it on their anonymous forums. I periodically do internet searches of my name for safety reasons, which is how I discovered this. ... Because the anonymous forum's website company was located overseas, the pedophiles who posted on it could not be tracked. [Someone on] that forum said he had a class with me in college and described me. That really creeped me out.*
- *It happened mainly via the network, with people that had seen the film material also wanting to meet me in real life. I don't think there's much chance of people approaching me nowadays, but it remains a strong fear nonetheless, and I'm occupied a whole lot with things like security for my laptop, so they won't email me or find me online*
- *The consequence was that I was physically abused yet again.*

Blackmail/threats. Some respondents stated that the persons who had identified them had either blackmailed them or had threatened their wellbeing. See below:

- *Was receiving threatening phone calls, had knocks on my window at night. It is a scary thing.*
- *The perpetrators threatened to hand over the recordings to investigating authorities. If I don't obey. But the other victim who recognized me did not threaten me.*
- *I got abused again, people made comments, threats were made, things like that.*

Overall impacts

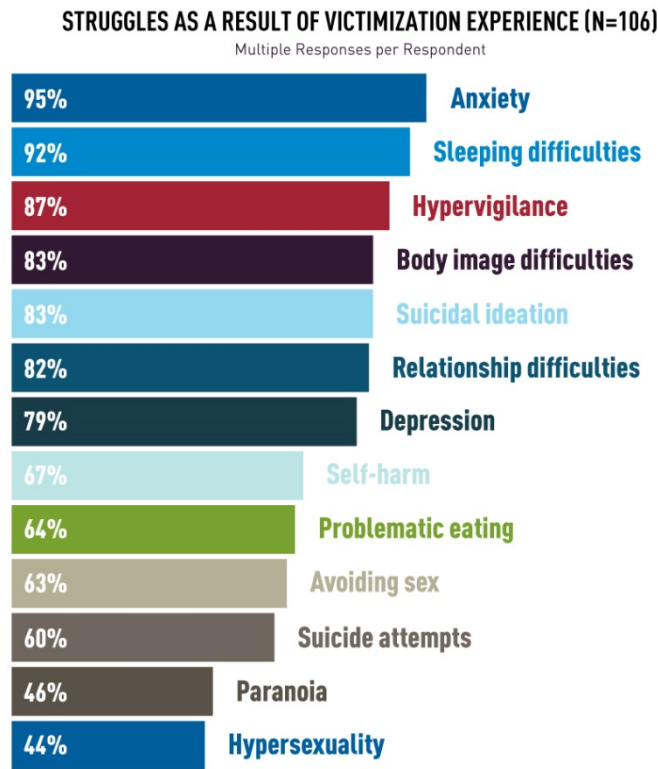
General struggles as a result of victimization experience

Two thirds of respondents provided responses to this question. It was one of the few “multiple choice” questions included in the survey and it allowed respondents to select all applicable answers. Many of the respondents noted that they had struggled with more than one of the issues in the table below. The



average number of struggles per respondent was 7, with 60 respondents picking 10 or more issues from the 16 that were listed. This data provides a critical lens into the difficulties survivors are dealing with, and serves as an important reminder of the ongoing impact this type of experience can have on an individual.

Figure 93: Struggles as a result of victimization experience



Other struggles reported include misuse of drugs (22%) and alcohol (35%) and Other (10%). Examples of responses coded as "other" include: aggressiveness, lethargy, and avoidance of others.

Impact of child sexual abuse imagery on family life (as a child and an adult)

Respondents were asked questions about how their family life as a child, and as an adult, may have been impacted by the existence or distribution of the child sexual abuse imagery. They were also asked about the role that their family now plays in helping them to cope.

Family life as a child

Overall, nearly all respondents conveyed that family life as a child was negatively impacted by the existence or distribution of the child sexual abuse imagery, as summarized in the graph below. In considering this graph, it must be kept in mind that 82% of primary offenders (in the multiple offender category) were parents or extended family members and 50% of offenders in the single offender

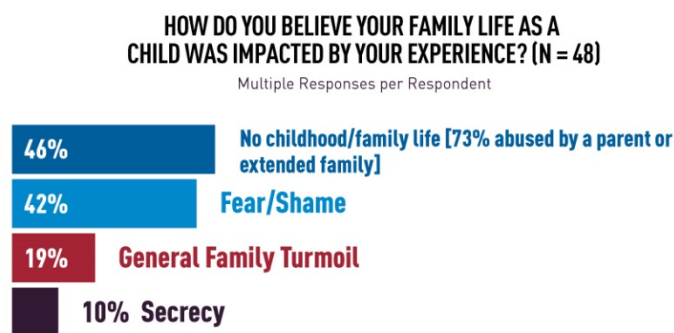


category were a parent or extended family member. A large number of respondents were also abused by a group of family members. Therefore, many of the respondents who answered this question indicated that it was the hands-on abuse and the creation of the imagery by family members that had a detrimental impact on the respondents’ family life and childhood. Those respondents who were not abused by a family member either stated that their family did not know about the abuse and /or images⁸¹ or that their family life was complicated by the abuse and the imagery.

It should also be noted that portions of the responses to this question contained information that was more pertinent to family life once the respondent was an adult and so the information was analyzed in the context of the question that directly asked about family life as an adult instead. Other information was also excluded and is instead summarized at the end of the general section on victim impact.

The responses that did pertain to family life as a child were separated into major themes as seen in the graph below:

Figure 94: How do you believe your family life was impacted by your experience?



No childhood/family life. A number of respondents described how they did not feel that they had much of a childhood due to the abuse. This is in part due to the fact that a large number of these respondents had been abused by family members. Some examples of what respondents had to say are set out below:

- *I never had a childhood. Ruined before it began. My parents didn't know what to do after it came out. We didn't know how to act with each other. I had to grow up fast and deal with things or just hide them.*
- *It robbed my positivity; you don't have a childhood anymore.*
- *I never considered them family; we weren't a family at all. There wasn't anyone I could trust or rely on. That's probably why I can't imagine that my past/upbringing differs as much as it does*

⁸¹ Four respondents indicated that no one in their family knew about the abuse and did not provide more information about what impact the abuse and imagery may have had on them.



from a 'healthy upbringing/family'. Words like family or family life were never used inside the house nor in my presence.

- *There was no traditional family life. Contact to [with] parents was mainly characterized by violence or otherwise [I was] left alone while the parents did some other work. In principle, the entire family life was influenced by violence. The abuse acts were planned at the kitchen table such as other families plan an family excursion. I got instructions of what I had to do.*
- *Were torn apart.*
- *Very massive because my family belonged to the perpetrators.*
- *It is particularly difficult for me to describe the impact on my family life as a child. First of all, I spent most of my time at the boarding school. And only my mother and I were still alive. My mother rejected me... several years later [I did] not want any more contact with my mother at all. What it boils down to in essence is that I was already standing on my own feet by that time, even though I was still a minor.*
- *My "family life"; as a child was characterized solely by violence and abuse.*
- *Was very very disturbed both of my parents were involved in it and both were also perpetrators.*
- *Great loneliness in the family. No trust in the people around you. No possibilities whatsoever to trust people.*
- *Many, reserved superficial relationships with family members. No attachment. Depersonalization.*
- *There was no normal healthy family life whatsoever.*
- *They were the perpetrators of the violence. I knew no safety as a child.*
- *Because it involved family members in my case, it was actually just an extra aspect. In a certain sense it may have made family life even harsher.*
- *Couldn't be a child, trust within family fell apart and consequently a family that in the end largely fell apart due to this.*
- *It was never talked about; because of the severe dissociations it never came to light. As a child I exhibited characteristics but they were not and/or could not be recognized.*
- *Mother suffered under the father as well.*
- *Hardly any conversations about feelings; disturbed relationship. "*
- *My family life was totally disturbed by it; I had the feeling that I could not believe anyone. Furthermore, the perpetrator lived with us at that time.*

Fear/shame. Some respondents indicated that the abuse and distribution of imagery created an atmosphere of fear and shame in the family home. Examples of responses provided by these respondents are detailed below:

- *Mom was devastated....we were ashamed*
- *I was really scared and nervous all the time*
- *Terrible shame up to this day*



- *The imagery above all caused the fear of being found out. Getting nauseous if your parents are holding a video camera or receive a packet in the post.*
- *Always getting scared that people would start hurting us because they would start looking at pictures or the film.*
- *You live in fear. You can't trust anybody. You live in shame and guilt.*
- *Shame.*
- *I had no contact almost with family and was afraid of people.*
- *They were the perpetrators of the violence. I knew no safety as a child.*
- *Unsafe.*
- *I had no life as a child. Was always scared still yet I don't know whether and when something will appear. I'm deathly afraid of that.*
- *They [family] live there yet again. They think they failed*
- *I was continually scared that relatives who were not part of the perpetrators would find out about the films and was, therefore, quite reserved toward them.*
- *These were just marginal circumstances, the abuse itself and survival was at the forefront.*
- *Later on, when I realized the abuse as such (at 10 years of age) it increased my feelings of shame and fear, that others would find me repulsive when they saw it.*
- *It was not clear to me that other perpetrators would consume the recordings.*
- *My sister and I were young so we didn't understand what exactly was happening. But it definitely affected my mother.*

General family turmoil. A few respondents said that their family life as children was one of general turmoil due to the abuse and the child sexual abuse imagery. Some of these responses are set out below:

- *As a child it was horrible. Our family felt so uncomfortable to be around each other. There was always the feeling of "an elephant being in the room" We stayed close together but it was never the same after that. Right after my father was arrested we didn't know how to communicate to one another anymore. And months after we still felt awkward. After a few years, we finally grew a bond so strong that nothing could break it. To this day, we are stronger than ever. We're there for each other and never stay away from each other for too long.*
- *My mother already had addiction problems and it pushed the family's addictions over the edge. some are still addicted even 10 years later.*
- *I wasn't worth anything, had no rights and was responsible for everything.*
- *A lot of fights!*
- *I was continually scared that relatives who were not part of the perpetrators would find out about the films and was, therefore, quite reserved toward them.*
- *It put a huge strain on all family relationships.*
- *They kept this crisis behind closed doors. My parents stayed together but the pattern of their relationship had internally completely shifted.*

Secrecy. A few respondents noted how there was a cloud of secrecy in the family home due to the abuse. Examples of these responses are detailed below:

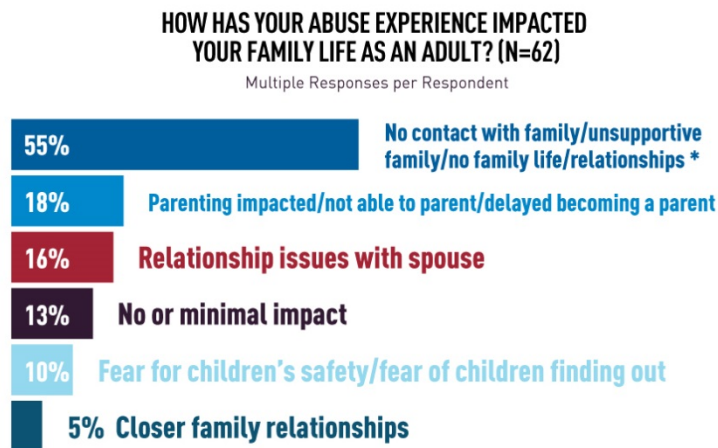


- *Family life was a prison. There were a huge number of elephants in the room, the sexual abuse being a very big one. For me the photo imagery was a secret within a secret. No one was allowed to know what happened between my father and me; it was our secret. The imagery was also our secret. My parents always got new laptops every so often and also had new email addresses every so often. There was very little contact in our family and I received little love as a child from my mother, nothing but anger and fits of rage. It was very unpredictable and it always felt very unsafe.*
- *When I was a child, no one else in my family except the abuser knew about the abuse images.*
- *Little, didn't realize the consequences as it is something that they keep secret and nobody would ever find out about it except their friends.*
- *Apparently not, as nobody saw anything*
- *It was never talked about; because of the severe dissociations it never came to light. As a child I exhibited characteristics but they were not and/or could not be recognized. Mother suffered under the father as well. Hardly any conversations about feelings; disturbed relationship.*

Family life as an adult

When respondents were asked how their abuse experience had impacted their family life as an adult, many respondents shared information about the negative impact that it had.⁸² The graph below represents the general themes that emerged, and what follows are examples of what respondents said in response to the question.

Figure 95: How has your abuse experience impacted your family life as an adult?



Note: Four respondents stated that their family members do not know about the sexual abuse or the sexual abuse imagery.

*68% of these respondents were abused by a family member.

⁸² A few respondents indicated it had no impact, and those responses are summarized in a section that follows the summary of the information that fit under the main themes identified.



No contact with family/unsupportive family/no family life/relationships. Some respondents indicated that they no longer had any contact with their family. It should be noted that 68% of the respondents whose responses fit this category had been abused by a family member. Examples of what respondents said are set out below:

- *I no longer have any contact to my family and do not feel capable of starting my own family.*
- *I don't have any family life – no contact to my family.*
- *I don't have a family. I can't have children.*
- *I do not have a (family) life, I exist because I breathe, no more, no less.*
- *I don't have a family life*
- *I left my family as an adult, totally necessary to survive what I was remembering but a great loss for me, my children and husband it colours every aspect of my life daily*
- *My family still live in [Country], but I have no contact. I have a large family, so I have the feeling I've lost my family as a result of this. I turn my back to that as much as possible. It's a method of total avoidance. I don't WANT to occupy myself with this in my everyday life.*
- *I live fairly isolated, always afraid of being seen/recognized. There is no contact any more with the part of the family that were involved with this, so I only have half a family left. It's an enormous taboo for me; I never want to talk about earlier times.*
- *Still don't have many friends and family I have no more. Every day my kids go to college and high school and I'm home alone. I can't work because [of] a disease and that is really hard. I want to live and make a good live of it.*
- *No trust, accusations and reproaches, grief that people can't share with one another and a lot of self-protection due to no longer being open and accessible to one another.*
- *At present I have no contact with my family. The distribution of the imagery is one of the reasons for that, but above all the abuse in general.*
- *I don't have a family life and cannot let a long term relationship survive. My standards and values are too abnormal and not good for kids; at least that is what my last ex said.*
- *There is no family life; we live quite isolated, have problems trusting other people; many do not understand us at all, cannot understand our experiences or dissociative identity disorder. In the meantime, the abusive depictions have little influence. We know that they exist; we would be happy if we were able to get to them or delete them altogether (is probably not possible but it would nevertheless be nice) but we think about it rarely.*
- *I have had to tell them about what happened and they understand now my anxieties and struggles. Sometimes they minimize my current struggles or tell me what happened was my fault, which makes it difficult for me and it leaves me feeling hurt and disappointed with them. They use it to justify my sexuality... "he 'thinks' he is gay because 'that' happened..."*
- *Shame is still there. I'm still the problem child so it's difficult to let go of me.*
- *superficial contact.*



- *Little, as they know too little about it and avoid talking about it.*
- *They don't think about what happened to me at all. They have often told me that I should "put the past in the past" How lovely to be able to think that way.*
- *... We have almost no social contacts and the children are growing up without any wider family.*

Some respondents placed in this category mentioned that members of their family have chosen to ignore what took place, or blame the respondent for what took place:

- *They were not. They think I should have taken more responsibility. They believe the situation is a 50/50 fault.*
- *They ignore it and me like the rest of the world.*
- *It was never talked about.*
- *It's accepted with shame in the family, but it's talked about as little as possible.*
- *Like I said, it was swept under the carpet!*
- *I have no contact any longer with my parents and my family. My father denies the sexual abuse (and hence also the existence of the photo imagery) and my mother stands behind my father.*

Parenting impacted / not able to parent/ delayed becoming a parent. Some respondents indicated that they had trouble parenting their own children, or had difficulty becoming a parent. Some examples of these responses are set out below:

- *I have a severe dissociative disorder. My son suffered consequences from the fact that as his mother I'm so seriously ill, and that really plagues me. I'm doing better now and that's great, but as a family we've suffered tremendous losses in terms of wonderful moments, happiness etc. I'm often ill, feel constant pain, and have additional physical health problems that I can attribute to the severe maltreatment and sexual traumas from my youth. It's an extremely serious crime*
- *Chronic feeling of anxiety, afraid to trust and difficulty with attachment, even to my own children which I think is horrible. I've never told anybody in a romantic relationship that photo imagery was made in the past during the abuse - afraid that they will think I'm extra dirty or that they will get angry. This gives me a feeling that I'm carrying around a bad secret and not telling the whole truth. It makes me feel like a deprived human being.*
- *I am super alert. The fear is always present that I will run into the wrong people. I've developed a sort of allergy to cameras. Always afraid the pictures will turn up somewhere. Also fear that something will happen to my children.*
- *I worry about my safety, privacy, and the safety of my children because pedophiles who are "fans" of those images of me have tried to find me, contact me, some have sent me emails, my Facebook was hacked, more recent pictures of me were stolen and posted on one of their forums, and they found out information about my husband and where he works. So I have anxiety about the safety of my children. The images still make me feel "different" and have*



affected my ability to be sexually intimate with my husband. The constant stress associated with the images sometimes causes me to dissociate or have other PTSD symptoms which affect my ability to be the kind of wife and mother I want to be.

- *Not so much anymore; by going to therapy things have improved a lot. Also, my mother dealt with the topic which decreased the influence.*
- *I am only starting my own family now, at the age of 34. It was not possible to do so before.*

Relationship issues with spouse. A number of respondents stated that they had relationship issues with their partner. Examples are noted below:

- *I don't share things with my husband, which feels always as if I am not being honest to him. It always feels as if I live 2 lives, one the successful career woman, mother and wife, the other one always a scared little girl, afraid that other life might be discovered.*
- *Again the same answer as for the previous question. My husband does not have any knowledge of its existence.*
- *I don't have a family life and cannot let a long term relationship survive. My standards and values are too abnormal and not good for kids; at least that is what my last ex said.*
- *I left my family as an adult, totally necessary to survive what I was remembering but a great loss for me, my children and husband it colours every aspect of my life daily*

No/minimal impact. A few respondents indicated that there was no/minimal impact to their family life as a result of the child sexual abuse imagery. Some examples of this are noted below:

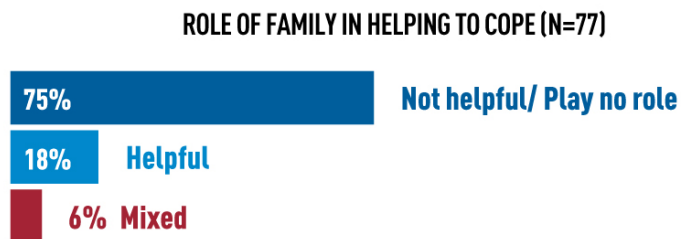
- *My family is not influenced by it. But it drives me crazy to know that the recordings still exist and circulate (among other things snuff videos) and that they cannot be retrieved ever. It creates a feeling of being powerless and at someone's mercy.*
- *I ignore that fact, and it thus has no impact. My boyfriend does know about it; that was/is important to me because I don't want him to accidentally come face to face with it, in whatever way. I found it very difficult to accept the fact that my boyfriend looks at porn (of adults) when he masturbates. He tried to give it up for my sake, but then he couldn't come. After talking about it and thinking about it again, I gave him the latitude to go ahead and do that. My own inability to have intercourse was one deciding factor in my determination. He only looks at porn if he's certain I won't be home for several hours.*
- *Me, my sister and my husband know about it. Nobody else. We proceed on the assumption that it has no common ground with our present lives.*



Role of the family in helping the respondent to cope ⁸³

Respondents were asked to provide information about the role that their present-day family plays in helping them to cope. Most of the respondents who answered the question indicated that their family was not helpful - it should be noted that 64% of those respondents had been abused by a family member.

Figure 96: Role of family in helping to cope



Most respondents stated that family members were either not helpful or played no role in helping the respondent to cope with the trauma of the abuse.

*64% of these respondents were abused by a family member.

The following are examples of responses under each category:

Not helpful/play no role. For the respondents who stated that family members are not helpful, the reasons ranged from a lack of understanding of child sexual abuse and the associated trauma to the fact that the offender(s) was a family member. See examples below:

- *No role at all. Even worse, when I was [a teenager], the abuse came to light for the first time (but it was cloaked in a veil of toleration; the fact that photographs had been made was not disclosed). At a family reunion about 4 years ago, I was informed by my cousin [female] that my mother and her father (who was my guardian after my father passed away) already knew at that time that I had been abused. I couldn't believe my ears. I knew I had a mother who didn't look after me well, but when I heard this I realized that it was even worse than I remembered. At any rate, at age 18 when I was allowed to live independently, I broke off contact with her for many years. Hence, I have had no support whatsoever from my family.*
- *Totally none, I've been completely rejected by the family. In 2011 I did receive some acknowledgement from an uncle and aunt, after which they rejected me again unfortunately. Recently once again when a contact took place out of loyalty was accused of dreaming up everything. Am only still in touch with my brother, he's also a victim has PTSD and emigrated to a faraway country.*

⁸³ The question, *What role does your family play in helping you cope? How does your family support assist you in managing distress?*, was not included in the survey available after November 28, 2016.



- *None, I have no contact with them because there was no understanding when I wanted no more contact with my parents*
- *My family provides no support in that. They do occasionally give me financial support which gives me more latitude in that area. I can buy nutritional supplements and/or pay for alternative medicine.*
- *I have no contact any longer with my biological family in the interest of my safety (my parents were the perpetrators of the violence). My family plays a negative role in my coming to terms with my experiences. My parents deny my experiences and my pain. My brothers - with them I have no contact at present either, nor with the rest of the family. Things are very complex.*
- *Have sporadic contact with my sister who went through the same things. Basically we can both scarcely talk about it if it all. What has helped me is that she doesn't deny things at times when I cautiously ask her whether something was really the way I remember it. Other than that we have little to offer each other because just hearing each other on the phone already dislodges a lot of things we can't deal with. Let alone seeing each other....so we don't do that either.*
- *I share very little with my husband, find that awkward because I have a relationship with him and prefer to keep that separate because I'm scared I otherwise won't be able to lead an ordinary life at all. For the rest I have little contact with family*
- *Not much. I have a relationship but they don't help me. My dad thinks he was more impacted by it all.*
- *They don't. They basically ignore me as I do them.*
- *They are not supportive and do not help since they are the perpetrators.*
- *Not at all. They were the perpetrators and accomplices or they looked the other way.*
- *None. There is no support on the part of our family and we also do not talk about it. We don't even want that anymore (somewhat difficult family circumstances).*
- *Not at all. Taboo topic.*
- *My family has not helped me at all, but instead prevents me from coping with everything.*
- *None. They made me out to be a liar for years and years, and after the perpetrator was convicted for a different victim nobody ever talked about it again.*
- *None, they are still trying to rule my world.*
- *Not at all, and my mother don't want to (can't) talk about it either.*
- *I get no support from my family.*
- *None. My family deserted me 100 per cent and believed and helped the perpetrator.*
- *They provide no help.*
- *I try to keep family life and my past separated, in order to live as normal as possible.*
- *No support or understanding.*
- *Rejection and aversion and disbelief and exclusion. No assistance or support in other words.*
- *None, deathly silence from mother. No contact with brother any more.*



- *No role in my trauma resolution. They are the cause of my DID/PTSD and the child pornographic images.*
- *My partner left when she found out about the abuse. I don't receive support from my family.*

Helpful. Some respondents stated that some family members provided assistance with coping with the trauma of abuse. Examples of the ways in which family members help respondents are noted below:

- *They give me constant support and allow me open communication whenever I need it. I don't get distressed often, but luckily my loving mother is also a psychologist so she is very good with empathy.*
- *My family and I have an extremely strong bond. We stay close together and defend each other. Whenever I feel depressed, somehow they know it. I moved out so I don't see them as often as I used to but when days go by and they don't hear from me they always come visit or call to catch up and make sure that I am ok. When I am depressed they talk with me and allow me to tell them what is wrong. We never judge each other and we always lift each other up.*
- *They listen they understand. my sister who was involved with me we talk and cry together because we feel the same pain all of us do*
- *My family is good at treating me the same as they did before I came forward. They don't bring up or try to talk about things unless I bring things up. They are letting me heal my way on my time.*
- *My present family is there for me whenever possible and they give me normalcy.*
- *My husband gives me space when I need it*
- *My parents have only been aware of the abuse for a few years now. They know nothing about the scale and the exact things that happened. They do know I have the diagnosis of DID. They had a very difficult time with it, but definitely supported me in their own way.*
- *By being extra nice to me. By doing so they say they believe my story and that they will be there for me if I need them.*
- *a big role I've told it to my children too this make it easier to come to terms with because they understand better what's going on if you're being obstreperous again sometime.*
- *They believe me! That's worth a whole lot*
- *My family plays a big part. They stand behind me and also dealt with the events. We would not have such a good relationship today if it weren't so.*
- *They are very supportive in the whole processes*
- *My boyfriend ... supports me by giving me latitude and showing understanding and respect for how my past experiences affect me. I've told him my life history in broad terms and I sometimes tell him what's troubling me or what I'm attempting to deal with. I tell him when something triggers me, and he then tries to avoid the trigger; we don't go into the triggered memory itself.*



We also talk with each other about what is happening when I am absent, seem inaccessible et cetera. Our relationship is evenly matched, and that is very important to me.

Mixed. Some respondents noted that some family members have been helpful but others have not been of assistance. Examples of some of these responses are noted below:

- *They sometimes can be helpful. It is still difficult for me to tell them that I am experiencing stress, flashbacks, or anxiety. They often don't understand and I have to explain everything all over again to them as if they "forgot". Or they may attribute my feelings to other things and ignore it.*
- *Family was a total failure! My husband and friends are a really fantastic support.*
- *My parents had a hard time helping me cope. They wanted me to go to counseling and be able to heal, but no counselor ever brought them in and told them what to expect or how to help me at home, so they were ill equipped in some ways. They took what happened to me and the images of it very seriously and wanted to protect me, but I also felt like they expected me to be better within a certain time frame and did not tolerate the ongoing PTSD symptoms related to the images very well. My husband has been much more understanding and has educated himself on the effects and how to help. He watches for signs that I may be getting overstressed or starting to dissociate and helps me calm down, relax, breathe, and ground myself. He holds me or lets me talk when I'm feeling anxious. He is vigilant about my security and privacy and had a home security system installed to help me feel safer. He never makes me feel bad for having PTSD symptoms or not being "all the way better yet".*
- *Except for my husband and child I've received virtually no support from other relatives, except for one cousin. My own family has totally dumped me and basically so has my husband's. They never visited me in psychiatric institutions or in hospitals, I've been institutionalized (often for longer periods) and I've been in emergency departments with serious symptoms, suicide attempt[s], never anybody that cared about me except my husband and child.*
- *Only family I have is my mother and her boyfriend. I keep silent about it towards them. They know it happened and that I have problems from it. But I try to protect them; I know it causes them a lot of grief if they know how much distress and problems I still experience from it every day. And they can't help me anyway or make what's done undone. My mother does help me a whole lot by asking little to nothing of me and showing understanding for the fact that I live the way I live (low-stimulus, always wanting to be alone, shut off from the world, difficulty going outdoors). she helps me with all the practical things, she's truly my informal caregiver and I'm very grateful to her for that"*

Impacts on romantic/sexual relationships

Respondents were asked to provide their current relationship status, and also asked to share information about how they may have been impacted within romantic and sexual relationships due to the existence or distribution of the child sexual abuse imagery.

Overall, the general theme that emerged was that their past experiences greatly impacted their capacity to develop the intimacy needed to sustain a long-term relationship. Even the respondents who did have

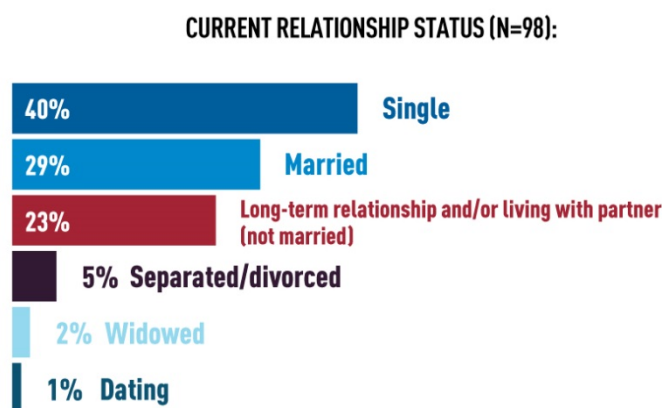


a partner seemed to have experienced difficulties with feeling safe enough to establish a connection with another person, and intimacy and trust were important areas in which they continue to struggle.

Current relationship status

Most respondents (52%) were either married or in a long-term relationship at the time of taking part in the survey. However, in response to questions on impacts to romantic and sexual relationships, 67% of respondents noted that they had great difficulty engaging in romantic/sexual relationships as a result of the abuse.

Figure 97: Current relationship status



Impact on romantic or sexual relationships

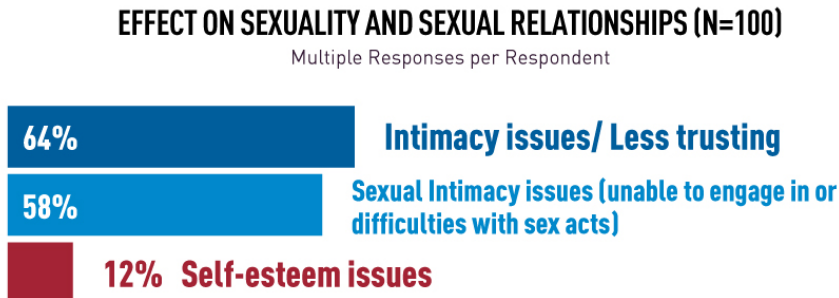
Almost all respondents indicated that they had trouble engaging in romantic and sexual relationships. The main themes that arose from the responses were that the respondents:

- Have difficulty engaging in romantic relationships due to intimacy issues, difficulty trusting another person, and a poor self-image;
- Have difficulty engaging in any form of sexual activity due to intimacy issues (physical), flashbacks of abuse experienced during sexual activity; lack of comfort with their own bodies and
- Have difficulty engaging in physical forms of affection that are non-sexual due to the hands-on abuse.

The graph below shows the most common themes in the responses to this question.



Figure 98: Effect on sexuality and sexual relationships



Impacts shared by respondents that are not reflected in the graph include:

Delayed engaging in emotional/sexual intimacy (5%); Uncomfortable with own body (5%); Hypersexualized (6%); Physical intimacy issues (non sexual) (3%); and other (10%). Examples of responses coded as other include: confused sexual orientation, difficulty establishing/maintaining sexual boundaries; not wanting partner to see any images of respondent as a child, fear that partner may see the images and want to reenact, and can't separate sexuality from abuse.

Note: 8% of respondents provided responses indicating that their feelings about sexuality were not affected by the imagery. For example, one respondent said "The imagery itself has not impact my relationships. The abuse as a whole has had profound impact."

Some examples of the common themes are set out below:

Intimacy issues/less trusting. A number of respondents stated that they had trouble with emotional attachments and/or were less trusting in their romantic relationships because of the trauma they had endured as children. Some examples are noted below:

- *It was very hard for me to trust anyone because I always wondered if they had ulterior motives for wanting to date me, like if they had seen those images. I only dated three guys and married the last one. My PTSD related to the images affected all my relationships because of the dissociating, personality changes, and anxiety. Some days I would be open, warm, and affectionate. Other days I would be closed off, cold, or just "not really there". Sometimes I could go back and forth between these in the same day. I still struggle with my sexuality because with the images I was labeled as "wanting it" or being a very sexual child by pedophiles. Neither of these things are true, and for a long time after the abuse ended, I pushed my sexuality away because it seemed dangerous. Growing out of that and becoming a sexually active adult, I struggled with intrusive thoughts about the images during sex. I never wanted to re-create what happened in those images so if my partner tried to do something like that, I would freeze and*



dissociate. I also had to figure out new ways or techniques of doing things that were different from what I was taught as a child because mimicking those made me very uncomfortable.

- *It has affected my relationships. I do have trust issues*
- *The existence/distribution of that trash is only looked at by 'sick' people... The impacts of the abuse, irrespective of whether or not it was filmed, are enormous. It is difficult to trust in romantic or other relationships, you expect that it's going to happen once again. The abuse causes a disturbed sexuality. In my case, I had to deal with extreme sexual needs and desires for a long time. Lots of sex, addiction to porn etc.*
- *The idea that there are lots of other people that are still looking at me on their computers years later. That the material is indelible. Makes it difficult for me to have my picture taken I can't even do it with my children.*
- *I can't start a romantic relationship. I can't deal with any physical or other intimacy; I can't have anybody very near to me. I can't trust anybody to the extent that I could start a partner relationship with them.*
- *I can't form a bond with another person, can't trust anybody 100% and evade all deeper forms of contact as much as I can. But I believe this is also linked to the abuse and not just to the imagery. It's extremely sensitive and complicated.*
- *I find it difficult to single out that aspect; for myself it's not clearly distinguishable from the rest of the abuse. I find it difficult to let people get close to me. Trust takes a lot of time. Sometimes I'm just not able to take initiatives to contact people (by telephone, for instance). My friends are people with plenty of patience. In the beginning of my relationship with my boyfriend, I was swift with regard to sexuality. I wanted to no longer feel the fear and to 'just get through it'. Later I became more withdrawn and now I only manage to have sex very occasionally. My boyfriend has a lot of understanding for that and gives me that latitude, even though it's sometimes difficult for him. Being open about it and in touch with each other helps us.*
- *Trust in people was completely destroyed by the severe abuse. It took me over 20 years to start trusting people again and it still takes me a lot of practice every day. Perhaps that will never be completely restored. I meanwhile trust my husband completely also physically emotionally. That's a great miracle. After the birth of my son, I wanted no more sex ever again. I was scared to death of my husband. Saw him as a perpetrator. That lasted many years. It has mended very slowly through the good therapy I've had. Now I'm able to trust my husband in sexuality as well but things can still go very wrong at times*
- *As a result of it I have little trust in people, so I can't bring myself to have a romantic relationship at this time. To me sexuality is a negative thing, something to earn money with. I can't imagine anything about it being beautiful or pleasant. It was simply painful, distressing and humiliating.*
- *I don't trust anybody. I don't have sex. If I have sex, parts take that over.*
- *I'm constantly on guard and make sure my partner never gets to see any (recognizable) photo images of me as a young woman/child. I also do my utmost not to look like the person I must have been in the past. I hate sexuality.*



- *It had a lot of effects. Fortunately, I am now blessed with a man who takes very good care of me. With him I can be myself. But the trust, that took at least 1.5 years. And I still have moments that it does not work out, also during sexual/intimate moments. He gets it and it is OK. But it is a consequence, and I do not like that. It was the reason I was afraid to let anyone in my life, I was scared.*
- *For a long time I was scared of intimacy and men in general*
- *I might live in tremendous fear that this would be used against me in quarrelling or splitting up. Within the relationship itself, it might result in a powerless position and a lack of control. That might foster a lot of tensions. Luckily this has never happened so far. It takes away your sense of self-respect. The idea that men gratify themselves while looking at my pictures makes me into a utensil. I've always had a very withdrawn sex life. If it really had to be, I closed my eyes and would have preferred not to be there.*
- *It is almost impossible to have a relationship.*
- *I'm not capable of having a romantic relationship.*
- *I don't want any boyfriends because I am absolutely terrified of men.*
- *Couldn't deal with steady relationship*
- *I can't bring myself to do that.*
- *Heavy impact. I can't begin romantic or other relationships...*
- *I have a lot of trouble with intimacy and attachment toward my husband.*
- *I have no romantic relationships. But at the current point in time the distribution of that photo imagery in itself is not an issue any more in my life. I definitely no longer resemble that two-, four-, five- or eight-year-old I once was ...*
- *I carry a dirty bad secret with me which keeps me from ever giving myself in all honesty to my partner. Fortunately I'm now back by myself again. That makes it more tolerable.*
- *Have always longed for an intimate romantic relationship, but when it really comes down to it then it doesn't succeed. I remember one huge quarrel with an ex-boyfriend when he took a picture of me in a bikini. I had said no. He did it anyway. I grabbed his camera and jerked the whole roll of film out of it. He was furious. So was I. And I felt terribly guilty. Basically, every relationship went like that. I feel the other person far oversteps the limits, and I get scared and angry. He says I'm blowing things up out of all proportion. And I feel confused. I don't satisfy the standards for a normal relationship. But if there's anything I want, it's just to be normal."*
- *I'm deliberately staying single. I don't have any relationships, including sexual ones. No need or desire for them.*
- *I have held on to a personal belief that I don't want to be a burden to others, don't want to bother them with my problems or concerns and have had to work hard to think otherwise. Romantically it has taken time and still working to shape a positive sexual view of myself and what is appropriate in my marriage with my husband compared to my experience with the perpetrator. Still am sometimes guarded, certain words or sexual things are triggers*



- *I do not have any romantic relationships because they trigger too much fear due to the abuse.*

Sexual intimacy issues (unable to engage in or difficulties with sex acts). Over 50% of respondents indicated that they had difficulty regarding sexual relationships and their level of comfort and enjoyment had been affected by the trauma they had gone through. For example, some of the respondents noted that:

- *I get embarrassed a lot of myself, and how I look or how I feel. I can't even make the first move with my husband in our sex life, I'm afraid he's gonna be disappointed somehow*
- *On guard and not like most girls my age. Not into experimenting. Conservative. Don't really want to be intimate. Panic attacks. Able to be intimate but not as often as partner would like. Lots of trust issues. He is great at helping me through my anxiety attacks.*
- *I have always had issues being intimate with my significant other. I've had [few] boyfriends my whole life I didn't have any sexual relations [for a long time] and didn't start until 2 years of dating my current boyfriend. We have been together for [a long time] now and I have grown to trust him and we are able to have sexual intercourse but I still have issues going through with it. When I first tried something more than kissing I had a panic attack. Memories instantly started flooding back as I was being touched. To this day, I still have issues being able to perform such acts. Being in therapy, I have had the help to sort through some of those issues but I still have a lot to learn and a lot to let go.*
- *Sometimes I feel obligated to have sex with my boyfriend when I don't want to myself.*
- *Fear of being rejected after all. Lots of anxiety, disgust. Feels like obligation.*
- *No, my partner does not know about it and it is unlikely that she will ever see anything about it. The abuse itself influences it a lot, the recordings....at first, I wanted to write that it does not influence it but indirectly it does; during intimacy, lights need to be turned off, I do not want to be looked at when I am naked. But this cannot be separated from the consequences of the abuse.*
- *I find it very difficult to trust people. It's awfully difficult to trust my partner (romantic). We don't have sex, because I can't to do that, because it's the first time in my life that I've ever known love. Apparently love and sex don't go together for me. In the past I always behaved very sexually in romantic relationships. Because I would disassociate during intimacy and sexuality, I could do everything with no effort, like a kind of machine. In my current relationship I can't do that anymore. We therefore have no sexual contact. My other feelings for my romantic relationship are also very complicated. I often get misgivings about whether I genuinely feel anything for her and sometimes I don't feel the love. Sometimes I would much rather just have sex with all sorts of men, than to be in a long-term romantic relationship. Sexuality within my romantic relationship is not possible. It triggers too many things; it brings too many memories of the sexual abuse to the surface. In my previous relationship I was always afraid that my ex had seen me sometime (photos/videos). And I would repeat precisely the things I was accustomed to*



from the abuse (certain acts etc.) Previously I zealously sought out sexuality, from everything and everybody. Currently it's a taboo and I want nothing more to do with it. Yet sometimes I can long for 'normal' sexuality like people have in a romantic relationship. But with me it's unfortunately not possible up to the present. I have a relationship with someone of the same sex, partly, I think, because a relationship with a man is even more complicated to me.

- *Heavy struggle with boundaries - boundless. Sexuality was split off for the greatest part of my life. That has (has had) major consequences. On the one hand, it is now completely boundless; on the other hand I can't deal with physical and sexual contact at all.*
- *Is difficult and taxing. Luckily I have a very understanding wife. Have a whole lot of trouble forming bonds and expressing my feelings. I'm highly reserved. Can't enjoy it. feel dirty after the act*
- *Ruined... Destroyed. A high sex drive with a preference for BDSM as dominant. I like young women. I feel safe with young people. I am constantly busy determining boundaries in dealing with women.*
- *As for romantic relationships. I have no voluntary sexual relationships. Unless I want to do someone a favor.*
- *I only have involuntary sexual "relations" with the perpetrators time and again*
- *Makes it more difficult. Sometimes impossible. My husband is very understanding [sexuality]*
- *I feel shame and I feel dirty and depraved. Can't enjoy sex. When you've got kids growing up that are discovering and shaping their own sexuality it can sometimes be hard not to panic.*
- *In confusion and rage about my body I have seriously injured myself in the past. Self-harm. I hated my body. But despite what was done to me as a child, I still regularly feel the need for an orgasm. By masturbation, of course. Sometimes every day, sometimes every week. But it never felt pleasant. Sometimes I even had to vomit afterwards.*
- *It's difficult to give all the way. There is a big thick wall, when you can through it and I let you in than its ok. But so many people who were over the wall betrayed me so with every relationship I had and they betrayed me I cannot trust man.*

Some survivors are simply unable and unwilling to participate in sexual activities:

- *Cannot find any joy in sex.....think it's nasty*
- *Yes I find certain parts of sexuality revolting as I can see the perpetrator doing those things to me. Casual sex to me relates to animal sex which is what I see happened to me while he molested and raped me for his pleasure or for photographic reasons.*
- *Afraid to be intimate*
- *I lead an asexual life.*
- *I don't know if I can ever get interested in sex in a normal or healthy way. There's too much trauma attached to it.*
- *Sex remains difficult and if it happens anyway only in the dark.*



Some respondents mentioned that they experience flashbacks of the abuse during any form of sexual activity. Examples include:

- *I am often overtaken by shame and flashbacks*
- *Innocent! Difficult question but as though you're going through it again!*
- *In part because of extreme shame and problems concerning trust and sexuality. Shame and flashbacks often prevent sexuality; in general, it is also not important to me.*
- *I had sometime flashes of memories at the act itself. 2 or 3 times. I couldn't go on and my husband was very mad. After years and years it fades but sometimes it comes out and it holds me back*
- *The sex life is simply just not normal. Partner must be able to tolerate depression and everything you can think of. Experiencing sexuality is always so triggering that there are flashbacks*

Self-esteem issues. A number of respondents stated that they do not feel as though they deserve a healthy relationship because of the shame and guilt that results from the abuse.

- *I feel as I is a whore because I find doing things [sic] I'm dirty and nobody's allowed to start touching me because they'd getting dirty too then.*
- *Difficult, partly because sexuality is/was split off. And my basic feelings of worthlessness - that is very firmly rooted. I can't get it through my head that someone would be interested in me, without ulterior motives.*
- *There are people in this world, (law enforcement, lawyers, judge, etc.) who have seen me do things I can't even remember never mind discuss with my husband, those pictures and videos are a part of me. They are a part of me my husband will never know, not that I would ever want him to see, it's just very conflicting for me. People in this world have seen me in ways only my husband should have seen me, I feel sometimes that I have betrayed him in some way, and in others just completely embarrassed. I feel like he should be disgusted by me.*
- *An enormous lot. I feel like a fallen woman and nobody falls for somebody else's fallen woman [literally: 'nobody likes to eat somebody else's licked-off bread slice'] I haven't learnt what my own body is, I never perceived boundaries and became very good at play-acting. I've seen myself in imagery again and felt no connection. I actually feel no connection with myself. I play the performance that's expected of me.*

Impacts on parenting

Respondents were asked whether or not they had children, and were also asked to share information about how they believe their experiences had impacted their role as a parent, or if they were not a parent, if they believe their experiences would affect their role as a future parent.

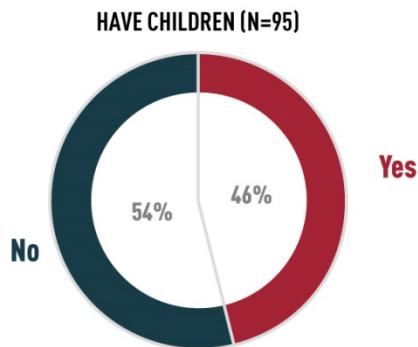


There was a fairly even split between those who had children and those who did not, as reflected in the graph below. In terms of their views on whether or not the experience may impact parenting, most respondents felt that they were, or would be, more protective as a parent.

Whether respondent has a child(ren)

Over half of respondents did not have children at the time of participating in the survey (n=95).

Figure 99: Do you have children?



Impact of experience on parenting⁸⁴

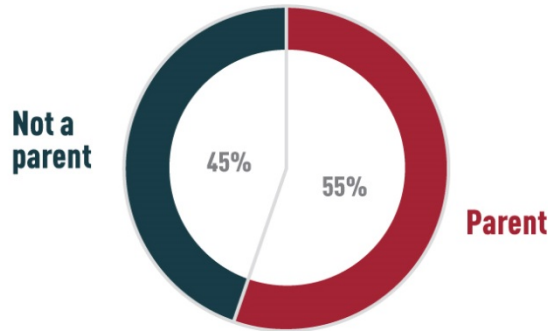
Respondents were asked if they believed their experiences had or would have an impact on their parenting. The question allowed for a narrative response, and many respondents gave multiple reasons within their responses. The graphs below provide a breakdown of respondents in terms of who was or was not a parent at the time of participating in the survey, as well as the primary impacts that respondents had articulated in their responses.

⁸⁴ In the second version this question was modified to take into account the way in which non-parents would act – “How do you believe your feelings about parenting and your behaviour as a parent are/**would be impacted by the existence or distribution of the child sexual abuse imagery?**”



Figure 100: Impacts on parenting - parents and non-parents

IMPACTS ON PARENTING – PARENTS AND NON-PARENTS (N = 74)



IMPACTS ON PARENTING – PARENTING IMPACTED BY EXPERIENCE (N=41)

Multiple Responses per Respondent



Examples of responses coded as “other” include: sensitivity to children being photographed, not totally present, educate and empower children about abuse, and find it more difficult to parent.

Note: 17% of respondents provided responses indicating that they did not believe their feelings about parenting and behaviour as a parent was impacted by their experiences.

More information about the themes reflected in the graph above is provided through the answers supplied by respondents. A sampling of the answers provided is set out below:

More protective/less trusting. Most respondents who responded to this question (71%) said that they are more protective when parenting as a result of being impacted by the existence or distribution of the child sexual abuse imagery. Examples of these responses are as follows:

- *I want to extensively protect my children very much.*
- *Fears especially towards my daughter*
- *Excessive protection.*
- *I am very protective of my son and sometimes find it difficult to let him live his life.*
- *A little more protective but not overmuch.*



- *Am too protective. Always fetching hauling not only evenings by bicycle etc.*
- *I want to protect my children completely.*
- *Very cautious and protective*
- *I worry for my children a lot in this highly sexualized world where children are sexualized regularly, even in “socially acceptable”; ways. I take lots of safety measures. I am so careful about who I let watch my children for me, so I can't always go out when I would like to. I worry about my children being stalked, or pictures of them being stolen and sexualized. My children are young, so they don't have screen time now except a few educational TV programs, but they will not receive smart phones until they are truly old enough to be responsible with them, which may not be until age 18. We also won't allow them to have unsupervised access to the internet, even as teenagers. I will probably be labeled as very overprotective, I'm sure our children will fight with us over these rules a lot. It will be a hard day when they are old enough for me to tell them what happened to me and why I feel so protective.*
- *Ok I have quite some trouble with so much nudity as nowadays on TV. I have trouble with my children looking at that. Everything is sex related nowadays. I think sex is served up by the media and the Internet as too important. I'm really afraid of the consequences for child development. I can't sufficiently protect them from it it's contained in absolutely everything even in adverts.*
- *A whole lot of fears. Child never allowed to walk round without clothes. I already feel sick now when I think of having to let her go to school later or to a sports club*
- *From very early on, I tried to teach our daughter resilience (she is now [age]). I myself tried in particular to maintain open communication with her. I also made it clear that she could ALWAYS turn to me/us if anything was wrong. And that we would never get angry or cause her distress and that we loved her the way she was no matter what would happen. In retrospect I may have been a little too protective.*
- *I did go through a period of being troubled by my own feelings because I began thinking about my youth. Seeing my daughter grow up reminded me at some point of the distress I grew up with. When I began to realize that, I went and sought help for myself. I can't distinguish for myself to what extent issues like teaching her resilience are a consequence of the photos or a consequence of the abuse. I do think that if I had not been abused I would have put less emphasis on resilience, communication and family ties. Perhaps I wouldn't have stopped to think about those kinds of issues. But that very realization of my own vulnerability in my youth made me endeavour to limit that vulnerability for our daughter as much as possible. And also through other things like giving her a mobile phone (even though she was too young for it), constantly taking her and picking her up somewhere in the car, not allowing her to go places alone and more of that sort of minor issues.*
- *The traumatization is so bad that I can't even begin to REFLECT on the distribution of the imagery that's how awful it is. I think I did try to protect my son but fortunately I have a calm husband, who does his best not to interfere TOO much with our child, and to leave him some latitude. Otherwise it wouldn't have been good at all I'm afraid.*



- *I am a parent and I have a son. It's not okay to shut yourself down from the world but at the same time you have to be alert about triggers of abuse. You have to notice red flags.*
- *Well, I am a new parent. And I fear anything happening to my son. I get anxiety thinking about having that conversation with him. It is scary.*
- *I am more alert and careful. Very protective. Don't even leave them alone with family. Don't trust anyone with them.*
- *I have no normal reference. I'm over-concerned I think and see dangers in everything. My children don't face the world as open-mindedly as I would have hoped they could have.*
- *That's a considerable struggle, between overprotecting and letting go of them. I have major problems with trust and distrust of people and situations. My children definitely suffered effects from my 'switching'. I was not a stable parent.*
- *Trouble trusting my husband with daughter when I wasn't home; wanting to provide extra safety: pave the way for an easy life for her.*
- *I look at all parents with a healthy degree of skepticism. I'm watching the little girls in my son's class very closely for any hint of abuse. I believe anyone is capable of anything and I'm on high alert. I have proactive discussions with all of the children I know to let them know that I am a safe person to talk to.*

A couple of respondents specifically spoke of being protective over photos:

- *Our child is not allowed to have pictures taken at the school nor be on the internet in a photo and it has also been put in contract at school*
- *I am more sensitive when it comes to photographs of my child. I have also sensitized my child to be generally as sparingly as possible with pictures and data on the internet.*
- *My abuse happened before the internet, so this question is not particularly relevant. I am protective of my children, however, and never put any photo of them (however innocent) revealing skin on the internet.*
- *I tend to be overprotective. I don't let anyone post pics of her on social media if I can help it. I am distrustful of my Husband, even though he is good with her*

Worry about children finding out about abuse/imagery. A couple of respondents fear that their children will see the imagery of their abuse. See responses below:

- *I have 3 children. I'd be appalled if they were to ever lay eyes on those photographs. I have no idea whether those photos still exist and who has them. I was always caring and protective in the extreme towards my children when they were still kids. They're now adults.*
- *I'm afraid somebody will find out someday that photo imagery existed and maybe still does and that they will start harassing my children with it.*



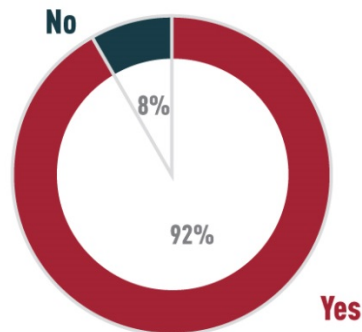
Impact on friendships

Respondents were asked how their ability to make and remain in long-term friendships may have been impacted by their experiences. Overwhelmingly, respondents reported that their experiences had a negative impact on friendships (92%, n = 99). The general theme that emerged was that their past experiences greatly impacted their capacity to trust another person enough to develop meaningful friendships. Similar to the information that was provided in relation to romantic/sexual relationships, respondents struggle greatly with establishing and maintaining friendships.

Impact of hands-on abuse and imagery on friendships

Figure 101: Impact of sexual abuse on friendships

DO YOU BELIEVE YOUR ABUSE EXPERIENCE HAS IMPACTED YOUR FRIENDSHIPS (N=99)



NEGATIVE IMPACTS (FRIENDSHIPS) (N=88)*
 Multiple Responses per Respondent



*Three respondents provided a "Yes" response but did not provide detail as to the impact on their friendships.

Examples of "other" include: the respondent recognizing that their demeanor and approach to friendships was different from others, having no friendships with males and general fears about the images.

A respondent was likely to provide several reasons for how the imagery had impacted them and prevented them from forming or maintaining friendships. Responses have been reproduced below the



heading that most closely matches the main theme of the response but may reflect other themes as well.

Trust/unable to get close to people/superficial friendships. Many respondents indicated that they believe trust issues and other difficulties arising from the trauma affect their friendships. Examples of responses are as follows:

- *I don't have friends anymore.*
- *Yes, I don't have many and have already lost many.*
- *I have a secret; I can never be completely open. I have few friends.*
- *Yes, very much so. I find it difficult to make friends and if I feel bad due to my past it is often difficult for the friendship. I can really only talk to other victims when I am not feeling good. All my other friends (who really are sensitive people) reach their limit when it is about this topic. It is simply too stressful and overwhelming for them.*
- *The abuse? Yes, closeness, social contacts, which are not too much....they don't exist. No one, except for others who have been abused, can appreciate how I feel and why it is still not good. I cannot talk to anyone outside of therapy about suicidal tendencies. This isolates and makes you lonely. "*
- *Easy, I don't have any friends*
- *Since my abuse was primarily from my father and since my infancy...my attachment issues are, as any professional could imagine, profound. Any and all relationships are impacted by my experiences.*
- *Yes I find it hard to trust people because there are perpetrators that are still after me and I don't want to put anybody in danger.*

Several respondents mentioned that they have trust issues:

- *What it further caused is that I have trouble with trust within my relationship and that I need a whole lot of confirmation, am quickly afraid someone won't think I'm a nice or pleasant person my self-confidence is not very good.*
- *It's hard for me to trust people; I don't have many close friends, and am always worried I am too tiresome for them.*
- *Yes, trusting, giving love, receiving love, physical contact, triggers in conversations. And much much more*
- *I don't have any friendships; I don't trust anyone in that measure. Working on that in therapy.*
- *hard to trust someone, who will hurt me next*
- *I'm extremely distrustful of others.*
- *It is almost impossible to trust another person and to have a connection.*
- *I don't trust people easily*
- *Yes there is always anxieties and distrust*



- *I find friendships difficult and it's also rather difficult for me to form bonds with people. I do manage to maintain friendships but do have trouble trusting people or, worse in fact, if I'm honest I don't trust anybody at all.*
- *Yes, I trust people less readily.*
- *Very difficult for me to trust people*
- *Yes, I'm extra cautious in trusting people, it takes a long time before I genuinely trust somebody*
- *I don't trust people who want to get close. They have to earn it. A friend is fine and that's not a problem but a very good friend I have 1. She knew something was wrong and she waited till I was ready.*
- *Yes, friendships are superficial because I carry a secret with me and don't share it with people around me. A small social network through DID, no time for other people. Little trust in people.*
- *I'm always on guard. Once I had a dear friend. [The friend] began a relationship with a police officer ... I got scared that he might have ever seen old imagery of me and no longer dared to go visit [my friend] or be in touch...*

Some noted that their personality and ability to navigate social situations have been affected:

- *I'm always afraid of being too much, have difficulty with trust, even more: I haven't a clue how to act in social situations. That's very difficult for me... I'm slowly learning that now.*
- *I'm rather on guard, suspicious, don't easily trust anyone. It's very important to me for someone to like me, quickly start getting hesitations about it and need a lot of approval. Within my relationship always afraid of getting hurt and always afraid he might leave me or not want me anymore. I'm also a very jealous person*
- *In friendships I'm always the one that takes care of the other, and I can never show my real self. If a breach of trust occurs, it's immediately final and the other can never again do anything right. The breach is irreparable.*
- *As a child growing up I had a hard time staying close with friends. Especially the closer I got to my teenage years. My friends "boy" problems just seemed so trivial compared to the problems I was facing at home.*
- *Yes. Especially because these things are in a certain sense taboo in society, you can never truly disclose everything about yourself in friendships. You always have to hold up a mask and that is tiring and friendships always remain superficial as a result. In addition there is a lack of trust, which stands in the way of more depth. With new friendships there is the additional fear of 'What if they've seen me?' or even 'What if they look at porn and get enjoyment from my nightmare?'*
- *Problems with starting friendships, attachment. Not being able to speak.*
- *I'm always afraid that people hate me. Very often I vanish from contact, even in my most intimate friendships. It's too difficult for me to always be in contact with other people; I prefer to*



stay somewhat at a distance. Currently I have several friendships that do feel very 'real'. However, I often get admitted to hospital, and the process I'm going through in therapy is extremely trying. As a consequence I see friends much less often than I would actually like to. I'm always afraid that friends are angry at me, and that a friendship will suddenly end; I have trouble saying 'no' and indicating limits. I have no male friends. Friendships with men always ended badly. Very often I feel lonely and have the feeling that nobody understands me. I also can't bring myself to tell friends information about the sexual abuse or that photo imagery was made of it; I'm too ashamed of it. I always think people find me very dirty; I always feel dirty myself.

- *I believe the images and the hands on abuse impact all of my relationships - even those at work. I have a fairly small circle of friends and I am always wondering how I should "be" in the relationships. It's hard knowing what's the correct/expected behaviors, what expectations are normal, how to connect.*
- *Oh yes, of course. Obviously I was always particularly suspicious and felt threatened very easily. After all, due to that traumatized youth of mine, I basically had no normal social skills. That still has an extremely strong impact on friendships, because I can only endure people for very short periods, because everything from the other penetrates into me. I think that due to anxiety, due to always being vigilant to where the danger will come from, an energetic opening develops to the outside world, which is not good. I still need to solve that problem.*

Some respondents are not able to allow the closeness that is needed for friendship:

- *I find it difficult to let people get close to me. Trust takes a lot of time. Sometimes I'm just not able to take initiatives to contact people (by telephone, for instance). My friends are people with plenty of patience.*
- *Yes, not a single friendship at present. No longer capable of allowing someone to get close. Lots of distrust towards people.*
- *Don't trust anybody, so I keep everybody at a distance*
- *Oh yes very definitely won't start any friendship with men. I don't trust them. keep them at a distance.*
- *I have a lot of friends but no real friends. I never talk about my past and except for my partner none of my direct relations knows what my history is. I'm a star at faking*
- *I limit what I share about myself. Because of the sharing of images of me, I feel easily exposed. I curate every detail of my life that I share with others.*
- *Yes, friendships are superficial because I carry a secret with me and don't share it with people around me. A small social network through DID, no time for other people. Little trust in people.*
- *Yes, it became hard to let new people close to me after I found out about the images. My closest friends are still the ones I had from school growing up who went through the whole ordeal with me and were my emotional supports. I try to pursue deeper friendships with other women sometimes, but I often feel like my life experiences have been so bizarre, they can't really*



understand me on that deep level and so I think I sabotage things and put walls up. When I start growing closer to friend, there used to be this question of, "Ok, when do I tell them about the images." But I am moving away from that now as I'm feeling like they are less a part of who I am.

- *Friends of mine will not really ever truly know me because I am not sure I could ever tell someone the extent of my abuse or express my feelings surrounding the abuse. I have problems relating to friends still today because I feel like their problems aren't as big as they think they are. I have no sympathy for people who do not try to better themselves even if they are friends. I go through phases of extreme depression and I'm not always easy to contact or get along with. I still have that out of sight out of mind type of mindset that protected me as a child however it now prevents me from truly missing any friends I don't see for extended periods of time.*
- *Yes. I have few friends and all friendships remain fairly superficial. I absolutely cannot bring myself to talk about what I went through, nor the fact that it was recorded. Nor about the fear that people will recognize me or know about my past.*
- *Yes because my friends never got to know the real me. I was always reserved and they felt like I was hiding something, and I was. I never told them about my father and when the conversation would come up I would just say he left my family and we never saw him again. It wasn't a total lie because we never did see him again, but he didn't leave by choice. He was arrested.*
- *Yes. I have trouble getting and staying close to people. I seem to have a sign on me saying "Stay away". It's worse with men, but applies to everybody. I also have trouble being with children as I am afraid I will not understand their needs or wants and will fail them.*
- *Yes, no attachment, only superficial and cursory friendships possible.*
- *Yes because it's hard to get close to anyone.*
- *I limit what I share about myself. Because of the sharing of images of me, I feel easily exposed. I curate every detail of my life that I share with others.*
- *I don't really have any friends. The people in my life are acquaintances. ONLY real friend is XX (another victim of same offender). Don't talk a lot but really connected*
- *Yes, friendships stay superficial. I am not capable of building real and deep friendships*
- *Yes, very much. I have no friendships with women (I am a woman). Other friendships - so with men - are often of a sexual character.*
- *I have a lot of trouble with intimacy and nearness. Everything seems to quickly get too personal. Then I want my distance. At the same time I feel a need for deep friendship. That ambivalence requires insight and patience from others. And safety. Seeking a balance every time between a safe distance [apparently unfinished].*
- *I have trouble showing my feelings. I almost never talk about my past and that makes it awkward to develop good friendships.*



Don't feel worthy of friendship. Some respondents stated that they do not feel that they deserve to have healthy relationships with other people because of the hands-on abuse and the creation of imagery. Examples are set out below:

- *I often feel like I'm disgusting and that my friends will turn away from me when they realize how disgusting I am in reality.*
- *Yes, I think definitely. I'm friends with only a very small group of people. They know lots and lots about me and me about them. We share life's joys and sorrows. I've known most of them for almost 40 years. I always feel barriers towards people I don't know. See also what I've written down above. What bothers me a lot is a kind of social phobia. Because I already wrote in a journal back then, I know that it developed rather rapidly during the first few months after the initial photos were taken. In my perception, my attitude towards other people and age-group peers changed at that time. I had a sense that I had become an 'inferior person', somebody who had been demoted to a lower caste, in particular by the photos. I felt I must ensure at all costs that no one would find out what was going on. Because I would never dare to look another person straight in the eyes if they knew that I failed to resist due to pure fear, that I was a coward, a wimp that lets himself get buggered about. That fear (of the perpetrator) has now gone away, but the consequences of that fear, in the form of the isolation that ensued from it, still plays a role in my life right up to today.*
- *Yeah, I do not function well in groups of friends, although I would like that. But it does not work out like that. Because I experience a lot of shame and agitation in a group (mother was present, uncle was present and 'friends of his', sometimes 1, sometimes 2 or 3, and sometimes other children, my uncle's children).*
- *Yes, definitely, I can't grasp that somebody sincerely [...] me. I always have to test out and weigh up whether they still do, always alert and difficult to feel trust. Always afraid of getting used.*
- *Yes very seriously. I still feel inferior to the other person, and have many many problems trusting people.*

Socially isolated/fears of being in public. Some respondents stated they had a fear of social settings such as going out in public or being in group settings. Some examples of these responses are set out below:

- *Yes. I look at life, the things differently, more seriously and as I'm always told, in a more grown-up way. I cannot go along to concerts or other events because of my fears, my dissociations, the cramping seizures and my friends cannot deal with it.*
- *Yes, I think definitely. I'm friends with only a very small group of people. They know lots and lots about me and I about them. We share life's joys and sorrows. I've known most of them for almost 40 years.*
- *I always feel barriers towards people I don't know.*



- *Yeah, I do not function well in groups of friends, although I would like that. But it does not work out like that. Because I experience a lot of shame and agitation in a group [was abused in a familial group setting]*
- *It affects them in that I cannot be friends with people who minimize sexual abuse, make jokes about it, or who do not respect my personal boundaries. I am very jittering to sudden touching which many friends have noticed. I also sometimes feel shamed or “weird” that I do not have “proper”, “normal” romantic relationships like they do and often in sexualized LGBTQ environments like a bar or club I feel very depressed and sad, which affects then how often I accompany friends to such events or get invited to them. I also do not like to go anywhere like pools, beaches, or anywhere else with less clothing. I do not like showing my body and even in summer I wear long pants and shirts with several layers. This had also led me missing out on many social appointments with friends and entire trips.*

Other. Some respondents stated various negative impacts such as; the respondent recognizing that their demeanor and approach to friendships was different from others, having no friendships with males and general fears about the images. Below are some examples of what these respondents said:

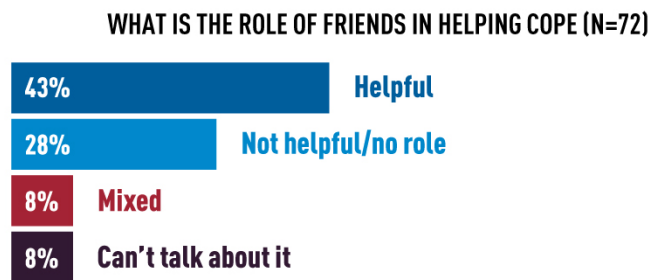
- *Yes, angry faster for the slightest attacks, disrespectful language – towards others, too. I’ve become very specific when choosing my friends, am not afraid of any new decisions.*
- *Very alert and being cautious of mental abuse!*
- *I still can’t relate well to men.*
- *Yes I think I’d have a whole different personality if I hadn’t had to experience this. Have become quite hard and embittered.*
- *Yes, male contacts are being avoided.*
- *It DID in that I originally surrounded myself with people who needed something from me; i.e., I was the caretaker. Since my breakdown. I have got rid of old friends and now have a smaller set of friends but the relationship is equal. SO, previously I didn’t understand what a friend is, and now I do.*
- *Yes I want to protect others; I don’t want them to go through anything like what I did. I sense others vulnerabilities similar to my own and do my best to friend and encourage and build them up.*
- *Lost friends ...who believed the abuse was my fault*
- *I have spent much of my adult life grappling with my childhood abuse, so my friends have had to be patient. I am more serious and intense than I would have been, had the abuse not occurred. I have also made friends who are advocates for social justice, which has been brilliant.*
- *Sometimes I am afraid that someone might have seen something [of me] as a child.*
- *I always wonder if other people have seen me as a child in photos/films and consider me dirty or consider me depraved.*
- *Yes and no. They used to affect my ability to form any real friendships but now don’t affect most my friendships. They do, however, affect romantic friendships, which I have none (and never had or understood, really).*



Role of friends in helping the respondent to cope⁸⁵

Respondents were asked to provide information about the role that their friends play in helping them cope with impacts from the hands-on abuse and imagery. Many (43%) of those who responded said that friends were helpful (n=72).

Figure 102: What is the role of friends in helping you cope?



Examples not reflected in the graph above include: Not involved (6%); No friends (6%).

Some examples of responses that reflect the themes contained in the graph above are as follows:

Helpful. A number of respondents stated that friends were helpful in assisting them to cope with the trauma caused by the abuse. Examples are set out below:

- *A lot, when I need to cry or vent they will listen and then tell me it's okay.*
- *There was a time when I told everyone around me that I had experienced abuse. That didn't always result in supportive reactions. After one particular negative experience with that, I did continue telling people I'd had a difficult childhood and youth, but not what happened at the time. I have 1 girlfriend I've known since adolescence. She does know about my past, but we basically never talk about it. Because she knew me at the time when I wasn't allowed to talk about it or didn't dare to or couldn't, it seems virtually impossible to talk about it now. Yet I've experienced a great deal of support from her, also in the difficult initial years when I was learning to come to terms with it. She knew that if I didn't get in touch for a while, I was having a hard time of it, so she'd then take the initiative to contact me. In those days she also continued to share the 'ordinary' things with me, the everyday tidbits of news and so on, which other people often hesitated to do because they thought my mind was on something else. That's been very valuable to me and still is.*

⁸⁵ The question, *What role do friends play in helping you cope? How do your friends support and assist you in managing distress?*, was not included in the survey available after November 28, 2016.



- *I've always had a few good friends [female]. To me they are like angels. So important, loving and supportive. I've always had one or two friends [female] who lent a listening ear and whom I could turn to in my anxieties. They sat at my bedside, helped me with the washing, or did shopping.*
- *A few of my close friends from high school helped me when I initially found out the images were online by being there for me as a listening ear or just having someone "be there" when I didn't want to be alone. They have continued to do this over the years and I know that I can call them any time I need that. They always encourage me and tell me that I'm strong. They also help me do something fun to refocus when thinking about the images gets me down.*
- *I only have one best friend that really has been there for me through my struggles. When life gets too hard we go on day trips to get away and relax. But when that isn't available for us, we go on walks or even just sit and talk. On the days that I don't want to talk we just hang out and watch movies. I keep her pretty involved with what goes on in my life, honestly, she is more of a sister than a friend. Anytime I started drinking too much or smoking marijuana, she was always there to help stop me from going overboard with it. She's taught me that I don't need those things to make me happy and that my escape can be safe (like going for a walk or on a trip). She keeps me grounded.*
- *I have two friends who always want to be there for me. At times when I feel gloomy and withdraw from contact they keep a finger on the pulse via telephone or app. It's great that I can phone a friend when I'm really at the end of my tether, that friends know I sometimes just can't talk at times like that. Just being on the line without saying anything, but knowing there's someone else on the other end of the line who will stay provides a lot of support.*
- *My friends have been there for me too like listening to me and praying with me and crying with me.*
- *Telling me I'm better than the guys who did what they did. I was born to do incredible things for people.*
- *My close friends are always there for me to talk to and provide support. They are very instrumental in helping me maintain my mental health in the face of currently not having a therapist or formal treatment.*
- *They play an important role and are very helpful.*
- *A very important one! Our friendships are extremely important; without them we would be lost. Our friends help us wherever they can. Friends are playing the most important part for us to cope with it all.*
- *They protect me, they listen to me, they show patience with me and they take my mind off my problems by diverting me.*
- *In experiencing good encounters, in tacit knowledge, good discussions about God and the world, shared commitment, nice excursions.*
- *Friends try to be there for me. They help me to gain trust in people. They are not afraid of my grief or attempts to get rejected.*



- *Three friends of mine know about my experiences. They have a key role in helping me deal with the experiences. Just by 'knowing about it', actually. Because it's no longer a secret. By listening, not finding it strange. Standing by me. Knowing it. The shared knowledge.*
- *My best friend [woman] knows about the situation. I'm able to talk to her about it. Other friends help in seeking diversion.*
- *Only a couple friends know my entire story, but they are very important to help me in times when things are difficult. Sometimes we talk but more often it is in times when I feel down, they encourage me to take walks or we go to a movie, we do "normal things" to connect with life as it is right now.*
- *Currently a great circle of friends also including a few fellow victims. Have created my own family that way.*
- *Very important, I can always truly rely on a good friend [woman].*
- *Most of my friends are either from within peer group; or colleagues working within same sector. All give me time and a hug when I need one.*
- *They give me room to talk about it, and they ask questions. They respect my limitations; we always have consideration for one another. Can also help me with boundaries.*
- *Friends who (to a greater or lesser degree) know about the abuse provide support by listening and seeking diversion. Sometimes they also go with me to things where I'm reluctant to go alone.*
- *Empathetic ability and sometimes a good piece of advice.*
- *They are there for me unconditionally, listen to me, and console me if necessary and are prepared to take over tasks for me in daily life whenever I am not capable in doing so.*
- *They distract me and are there and listen if something bothers me. Being appreciated for what I am today despite my past.*
- *More so at the beginning and later on it was mainly another victim with whom I had a very close friendship.*
- *The friends that actually know what is going on are very supportive.*

Not helpful/no role. A number of respondents stated that friends could not assist them with overcoming emotional and mental problems caused by the abuse. The following are examples of what the respondents said:

- *They cannot deal with it.*
- *Friends don't help at all*
- *Almost nothing because they know very little*
- *None - I don't want to burden them with this*



- *In the past I called on a friend [female] with regard to my traumas, but in the past 3 years I haven't done that anymore because I no longer need that AND because that friend let me know she was coming under too heavy strain.*

Mixed. Some respondents stated that their friends were at times helpful in helping them cope with the trauma of abuse but this was not always the case. See examples below:

- *I don't have many friends, and the 2 I have, only 1 knows and he tries to be understanding.*
- *Basically my friends can't give me any support with that. It involved such horrific experiences; you don't just discuss them during an enjoyable visit somewhere. I do always very much appreciate the practical help they provide me, help with wallpapering or a friend [woman] who sewed curtains for me. It's also not the case that they know nothing of it; they know that very awful things happened to me, but they don't know anything about the content.*
- *My friends leave me in peace on bad days, they understand that we're out of contact for the moment because things are probably not going so good with me (rather than getting angry). But in particular beyond that I feel an increasingly wider chasm between me and my friends: for them life goes on, they develop themselves and I stand still, on the sidelines of this society. It is difficult to truly see them as a support in distress, because I find it difficult to talk about it and they find it difficult to understand me and my situation. Everyone also has their own life.*
- *They don't know how to react; friendships are watered down in the meantime.*
- *Sometimes. It's too much to always keep burdening people with. I hang out a lot with fellow victims; that feels good*
- *They can distract us when we are not feeling so well; positive moments are possible with them which otherwise we don't have. However, they don't directly support us because most of them cannot handle it.*

Can't talk about it. A few respondents indicated that they could not share their experiences with their friends. This in turn made it difficult for their friends to understand the kind of support that the respondents need. See examples below:

- *I am still not at a place where I talk to my friends about my distress or have them help me cope.*
- *Almost nobody knows it*
- *I don't share it with my friends. I only dare tell to professionals*
- *None: I couldn't talk about what had happened.*
- *Sometimes I talk about distressing things with friends, not about my abusive past*
- *None, few friends and don't ever talk to them about it, too confronting and same problem as with family, I don't want them worrying about me, don't want to burden them.*

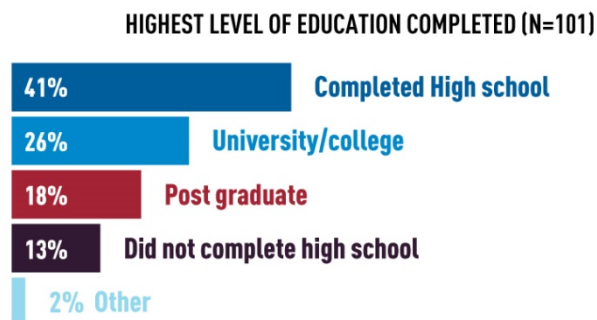


Impacts on education/academic success and employment

Respondents were asked to provide the highest level of education completed, current employment status, and how they may have been impacted academically or professionally by the abuse.

Respondents reported education levels across the spectrum, with 41% having completed high school, and 44% having gone on to university, college or post graduate studies. However, 47% were unemployed at the time of taking part in the survey. It was common for respondents to report that their success at school and in employment had been negatively impacted by their experiences. For some, the fact that the trauma was ongoing meant they had great difficulty coping on a day-to-day basis which for some resulted in being unable to continue working. It is clear from the information provided by respondents that the impact of child sexual abuse and imagery on education and employment can be severe throughout the lifetime of a survivor.

Figure 103: Highest level of education completed

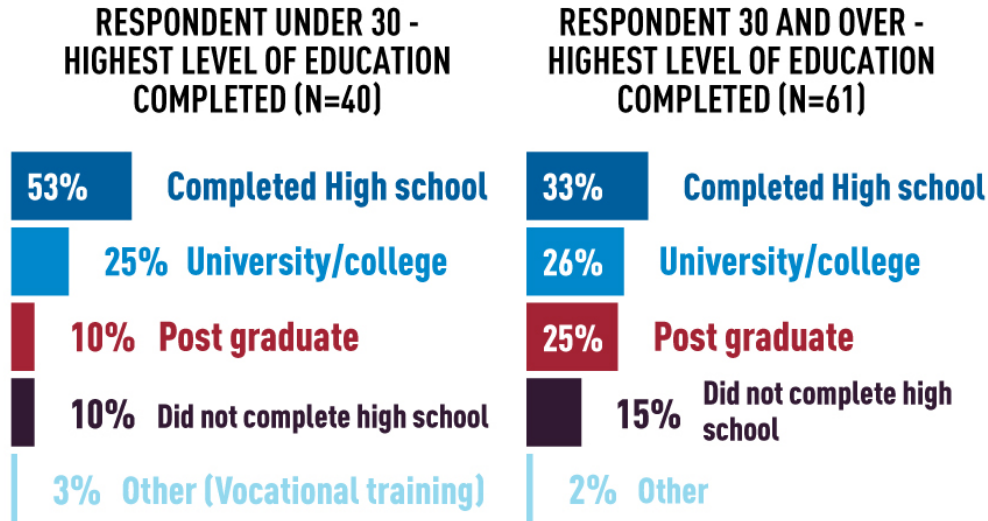


Many respondents 44% were able to pursue higher education (e.g., University/College and/or post-graduate) and a significant number 41% finished high school. This level of achievement, considering the childhood trauma they would have endured, is encouraging. Nonetheless, it must be acknowledge that over 80% reported some kind of negative impact on education/academic success.

Given that almost half of the respondents were under the age of 30, education information was also analyzed by age, to account for the fact that those under 30 may not be old enough to have completed university and/or post graduate studies.



Figure 104: Respondent age and highest level of education completed



Impact of experience on education and/or academic success⁸⁶

Almost all (83%) of the respondents reported that their experience had a negative impact on their education and/or academic success (n=99). Common themes in the respondents’ answers include: an inability to complete a desired level of schooling; difficulty concentrating; and facing illnesses/breakdowns at the primary, secondary and tertiary levels of education. Some respondents (see responses coded as “yes” in the graph below) believe they worked harder at their education because of their experience (and some said they dissociated to forget about the abuse in order to succeed).

⁸⁶ Only three respondents reported that the abuse had not impacted their education.



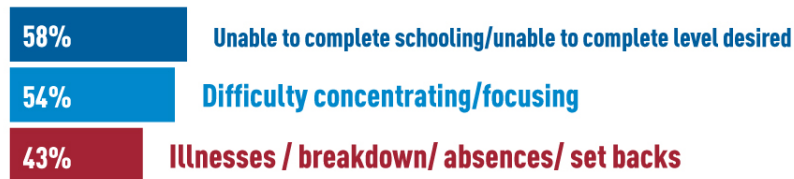
Figure 105: Impacts on education/academic success

DO YOU BELIEVE YOUR ABUSE EXPERIENCE HAS IMPACTED YOUR EDUCATION/ACADEMIC SUCCESS (N=99)



NEGATIVE IMPACTS (EDUCATION/ACADEMIC SUCCESS) (N = 76)

Multiple Responses per Respondent



Less common impacts included: Fear/ difficulty with male teachers/ distrust of others (11%); and Difficulty with peers (5%).

Some examples of responses that reflect the themes contained in the graph above are as follows:

Unable to complete schooling/unable to complete level desired. Many respondents indicated they were unable to complete schooling or the level desired due to: missed classes/courses; problems focusing; flashbacks etc. Examples are produced below:

- *Yes, despite having good grades I only have the vocational baccalaureate diploma because I had to leave school. I was so worn down and didn't find help for a long time. I have physical injuries and illnesses and never did any training, never went to university; I am unable to work.*
- *Absolutely. I missed a whole lot of school because I had to work/was hired out. When I was 15 I was tested and turned out to be quite intelligent. I was therefore allowed to enter middle vocational training because I didn't fit anywhere into the education system after that went on to do professional training. I completed that. I didn't dare go to university because I didn't dare to be conspicuous. I deliberately made mistakes on my test so as not to make any extremely high marks. The lesson in my school of hard knocks was that if you attract attention it could backfire. If you learn that then you don't easily abandon it. In fact I think it's saved my life*
- *I hoped to get away from the abusers when I receive my training in a different city. That's why I didn't get my high school diploma.*



- *I am not yet at a point of looking back on that. I've done three BA's (at the same time) but ended all before finishing my MA's.*
- *Yes, although I did finish college-level training, I could have done more if the traumas had not occurred.*
- *Yes I wasn't able to finish any education or training*
- *Yes, my grades slipped after the abuse was uncovered. Dropped out.*
- *Based on my experiences I was unable to complete my university studies or to obtain a professional qualification and I was unable to enter workforce.*
- *I had to quit in exam year of college and flee.*
- *I have below-average stamina. I'm quite strong and resilient, but I need that strength to shoulder my life history. Beyond that there's not much left. I also had an extreme fear of failing, and still do, though it's not as bad now. As a consequence I suffered repeated burnouts after 1 semester of professional training college. At primary and secondary school I was bullied. I radiated shame and had very low self-esteem, and that made me vulnerable to bullying.*
- *Currently I'm not able to take part in education or training due to my traumatic disorders.*
- *At a young age it did; I was a school dropout, no certificate. Only after the birth of my child did I start studying while working, meanwhile very successfully. Was unsure of myself for years, didn't trust people and didn't believe in myself.*
- *Yes. I went to school for early childhood education because I loved kids and I saw a video on child sexual abuse and I dropped out of college because I didn't feel comfortable talking about it*
- *I wish I could have gotten my High School Diploma. The foster parents had a company where I had to work after I completed grade 10. I was not even allowed to do an apprenticeship so that they would not lose control over me.*
- *Yes. I came forward in my [high school] all through I had to go to therapy and try to prepare for court I didn't want to leave my mom sad and alone I didn't seek to further my education because I was too scared.*
- *Profoundly, I stopped being able to learn at 13.*
- *I have not finished my education because I was admitted to a youth psychiatry clinic. Later I tried to do a training course but partly because of the pressure I have not succeeded in completing a training*
- *Did not have a classic professional education ... could not complete our professional training (due to social phobia); ... had to terminate our first course of studies, and the second one is still ongoing ... unable to work.*
- *Fear and dissociations make it impossible for me to complete school although I am highly intelligent.*
- *Profoundly. I have a major math learning disorder which I've been told is likely connected to my abuse due to reasoning / math abilities being in the amygdala (I presume you know the role of the amygdala in trauma). I struggled in all math classes, was placed in special education*



throughout high school due to my math disability and profound PTSD, was registered with student ability resources in college to gain support due to my repeated inability to perform academically like everyone else... I've been behind in everything because of my experiences...thrown off track and constantly trying to play catch-up to where everyone else is, but never ever to get where they are...because I can't seem to have relationships the way they can, or choose healthy people the way others can, or navigate my relationship with persons of authority in work, or trust my partner, or walk away from abusive relationships, or anything really. Everyone else my age, including my friends, they are where one "should" be at this age...and so often I feel like I'm just an observer and that my life is a box of never-ending shit and the rest of the world is a window into what I could have been if I hadn't been abused or exploited.

Difficulty concentrating/focusing. A number of respondents had difficulty concentrating / focusing which impacted their ability to succeed in their education. Some examples of these responses are set out below:

- *Yes, at school I struggled to concentrate as I was tired all the time. I could relax at school and didn't want to be off, but I couldn't focus. As an adult I achieved the education that I failed to get as a child.*
- *I would cuss out my guy teacher's and get kicked out of their classes on purpose so I didn't have to be in a man class room. I hate men. I would not give them any respect. It was hard to learn because of that and I would leave class I would not want to read out loud it was hard to pay attention in class*
- *Yes, because it all cost so much energy. And no one helped with school.*
- *Definitely, as a child I was very dreamy and always not present.*
- *Yes no concentration.*
- *Yes, very definitely. Unsure behaviour, daydreaming in class, fear of failure, sense of not being important enough, standing on sidelines. Still don't dare supervisory job. Prefer working out of background.*
- *Yes, more distracted and unsure of myself.*
- *Yes concentration problems.*
- *Oh for sure. I already tripped up in secondary school, not because I was dumb, but because I simply had no room to absorb knowledge. Ultimately I did enter and complete a course of vocational training, but before I turned thirty I was already certified as incapacitated for work*
- *Yes, my ability to concentrate is very poor*
- *The focus and motivation are gone. School was difficult, I was constantly bullied. Even the teachers verbally abused me, or they made me look bad at times when I wanted a transfer to another school.*



- *Sometimes it was hard to concentrate in school.*
- *I could never do exams... fear of failure, lack of concentration (but I did have the intelligence)*
- *To some degree. I am proud to say I recently graduated from my bachelor degree and have found employment in my field. However, in my first few years of university when getting away from the abuse and the perpetrator, there was a lot of verbal abuse that consumed time and energy and impacted my ability to focus and study and succeed to the best of my ability.*
- *Yes got distracted faster.*
- *Yes I could not concentrate and became very anxious and depressed my ability to think was damaged forever in terms of exams and pursuing a career.*
- *Fear and dissociations make it impossible for me to complete school although I am highly intelligent.*

Illnesses/breakdown/absences/set-backs. Some respondents stated that illness and/or a breakdown impacted their ability to acquire an education or succeed academically. The following are examples of responses containing this theme:

- *Yes. I was addicted to drugs and dropped out of college after a few semesters. I couldn't even attend class without Xanax. Which I obtained illegally.*
- *Too many psychological problems. No chances to learn in the right way. Always sick again. Always injured again. Always clinics and psychosomatic disorders again....*
- *Yes, I had to break off my high school studies because I collapsed and went into the Child and Adolescent Psychiatry. So far, it hasn't been possible for me to catch up on my studies to get a high school diploma.*
- *Yes, because I'm unable to work and unable to go to school due to the severity of the illness. I cannot manage any studies, no training, and no work.*
- *Yes. Working together with classmates was always arduous, and video projects or assignments were always a big problem. Later, at university, the recurrent depressions and social anxiety were the main issue.*
- *Unfortunately couldn't finish college...hospitalizations...treatments and still can't start to work due to me symptoms. I hardly ever leave the door.*
- *Yes, I know that for sure. My life is ruled by this abuse. I was very good in school, was very fond of learning and got good marks. People always said I'd become a doctor someday or a veterinarian. As a child I was very proud of that; it felt wonderful, I remember. I received lots of compliments. The abuse and the impact of it destroyed everything. I had to flee from home at age 17 and didn't finish school as a result. Moved to a different country alone without any diploma. Due to all the depressions and lack of resources and living with PTSD I could never pick up the threads again; I never really managed to make friends again. I had lost everything, not only my family but also my future. I'm still fond of reading academic books, I love them. But I have no diplomas and live on income support.*



- *Yes, when I entered secondary school they said I was to go to special education. I went to mainstream education anyway and never did anything. After getting my school certificate I continued my education but likewise far below my level as a result of which I again did nothing. At present I'm enrolled in a bachelors' degree course and my concentration is nil. The DID also makes it often difficult to really absorb the subject matter. I appear to be very intelligent but that has never come to expression due to my past experiences.*
- *Our parents did not attach any importance to education since we were trained for sex and for enduring violence since birth. No one in our family made sure if we did our homework or studied; we had no support when it came to studying. During our childhood and youth, we were quite stressed due to our life situation and had little success at school than we could presumably have had under different circumstances. From the age of 16 onwards, we were regularly in clinics and, therefore, missed a lot of school. We almost quit before we completed our high school diploma due to post traumatic stress disorders. We were not well enough to go to school and to study. We also had to quit our first course of studies at university due to leaving the cult, the stressful situation and renewed hospitalization. Our current course of studies is also taking much longer than it does for other students under regular circumstances. It looks like we will be finally starting to work once we are way over 40. The academic career that we dreamed about will probably be no longer possible.*
- *Yes, the PTSD symptoms associated with the images made going to class difficult, either because I would dissociate and miss my class, or because I had having such an emotionally hard day with anxiety that I felt paralyzed and like things weren't safe outside my bedroom door so I stayed in my room all day. Sometimes I dissociated in class if something triggered me. I had to take two breaks from school, one for 1 year and one for 6 months. During these breaks I tried to recover from the stress of school plus PTSD and work on my coping skills.*
- *Yes, I had a breakdown during secondary school and had to transfer two streams down even though I should have easily been capable of it. In examinations at the other level I scored absurdly high because I was far below my capabilities but so often my mind wouldn't cooperate in class.*
- *Yes, definitely. I couldn't concentrate back in primary school; attended 3 different primary schools. I couldn't get through secondary school due to depression, eating disorder, not being able to talk, fear of failure poor concentration and chronic anxiety. So I only finished primary school and couldn't do any further schooling. Did try a couple of times but due to dissociative symptoms I always wound up dropping out and not finishing due to too many skipped lessons etc.*
- *I've been ill a number of times, and was often kept home from school in the past. Because I developed a DID, I fortunately did manage to get an education, though below my level. By working hard I can hold onto my job and due to much support from my partner.*
- *Yes and no. I always liked going to school. The year when I was being abused at home was my final year of primary school. The teacher said I couldn't concentrate very well, so I was sent on to*



a middle-stream secondary school, rather than to the higher-stream one I qualified for in the tests. Despite staying home sick a lot, I finished that school without repeating any years. Then the next level up. Then the university-preparatory level. Then university. I was meanwhile arranging my calendar in such a way that I always prepared several lessons in advance, so I could paper over periods of absenteeism. Got my master's degree in six years' time.

Current employment status

Almost half (47%) of the respondents are not currently employed (n=97).

Figure 106: Employment status

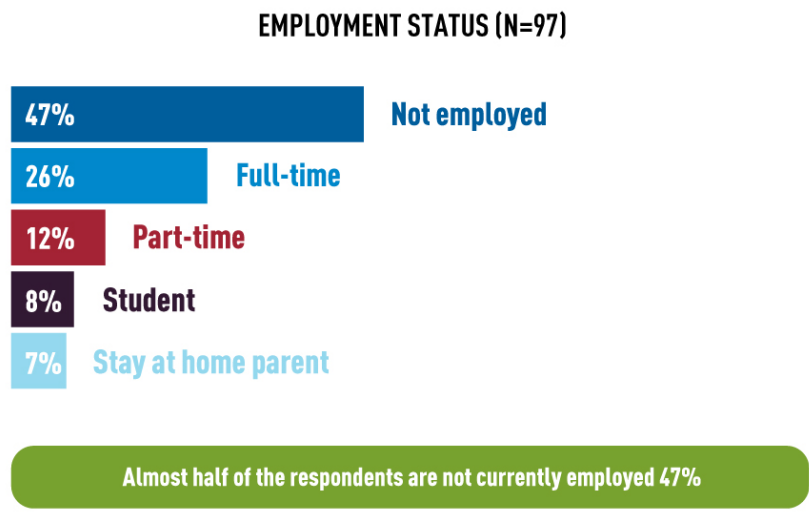
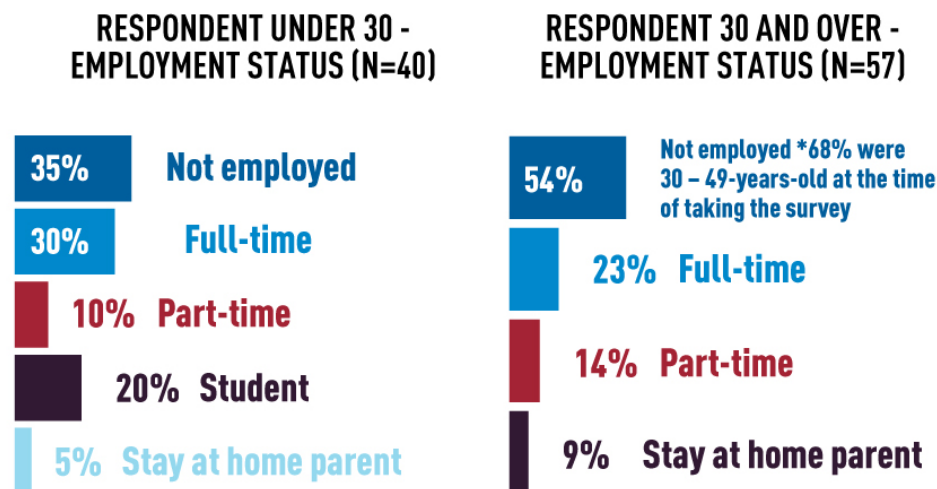


Figure 107: Respondent age and employment status

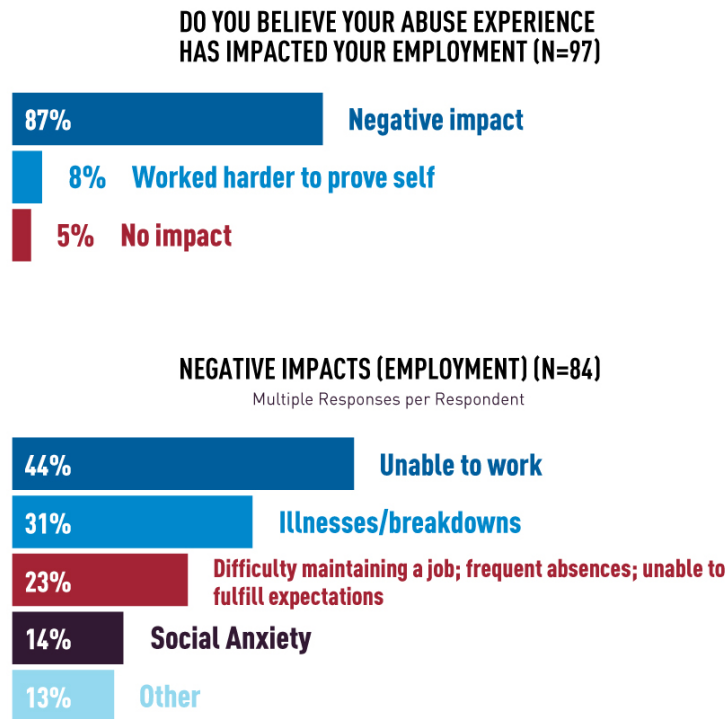




Impact of experiences on employment

A majority (87%) of respondents believe their experience had a negative impact on their ability to find or maintain employment (n=97). Common themes in the respondents' answers are reflected in the graph below.

Figure 108: Impact on employment



Other negative impacts reported included: fear of being recognized (7%), too few options due to lack of education/working below level (7%). Examples of responses coded as "other" include: safety concerns; possible triggers; little self-confidence; limit personal goals.

A respondent was likely to provide several reasons for why they had difficulty maintaining employment. Responses have been reproduced below the heading that most closely matches the main theme of the response but may reflect other themes as well.

Unable to work. Many of the respondents (44%) who answered this question said they were unable to work/hold a position due to the psychological impacts of the abuse. The following are examples of the respondents' responses:

- *I ultimately became incapacitated for work due to the PTSD. In particular the combination of growing older and persistent sleep problems impacted on my endurance. And later I also suffered burnout. The combination of burnout + PTSD is quite detrimental.*



- *I am unable to work due to my experiences and I have not completed any vocational training.*
- *Yes, because I'm unable to work due to the past and must enter into early retirement.*
- *They certainly did. As a consequence of that sexual abuse I've been unable to build up anything career wise. The consequences it has had for me in society are definitely life-long. As a result of that situation I got into relationships of dependency.*
- *Yes, I'm currently incapacitated for work.*
- *Yes incapacitated for work.*
- *Yes, it is the cause of my current incapacity to work. But also, in one period of time I worked two full-time jobs, so as not to feel, to think, to exist.*
- *Yes, so before I was thirty I was already declared incapacitated for work. Nor was I able to work; I was utterly exhausted.*
- *Currently I'm doing voluntary work on a therapeutic basis and I live on [welfare], even though I've completed professional training and am actually capable of higher achievement. In the past I constantly worked below my level. Unfortunately I then had to take sick leave and for years now I've been living on benefit in connection with the therapeutic process I'm involved in through my experiences. My experiences have had a very far-reaching impact on me.*
- *I'm unable to work for the same reason why I could get no schooling. I feel like a ne'er-do-well. Good for nothing.*
- *Yes, because I could not finish my education and I suffer(ed) from anxiety so I could not work. I receive [name of benefits] benefits [allowance for work incapacity for your people]. Taking it very easy, and with lots of time, I do something more every time (volunteering).*
- *I am 100% incapacitated for work based on my psychological disorders.*
- *Far removed from the job market. A lot of anxiety to show myself. In the meantime a lot of ambition though, but to have the confidence to do it is still a big step.*
- *Am on disability benefits... Schizoaffective disorder... a lot of hypnoses after abuse... I believe a consequence of it.*
- *I do not work.*
- *Yes, due to the existing resulting symptoms I was never able to even start a job.*
- *Yes, retirement after not even two years of work.*
- *The impact is so serious that, to my great sorrow and shame, I'm now on work incapacity benefit. During my education I could still work in advance, catch up and creatively sneak back into courses. I could always find some way out of every spate of nightmares and depression. But in later employment I no longer had that freedom and latitude. I'm still distressed about the fact that I performed a huge amount of unpaid work on my own conditions from my computer at home (work that was compatible with my degree and my interests), but that after four years my employer bluntly informed me that I would need to fulfil conditions that were impossible for me if I wanted to obtain paid employment: temporary contract, no sick leave, daily attendance at the workplace. Farewell job.*



- *Yes, not capable of working or being away from home more than an hour without panicking*
- *Yes. Very little work experience. No job.*
- *I'm not allowed to and am not able to work due to the impact of this.*
- *Can't work very much because therapy claims all the energy.*
- *I think I achieve better through it; I can focus myself well and know almost immediately whether I can trust somebody or not. For a long time I was certified incapacitated for work. Now I'm meanwhile working full-time again. Notice I get pretty tired from people because I'm always on guard.*
- *I was never able to do anything although my vocational...diploma average grade was [high]. I live at the poverty line.*
- *I'm certified as fully incapacitated for work. I can't work, I have DID, I can't function adequately without support. Basically it's affected all areas of my life; my whole development has suffered a blow.*
- *Yes. I am on permanent disability because of the ongoing struggle with depression and PTSD. I cannot work a regular job and have difficulty with focus and concentration.*
- *I was never able to take on a job because we have been so unstable, which made it impossible.*

Illnesses/breakdown. Some respondents indicated that illness and/or breakdowns had a significant impact on their employment. Examples of responses from respondents are as follows:

- *Sometimes working with youth reminds me of the abuse and I get feelings of anxiety and guilt. I also avoid certain jobs which I find triggering. I have also sometimes felt it difficult to focus on tasks when my PTSD anxiety and flashbacks resurface and I have had to quit a part-time job because of the extra stress I was dealing with.*
- *Due to recurring setbacks, problems, stress, physical problems, psychological breakdowns, we were at times unable to work culminating in complete financial distress because doctors (female) did not sign us off sick, we are forced to live on and off under the subsistence level. A lack of understanding on the part of public agencies and authorities are additional factors.*
- *Many absences; at times too sick to work.*
- *Yes, again the same anxiety and susceptibility to depressions.*
- *It's unsustainable due to physical and mental health problems. With the consequence that I have no perspective for the future and can't build up a pension. And even that after a certain period the money inflow, such as the social benefits, will sink to nil.*
- *No training. No job. Still have many symptoms. Have had a few little jobs relapse every time. Hardly leave the door.*
- *Yes physically and mentally a wreck*
- *It would have if I had not had the determination and nurturing partner - who encouraged me to seek academic attainment and secure a good job. That being said, the field of work I went into was very non-emotional, and I could immerse myself in it without getting overly emotionally*



involved. HOWEVER when I had my breakdown, my ability slowly eroded until eventually I had to give up work early due to fibromyalgia.

- *Extreme fear of failure and low stamina mean I can't work. In addition, since my process of recovery began, I'm regularly swamped with emotions. They don't come at agreed times, and they often forced me to call in sick at the last minute. Having to do something and feeling reluctance are triggers to the trauma, which have such an effect on me that I get physical symptoms: abdominal pain, so severe that I can't walk; nausea that impedes every movement, without being able to vomit; headaches and migraines. Very frequently I've had the experience that I called in sick to work with these kinds of symptoms, only to feel much better half an hour later (because the obligation that triggered them was removed). Only years later did I understand that I wasn't malingering because I simply didn't want to work, but genuinely had serious problems: I couldn't go to work because by doing so I'd be reliving things that I never wanted to go through again, even though those things didn't happen in my workplace in reality.*
- *Yes, definitely, I was regularly unable to work, and often I had to take sick leave for longer periods. When I was present, I devoted myself 200%, but never sustained that for long. I wanted to 'rescue' others, but kept forgetting myself. I worked with children and families with problems. In 2004 I was certified 100% incapacitated for work. And that's still the case - not stable enough to take part in work process.*
- *Due to my traumatic disorders I had to quit my job because I couldn't manage it.*
- *At age 20 I had to drop out of college. As a consequence I ended up receiving incapacity benefit. It is below the social minimum and I can barely get by. Still now, in my current degree course and the accompanying work placements, it's difficult for me to keep going. As a result of the DID I can sometimes perform skills very well and sometimes I totally can't.*
- *Yes. I've never had a full-time job and will never get one. I'm incapable of that alongside the resolution. I'm stress-sensitive and often get triggered.*
- *Far removed from the job market. A lot of anxiety to show myself. In the meantime a lot of ambition though, but to have the confidence to do it is still a big step.*
- *PTSD gets in the way.*
- *Yes. I think I've only been able to do low paid work. I needed to take 12 years sick/ disabled leave due to anxiety depression and attempted suicides mainly overdoses.*
- *From age 18 I was rejected because of my mental state.*

Difficulty maintaining a job; frequent absences; unable to fulfill expectations. Some respondents noted that the psychological impacts of the abuse made it difficult to remain at one place of employment over an extended period of time. See examples below:

- *Oh definitely, I was so socially uncomfortable and everything felt so overwhelming. I didn't know how to deal with angry customers and a few had said comments that made me paranoid. Some*



saying I looked familiar even though I knew I had never seen them before. A few customers and even employees made sexual jokes that made me feel uncomfortable. I felt so socially awkward. I had to remember so many different things and I was almost always messing up. After a year I quit. Then went to my next job which was seasonal. Once that ended I went to another job, and another and another. I've had 9 jobs since my first making a total of 10 jobs. I wanted to quit the job I'm at now but since I've been in therapy I've had more stabilization socially and I've been able to approach an issue instead of run from it. It's helped me so much and I am actually really happy with the job I have now.

- *I have been fired from at least 4 jobs.*
- *Yes, frequently changed companies. Lost the job due to illness. Rehab and stays in clinic time and again. Considerably dependent on very secure, good working environment.*
- *Tend more to change rather than stay with it, many changes – but always better workplaces, more success.*
- *Yes often I couldn't remain in 1 place due to safety. Perpetrator, perpetrators had found me again.*
- *Yes holding down a job due to nightmares and PTSD.*
- *Yes. Have had several little jobs couldn't keep them up very long just like education.*
- *Yes. Couldn't keep up a job until later in life; I was too unsure of myself and now I try extremely hard to do my best, work far too hard.*
- *Yes, profoundly. I struggle in work when I'm stressed because any large amounts of stress trigger my PTSD symptoms. I also don't know how to navigate relationships with persons in authority...I don't think I've ever held a job where I didn't end up in tears at least once with my boss. I'm fearful of those in charge and automatically feel disempowered. I also don't seek out positions or career development where I'd be placed in a position of authority over someone else...I don't know how to delegate and I'm uncomfortable / unfamiliar with having any power over someone else. Also, due to the repeated delays in my life, I'm so far behind everyone else and have yet to establish my career...I'm still very much in the early stages and often the people interviewing me are 15-18 years younger than me. I will forever be behind in life because of my abuse / exploitation.*

Social anxiety. A number of respondents indicated that being too socially uncomfortable had an impact on their employment. A few examples from these responses are as follows:

- *Yes, communicating to others like they are a friend is not easy, so starting a conversation even with coworkers is difficult.*
- *Drastically. Hard to work with any men.*
- *It used to keep me from trusting people. Through the therapy I have been able to now have a pleasant work field with lovely colleagues.*



- *Fear of people.*
- *I was working as a psychiatric nurse and they noticed my work was above average. Then they started offering me things like further training courses or different posts. Once I noticed that my former fear crept over me. I didn't want to attract attention...to be seen. So I then split for the next job.*
- *Yes, by all means. Although others describe me as extremely team-oriented, I have sometimes strange moments or communication (e.g. if people tell jokes during work) is difficult. This prevents me from building a professional network. I rather set my professional goals a little bit more manageable because I always have to take into account that my past will confront me in one way or another and so it is better for me to always be able to make time for it.*
- *Later on I only had low skilled jobs where I could work by myself because I could not get along with my co-workers. Response to 106 also used here. My entire leisure time is limited. I cannot participate in a lot of things because I cannot be in strange environments. I cannot live by myself; I am dependent on assistance and support. I live at the poverty line because I am unable to work and receive a disability pension.*
- *They hadn't affected my ability to HOLD a job, but they did affect how equipped I FELT. I'd get overwhelmed quickly and had some difficulty dealing with dynamics and relational issues at work. That said, my skills at reading other people's needs, being compliant ... and finding a way to cope probably helped me manage.*



G. THERAPEUTIC/MEDICAL

The questions in this section were designed to provide information about any experience the respondent may have had (or not had) with therapists/counsellors/mental health treatment providers, particularly in relation to being a person who was not only sexually abused as a child, but also had that abuse recorded and possibly distributed online. Respondents were asked about diagnoses they may have received linked to the child sexual abuse imagery, if and when therapy may have been received, what they found most helpful and least helpful about therapy, and what they have found to be effective in helping them to cope with the aftermath of abuse. As respondents to the survey are of varying ages, and live in different countries, some details may be less relevant than others or may be country-specific, but the overall themes and needs expressed by the respondents have universal applicability.

It is well known that child sexual abuse can affect many aspects of a person's life and its effects may not always be readily apparent. As a result, victims of child sexual abuse often receive and benefit from some form of therapeutic support. The participants in this study are no different in that respect: 87% of respondents indicated that they have received therapy to address being a victim of child sexual abuse imagery, and 85% said they anticipate needing future therapy. Moreover, 91% of respondents indicated they have been provided with a medical diagnosis linked to their abuse experience (n=124). The type of diagnoses received by survivors (n=101) were grouped into categories that include trauma and stressor disorders (70%), dissociative disorders (56%), depressive disorders (36%) and anxiety disorders (29%).⁸⁷

Respondents were asked if their therapist was aware that their child sexual abuse had been recorded (and where applicable, distributed online), and also whether the impact of the imagery had been discussed in therapy (see the section on Victim Impact for more information). Notably, while 85% of respondents said their therapist knew about the imagery (n=120), the impact of the imagery was only discussed in therapy for 55% of respondents (n=93). This gap is concerning, particularly when one considers that the number of individuals whose abuse is recorded is only going to increase given the Internet and ubiquity of recording devices today. If the impacts arising from the imagery and its distribution are not directly addressed in therapy, then this means the fears and worries that are associated with the imagery and are distinct to this population (such as the feelings of powerlessness associated with its creation, its permanence and the fact that it may be, or has been, seen by others) are being left for survivors to cope with on their own. It is important, and necessary, for each survivor to find strategies that will help alleviate the pervasive impacts and daily triggers that are uniquely associated with the fact the abuse was recorded, such as the feeling of being unsafe and paranoid when in public and the constant worry about being recognized by someone who has seen the imagery.

It is hoped that the information in this section will help to guide the development of therapy, counselling and/or treatment programs that best meet the needs of this unique population and help to address barriers that may exist in preventing them from accessing appropriate, specialized services.

⁸⁷ See Appendix A for an explanation of the diagnoses that were subsumed within these terms.



Note: This document primarily uses the terms “therapy” and “therapist” to refer to all forms of professional treatment that the respondent sought or engaged in to address their emotional and psychological wellbeing, whether the treatment was provided by therapist, counsellor, psychologist, psychologist or alternative treatment provider.

Overview of medical/therapeutic information about the respondents

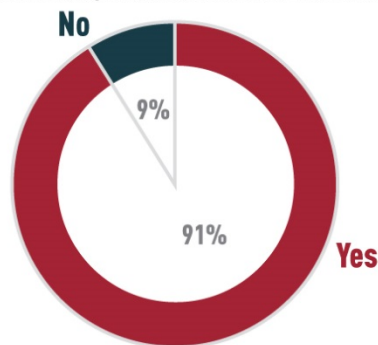
Respondents were asked to provide information about any medical or psychiatric diagnosis/diagnoses they may have received, as well as to indicate whether, at the time the survey was completed, they were in therapy. Nearly all of the respondents (91%, n=124) had received at least one diagnosis linked to the child sexual abuse and/or the imagery, with most (70%, n=101) reporting a trauma and stressor related disorder. The majority (64%) are currently in therapy (n=130).

Medical or psychiatric diagnosis/diagnoses

Respondents were asked if they have ever received a medical or psychiatric diagnosis linked to the child sexual abuse and/or the imagery. The below graph illustrates the responses provided.

Figure 109: Psychiatric diagnosis/diagnoses linked to imagery

PSYCHIATRIC DIAGNOSIS/DIAGNOSES LINKED TO IMAGERY (N=124)



More information about medical/psychiatric diagnoses⁸⁸

Respondents who said that they had received a medical/psychiatric diagnosis (91%, n=124) were asked to provide more detail about the diagnosis/diagnoses received. The information shared by those who chose to provide additional information (n=101) is reflected in the graph below. As a number of the respondents were diagnosed with more than one disorder, each disorder identified is reflected in the graph.

⁸⁸ Not all respondents who provided an answer to the question, *Have you ever received a medical or psychiatric diagnosis/diagnoses that you believe may be linked to your experience as a victim of child sexual abuse imagery?* also provided a response that could be included in the analysis for the question, *Please provide more information about the diagnosis/diagnoses and how it/they may be linked to your experience.* In addition, four respondents only mentioned a diagnosis related to a physical ailment.



Figure 110: Psychiatric and other diagnosis/diagnoses



Less common diagnoses included: Feeding and Eating Disorders (13%); Cluster B Personality Disorders (9%); Other personality disorders (5%); Sleep-Wake Disorders (4%); Bipolar Disorder (3%); NOS (1%); and Other (16%). Those categorized as “other” included: addictions; chronic pain syndrome; somatoform pain disorder; and Stockholm syndrome.

See Appendix A for a more fulsome explanation of the groupings set out in the above graph. As is apparent, trauma and stressor related disorders were common, and all of the respondents in this category identified the disorders as posttraumatic stress disorder (PTSD) or complex posttraumatic stress disorder (CPTSD). CPTSD is a form of PTSD associated with prolonged and repeated trauma. It was clear from the responses given that the diagnosis for either disorder was directly linked to the traumatic event(s) in the respondent’s life (i.e., the abuse). Symptoms associated with PTSD/CPTSD vary by individual but can include intrusive memories, trouble sleeping, difficulties maintaining close relationships, irritability/anger, etc. Dissociative disorders are also frequently associated with trauma.

Physical impacts. While diagnoses related to psychological health problems were the most common, it is worth noting that some respondents also reported physical injuries and/or permanent physical ailments suffered as a result of the hands-on abuse. These physical impacts included scarred tissue, fibromyalgia, gynecological health problems (including an inability to have children), incontinence, and hemorrhoids. Some of the responses that mentioned physical health problems were categorized as “other” for the purpose of the percentages in the graph, but are grouped together at the end of this section to permit readers to gain a sense of what was said.

Some examples of what respondents said in relation to each grouping above are set out below:

Trauma and stressor related disorders. A large number of survey respondents had been diagnosed with a trauma and stressor related disorder at the time of taking the survey. All these respondents noted that they had either PTSD or CPTSD. Examples of the responses the respondents gave in response to this question are as follows:



- *PTSD, because it is an ongoing traumatic experience as the images continue to be spread, perpetrators are continually caught with the images...I have been stalked by some of these perpetrators on multiple occasions, I have had to change my name and move to prevent these perpetrators from continuing to stalk myself and my family members.*
- *The psychiatrist diagnosed me with Post-Traumatic Stress Disorder to years of being sexually abused. It relates to my nightmares, anxiety, fears, sense of guilt, panic attacks, sensitivity to certain physical sensations and strong sensory flashbacks.*
- *As a child I was diagnosed based on information my parents provided. [As an adult] I went to a psychologist and psychiatrist to check whether the diagnoses were correct. All were wrong and left wounds while growing up. At [age under 30] I was diagnosed CPTSD, but now they want to add other diagnoses because of the belief that CPTSD never comes alone...all tests failed in providing additional diagnoses, so they've added two with NOS, not as a result of any test, but based on what they [psychiatric organization] thought to be relevant, based on their (biased) ideas, without any scientific base.*
- *(C)PTSD in combination with an atypical form of social phobia. The atypical label derives from (the old) fear of being recognized in the pictures. I should explain that more clearly here. The pornography that was made of me was used by the perpetrator to impose silence on me. One way he did that was by making a blowup of my face which he had taken from a negative. The negative itself contained explicit sexual acts that he was performing with me. That was his way of making it clear to me that he held absolute power over me.*
- *For me the child porn was but one part of far, far more abuse, maltreatment, neglect and ritual abuse, an entire youth with the one trauma following on the next without my knowing it myself. Ultimately I wound up in psychiatric care. I would think that a whole lot of posttraumatic stress ultimately produces a psychiatric clinical picture. and what label it then gets doesn't matter that much I believe.*
- *When I was [a teenager], I was diagnosed [on the autism spectrum]; later, [as an adult], that changed and was explained by the abuse. Now I have a diagnosis of post-traumatic stress disorder.*
- *Diagnosis of C-PTSS. And years ago they added Stockholm syndrome to my file. On top of that there is depression, eating disorder and social anxiety. But eventually everything comes from PTSS.*
- *I have PTSS and I also suffered from agoraphobia and for years I thought there were cameras everywhere. The reason is that many video recordings were made of me as a girl, they often were hiding with their camera so I could not see them, and ever since I have been afraid.*
- *All of my problems are linked to the abuse. Child pornography was part of that. Diagnoses: anxiety disorder, depressions/dysthymic disorder, dissociative disorder, CPTSD.*
- *DID, PTSD, eating disorder, depression and anxiety disorder. DID and PTSD occurred due to the impact of powerful traumas that have brought on damage to the system and our personality. The depression arose from the feeling of being too visible, too much insecurity about ourselves*



and our future. After all, the future is hopeless if the consequences of the abuse keep catching up with us. You keep having recollections of the abuse...

Dissociative identity disorder. A number of respondents had been diagnosed with a dissociative disorder at the time of taking the survey. Examples of the responses the respondents gave in response to this question are as follows:

- *...I got the diagnosis several times, i.e. from my last psychotraumatologist and she saw the diagnosis clearly confirmed as a consequence of the organised violence I lived through.*
- *At the beginning of my therapy I was diagnosed with borderline depressive episodes. In [year], this borderline diagnosis changed to post traumatic stress disorder. Since [year], PTSD with complex dissociative disorder, medium to grave depressive episodes and in [year] addiction was added.*
- *I have the diagnosis dissociative disorder NOS. To me this is connected to my experiences, given that as a child I needed to dissociate (during abuse etc.) and had to split up various things in myself in order to go on growing up and functioning. I developed the diagnosis of anorexia as a consequence of my past history - it was my way of coping with the abuse and my body (surviving). To me my diagnosis of PTSD is also directly linked to my (traumatic) experiences.*
- *PTSD and DID, both are connected to the intense images and intrusive memories and flashbacks, of many horrific recollections of past experiences of abuse*
- *Current diagnosis: CPTSD and dissociative disorder. C-PTSS because it was a trauma that occurred for a long time and my own family did it/allowed it. DD NOS because it was overwhelming, I started splitting a lot within myself. So that I don't have to think and cannot talk. So that I cannot feel, but still can function.*
- *Dissociative identity disorder; complex post-traumatic stress disorder; dissociative movement disorder; severe depression*
- *many diagnoses: Bulimia, Depression, Borderline Personality Disorder, Severe Anxiety, Dissociative identity disorder.*

Depressive disorders. Some respondents had been diagnosed with a depressive disorder at the time of taking the survey. Examples of the responses the respondents gave in response to this question are as follows:

- *Complex PTSD and depression. This is directly connected to my experiences. And the diagnoses were made partly on the basis of my experiences.*
- *PTSD and prolonged depressions. I was finally diagnosed after hospital admission for severe depression.*
- *Recurring depression; complex post- traumatic stress disorder; generalized anxiety disorder; sleep disorder; dissociative identity disorder*



- *Chronic depression (life-long) ... Chronic anxiety.*

Anxiety. A number of survey respondents had been diagnosed with an anxiety disorder at the time of taking the survey. Examples of the responses the respondents gave in response to this question are as follows:

- *I suffer from PTSD, anxiety, bad depression and a pending diagnosis of dissociative identity disorder. I think they are linked together because PTSD from the assault, the depression anxiety and bipolar disorder is from everything I went through during that time.*
- *Anorexia, PTSD, DDNOS, Depression, Anxiety disorders*
- *Depression. anxiety disorder. PTSS. eating disorder*

Physical diagnosis/diagnoses. The following is a sampling of some of the respondents who also mentioned a physical ailment linked to the abuse:

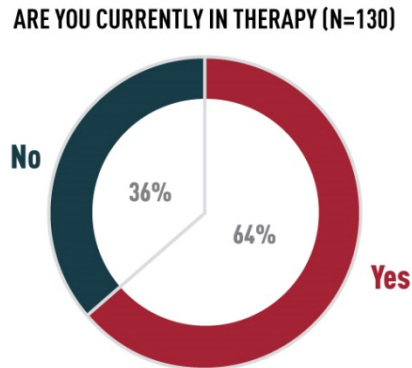
- *Stress related health conditions: Migraines, irritable bowel, seizures, acid reflux, and autoimmune issues that result in frequent illnesses. All of these are likely exasperated and made much worse by the stress related to the distribution and viewing of these images.*
- *Chronic Idiopathic Urticairia, fibromyalgia, and anxiety. All relate to high stress and I believe what happened is part of my combined stresses.*
- *... I suffered damage inside my abdomen... [My doctor] saw my anus and knew straightaway what was up. Very very carefully, he taught me some little tricks to help me cope better with the consequences...After excluding things like Crohn's disease, ulcerative colitis and fistula formation, the doctors understood what it was: a persisting effect of the abuse. They didn't operate on me, because the blood vessels were deficient, but here again I was given something that helped me cope better with the physical damage. Since then the pain has gone.*

Currently receiving therapy

As it is understood that therapy for survivors of child sexual abuse is often a lifelong process, and that it may have starts and stops throughout the lifespan, respondents were asked if they were currently receiving therapy. Most were, as reflected in the graph below. The high number of respondents currently receiving therapy is important to note – it may be that those who are currently in therapy (or who have accessed therapy in the past (see next section)) are more willing and able to complete a survey such as this.



Figure 111: Are you currently in therapy?



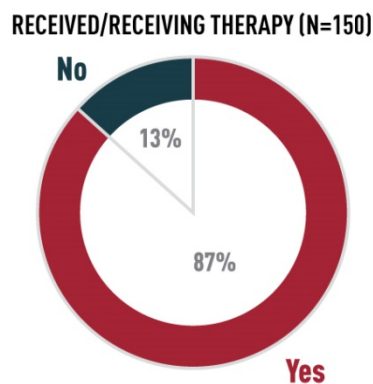
If and when therapy was accessed

Respondents who have accessed therapy

Respondents were asked if they had ever accessed therapy. Most (87%) indicated that they had; this would include those who were still receiving therapy at the time of completing the survey (n=150). This high percentage is not surprising given the severity of the abuse many survivors experienced (see “Circumstances of Abuse” and “Offenders and Offending Behaviour”) and the additional harms associated with the imagery such as fear of recognition (see “Victim Impact”). In the responses to questions about victim impact, respondents reported a variety of negative impacts on all areas of their lives (friendships, romantic and sexual relationships, family, education and employment), as well as struggles with anxiety, sleep problems and depression, to name a few.

Received/receiving therapy

Figure 112: Received/receiving therapy

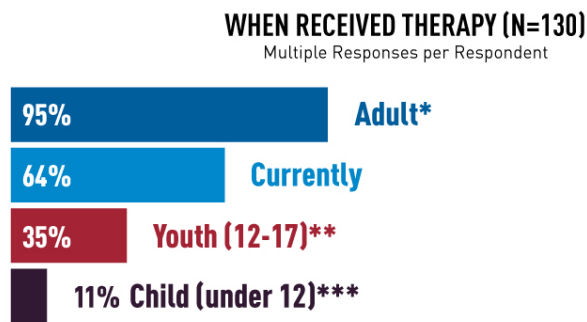




When therapy received

This question sought to understand the stage(s) of the respondent’s life at which they received therapy. Many respondents indicated they received therapy as both a child and an adult, with 95% having received therapy as an adult. These figures are a testament to the lifelong needs of survivors. Some respondents only received therapy as an adult, which may raise concerns about the accessibility of therapy during childhood. It may also reflect the fact that some respondents (36% - see “Circumstances of Abuse”) indicated that the abuse did not stop until they were 18 or older. Respondents who experienced delays in starting therapy were asked about the reasons for the delay and the responses to that question are provided elsewhere in this document (“Reasons for delay in receiving therapy”).

Figure 113: When received therapy



*63% of these respondents received therapy as adults only
 **91% of these respondents received therapy as children and adults
 ***79% of these respondents received therapy as children and adults

Reasons for delaying or stopping therapy

The following questions explored reasons why respondents may not have received therapy, delayed receiving it, or stopped receiving therapy. The responses offer a lens into some of the systemic and other obstacles that may be encountered by those who could benefit from therapy, and also provide insight into what may cause a person to delay seeking or discontinue therapy.

Reasons for not receiving therapy⁸⁹

A relatively small percent of respondents (13%) indicated that they were not receiving and had not received therapy at the time of completing the survey. Those respondents were asked why they had not accessed therapy. Reasons provided by respondents include reference to systemic issues in accessing appropriate treatment and to more respondent-specific factors such as not being ready or decisions by the respondent’s family. Some respondents gave multiple reasons. Notably, as seen in the graph below,

⁸⁹ One respondent provided an answer to the question, *Have you received/are you receiving any professional therapy/counselling/treatment addressing being a victim of child sexual abuse imagery?* but did not answer the question, *What is/are the reason(s) you have not received any professional therapy/counselling/treatment?*



84% of the respondents noted a lack of access as the reason or one of the reasons for not receiving therapy. These respondents, together with those who reported systemic issues in response to other questions (e.g., reason they experienced a delay in receiving therapy, reason for stopping therapy, reasons for seeing multiple therapists), highlight the need for specialized services and assistance in accessing those services.

Figure 114: Reason did not receive therapy



Reasons for delay in receiving therapy

Respondents were asked if they had delayed seeking and/or receiving therapy and if so, why that was. Similar to respondents who reported having not received therapy at the time of completing the survey, respondents to this question provided reasons that were due to systemic issues, personal decisions or a combination thereof. There were 86 respondents who provided answers to this question, indicating that many respondents did not receive therapy until after a delay.

The most common reason for delay provided by respondents was that they did not want to talk about the abuse they suffered. As indicated in the graph below, many respondents had feelings that made talking difficult (e.g., shame, fear) or did not see themselves as needing therapy (64%). These responses suggest that other types of intervention that do not rely on the survivor discussing the abuse may be required at earlier stages of the healing process. Lack of access was the next most common reason (36%), so systemic issues also played into delay and should be addressed with a view to reducing the number survivors who experience these issues. Also, some respondents indicated that they tried to seek therapy but were not believed by the therapist.

The fact that so many respondents reported a delay prior to starting therapy also highlights that just because a person does not initially require or want therapy, does not mean they will not require it in the future. Access to treatment for survivors of child sexual abuse imagery should not have limitation periods attached as individuals may process their needs differently at different stages of their lives.



Figure 115: Reason for delay in receiving therapy



Not included in the graph is other (4%). Other included: legal process delay.

Examples of responses that reflect the themes in the above graph are set out below:

Did not want to talk about it. Over half of the survey respondents indicated that the delay was due to the fact that they were not ready to discuss the abuse and/or did not realize they needed help dealing with what they experienced. Some examples of the responses the respondents gave are noted below.

The following examples are primarily related to the respondent not being ready to deal with the harms associated with their abuse:

- *The material was too painful to deal with for more than two months in my early twenties. I had to shut the flashbacks off, in a sense, because the terror I experienced was beyond my capacity.*
- *Because I initially didn't want that, I first fled abroad and thought it would pass over, after that turned out not to work came back [home] and sought help.*
- *I went into therapy right after the abuse stopped ... for over a year but then stopped until I was 18 because I wasn't ready to talk about it back then but then I picked therapy up again at 18 and still am in therapy to this day.*

The following examples are primarily related to the respondent not initially understanding their need for help:

- *[I] was 38 when I was truly understood and received the right help!*
- *Once the abuse was finished in my youth, I did not want to deal with it anymore. I did not want to think about those terrible years anymore. I was supported by a trusted [adult] and concentrated on my school work and later on my vocational training. I gladly accepted the helping hand that was offered to me. At that time, I was not ready for therapy and I believe to this date that I would not have managed school, vocational training and ... years of work experience without her. I didn't realize or appreciate as a youth that I would break down at the age of [adult – 30s] although I was warned at that time that I was a ticking time bomb.*



Problems with access/unable to find a suitable therapist. A number of respondents indicated that the delay was due problems accessing a therapist with adequate training and/or who would believe/understand their experiences. Examples of this are provided below.

Some examples of the survivor not being believed include the following:

- *Abuse continued during different periods of therapy, none of the therapists actually provided therapy, they all went along with my parents, the abusers, that I was making things up/worse, that other people abused me (not them) etc. Even police/authorities went against me by not doing anything at all.*
- *I was trying to tell teachers and the doctor but my family was so convincing that I was a terrible person/kid and so no one believed me. Till my breakdown at the [age] after ... I tried to kill myself my new doctor believed me and send me directly to a psychologist and she helped me.*
- *Until well into my adulthood [sic], I was 30 then, trauma treatment was begun for satanic ritual abuse. Before that, family and therapists were saying that everything I said was lies, that there was no trauma whatsoever. But I did receive the diagnosis DID and PTSD...So that already doesn't square with the claims of family and mental health practitioners.*
- *There was an interruption because my former therapist thought that as long as I don't report this to the police (which I was not yet prepared to at that time) she assumed that it all was a misunderstanding. It was difficult afterward to start a new therapy.*

On the issue of therapist expertise survivors said:

- *It is like looking for a needle in a haystack to find a well-trained therapist who is familiar with this issue and waiting times for therapy are extremely long.*
- *It took a long time to find a therapist who was able to really gain my trust and then get a full scope of what was happening.*
- *My parents tried and didn't like the first [counsellor] and they figured we weren't bothered by it because it was something nobody was ok discussing so our family never really got past it and any office I go to don't really have a post-traumatic stress disorder counselor so I have never been able to really deal what I went through.*

The examples below mentioned waitlists:

- *I had to wait almost a year to be assessed by a psychiatrist who later diagnosed my complex-PTSD. It took me almost 2 years to have access to a therapist and counselling with knowledge/experience/expertise in child sexual abuse recovery.*



- *Family dysfunction. Lack of access to counselling due to wait lists and then having one agency feel under equipped and then refer to another, got lost in the system.*

Finally, the response below described not knowing how to access the right therapy:

- *Self-denial, shame and not knowing where you can turn, as an adult, with the problems you've experienced. Where do you find the legal, psychological and physical help that you need to lead a life that is as normal as possible?*

Involvement of offender(s) (threats, punishment, or continued presence of offender(s)). Some survey respondents stated that the delay was due to the fact that it was not safe or the offender prevented them from doing so. Examples of what the respondents said are set out below.

The following responses indicated that survivor required more protection from the state (e.g., child welfare, police) or the therapy provider:

- *I was not protected enough, which is why it was not possible for me to make further statements. Furthermore, neither [child welfare] nor the [therapists] supported me and my wish for protection.*
- *Fear of the perpetrators, lacking protection; fear that no one would believe us; problems speaking (selective mutism).*

The responses below indicated that the survivor had been punished for trying to seek help in the past:

- *Fear, shame, blackmail and my parents were involved in the abuse. I once told it to a female teacher and when she went demanded an explanation, my father beat me black and blue and they believed my parents, they did not believe me.*
- *I indicated a couple of times that 'something' had happened, but was then punished at home.*

The following responses cited more general fears of the offender(s) or pressure to keep the abuse a secret:

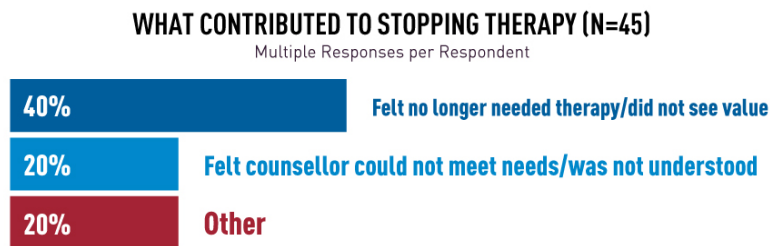
- *The abuse was not disclosed until I was [an adult] but I was in therapy/counselling and kept quiet about the abuse because the perpetrators wanted it this way.*
- *I was aware of the abuse before I started counselling; my mother was probably aware of it as well (at least in part) but she is blocking it out and I could not start counselling based on my own insecurity, fear from punishment, and rejection; I had to hit rock-bottom first.*
- *The intimidation by the perpetrator and my mother's inability to deal with the situation (my father was already deceased at the time).*
- *Abuse and consequences trivialized by myself, guilty feelings, shame, fear of punishment.*
- *Me keeping the abuse a secret. Fear of my father and grandfather.*



Reasons for stopping therapy

From the answers provided by respondents, it was possible to determine that 36% of those respondents who had received therapy at some point were not in therapy at the time of completing this survey.⁹⁰ Respondents who had said they were not currently seeing a therapist were asked what factors contributed to them stopping therapy. Similar to the reasons given for delaying therapy, some of the reasons given for stopping therapy were personal, while some were related to the efficacy of the therapy available to the respondent. Overall, some reasons were positive (e.g., the respondent felt ready to stop), while others signal a need for better treatment options (e.g., therapy was not meeting the survivor’s needs). It is encouraging that some respondents indicated they stopped because they felt prepared to do so. It is also important to note that therapeutic needs can arise at different times, and just because a person may choose to stop at one point does not mean they should be denied access to therapy at a later point. In fact, some respondents indicated they would return to therapy if they felt they needed to. Common reasons for stopping therapy that emerged from the responses to this question are set out in the graph below:

Figure 116: What contributed to you stopping therapy?



Those categorized as “other” include threats from offender and other mental health issues. Less common reasons included: therapist unavailable due to retirement or move (by therapist or respondent) (9%); I did not feel the counsellor was a good “fit” (7%); No access to therapy (4%); and I did not want to talk about my experiences (4%).

The most common reasons stated by respondents who provided answers to this question, along with examples within that theme, are set out below:

Felt no longer needed therapy/did not see value. Over one-third of the respondents stated that they were no longer in therapy because the respondents felt that they no longer needed counselling. For the most part, this was a positive development, but for some respondents, it was due to not seeing value in continuing therapy. Examples of these responses are provided below.

The following examples indicated that the respondent was ready to stop therapy at the time because they had gotten to a good place in terms of their emotional and psychological wellbeing:

⁹⁰ This percentage was obtained by cross-referencing information provided by respondents when asked if they were currently in therapy, with information provided in response to the question about if the respondent had ever received therapy.



- *I've overcome it to the extent that it no longer runs my daily life*
- *Due to the effect of dealing with it I got rid of my anxieties! I do need supporting antidepressants my life long! And if I can't cope any longer sometimes another little visit to the psychologist!*
- *I feel stable enough. I sometimes relapse but I know how to get out of it again myself.*
- *I have been in therapy and was committed institutionalized on and off from [early adulthood]. I am now at a point where I want to try to start my new life.*
- *I became well enough to be a healthy productive person.*
- *I have got to a place where I am living rather than surviving.*

The follow responses expressed stopping therapy because they saw little value in continuing:

- *Enough for now of continually raking up everything.. door is shut again*
- *Had gone as far as I could within that setting; at that time. Have reentered therapy [twice] since when something unforeseen happened - not related to the original abuse but where I felt and became vulnerable (personal physical illness, then illness of lifelong partner) - had short 'top up'... sessions I know, and expect, that I will continue to need such interventions in the future. Obviously although unconnected, the sessions do link back to earlier vulnerabilities, including photos etc. My need was and still is, to meet other survivors - and I set up and still participate in...a peer group.*
- *Enough is enough. You have to continue with your life at some point.*
- *I don't think it is something I need, and I find the experience to be quite stigmatizing and patronizing. I found that therapists tended to attribute problems I don't have to me and undermine my agency as an adult who has already survived the abuse. I also am feeling much better without the influence of therapy so think this was the right decision.*

Felt counsellor could not meet my needs/I was not understood. Some respondents stated that they stopped therapy because they felt the therapist could not meet their needs. For example, some of the survey respondents noted that:

- *I stopped because I suspected that my therapy was no longer about me but more about the time being spent on me, grill-me bill-me, so to speak. The complexity of my therapy is not yet adequately developed, Because less complex cases can be disposed of more quickly, those cases get priority because then they can give more therapies in the same amount of time. It's too complex to treat; it's now been labelled as chronic complex posttraumatic stress syndrome.*
- *Which means the services can't deal with it; it's too complex even for EMDR.*
- *No further progress could be made. I had about 300 sessions of EMDR.*
- *Because the therapist could not help me anymore. And because she found the subject of child porn too demanding. I have noticed that this subject is still taboo for a lot of therapists; it makes them feel uneasy (I understand that, but so it is for me).*



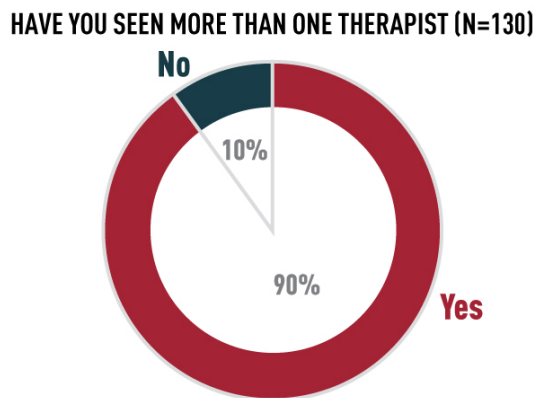
Overall experience with therapy

Respondents were asked if they had seen more than one therapist, why they had done so, what was most helpful and least helpful about therapy, and what points in their life therapy became more important or necessary. The following graphs summarize the responses provided, and samples of responses given are included in the narrative that follows the graphs.

Have you seen more than one therapist?

As indicated in the graph below, most (90%) of respondents indicated they have seen more than one therapist. The reasons for this were varied and are addressed by the next question.

Figure 117: Have you seen more than one therapist?

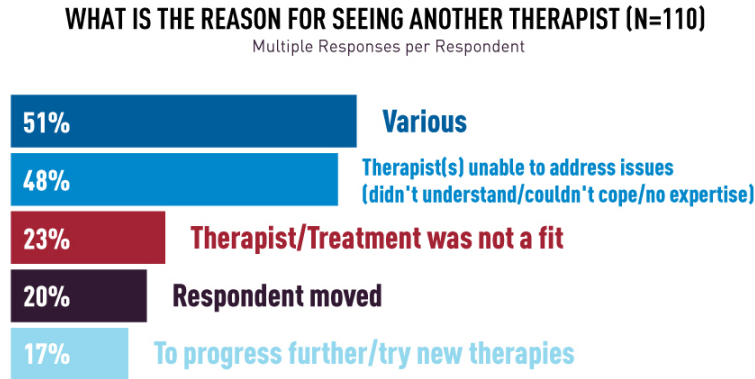


Reason for seeing more than one therapist

Common reasons as to why a respondent had changed mental health providers were pulled from the information that the respondents gave to this question. Many respondents gave multiple reasons. Similar to the themes highlighted in respect to previous questions, personal choices, systemic issues, and practical considerations, such as a move (by the respondent or the therapist), the therapist's retirement or transitioning from one system to another (e.g., in-patient vs. out-patient), were noted. What is most important to take away from this question is the fact that close to half (48%) of the respondents cited the therapist's inability to address their needs as the reason (or one of the reasons) for seeking out another therapist. Respondents were not specifically asked how many therapists they have seen, but some responses indicate or imply that the respondent has seen several (for example, one states "as many as 20" and one states "dozens").



Figure 118: What is the reason for seeing another therapist?



Responses coded as "various" (51%) included: therapist no longer available (moved, retired, deceased, on leave, ill) (11%); respondent felt ready to stop therapy (5%); misdiagnosis (5%); therapist did not believe me (4%); transition to new system (in-patient vs out-patient, child vs adult, counselling avail through school or victim services ends) (6%); other individual (family, other professional) (4%); financial reasons (3%); couldn't cope/not ready to participate (3%); had felt ready to stop but experienced a trigger (3%) (examples of triggers: legal proceedings; medical intervention; contact with offender; pregnancy); abuse by therapist (2%); therapist connected to offenders (2%); therapist was afraid of offenders (1%); and therapist would not treat victim until s/he reached age 18 (1%).

Examples of the more common reasons are detailed below. Responses may reflect more than one reason:

Therapist(s) unable to address issues (didn't understand/couldn't cope/no expertise). Some respondents who had more than one therapist at the time of taking the survey stated that it was because the previous therapist was not helpful or had reached a point where they could no longer assist the respondent. Examples of these responses are as follows:

- *Counselling methods were inappropriate with previous counsellors- wanted me to write in a journal, and would send me home from appointments and not see me if I did not write in the journal. Counsellor not prepared- when talked about the abuse/incidents counsellor had large reactions, like she had never heard about my type of abuse in detail. I felt like I was scarred her...*
- *...Various practitioners were at a loss to deal with it. Some even cross boundaries themselves. Others do what they can but refer me in mutual agreement for other therapy at times where we both felt we weren't getting any further.*
- *Relocation, hospitalization and the constant feeling of never having found the right therapist. The number of diagnoses and prescription "trials" also always gave me the feeling that no one really had any idea of how to support me.*



Some respondents specifically mentioned changing therapists because the one they were seeing lacked knowledge about trauma, the type of abuse the respondent suffered and related diagnoses:

- *The trauma was not being safely contained by first therapist.*
- *My counsellor could not offer EMDR, and I was having difficulty with trauma reactions to ongoing triggers.*
- *The therapist I'd seen originally was ... insufficiently trained in trauma work.*
- *It took me many years to find a therapist who specialised in working with DID and ritual abuse/extreme abuse.*
- *Since the condition of DIS is not very widely known at least by the general public, and the patient is unfortunately treated for schizophrenia and is not believed because ritual abuse apparently does not exist here and because there are very few good therapists who are familiar with it and there are not enough special hospitals who will admit you if you are too unstable or require one-on-one care (except for this one exception because the therapists knew each other and were friends and thus made it possible).*
- *It is important for me to have a support team who is familiar with complex post-traumatic stress disorders and who does not shy away from the topic of post-traumatic stress disorders when having to deal with the victim's psychological and financial issues with respect to dealings with health insurance providers, pension authorities... If there is a will a lot can be done for the victims. Another aspect is the building of a relationship which was successful in my case with two therapists in order to create a trusting cooperation and we achieved a partial processing of the events. Some of it, however, especially events from my early childhood, remain unintegratable and in "shambles".*

In the following examples, the respondent expressed that their first therapist(s) had difficulty dealing with the extent of what the survivor had been through:

- *I didn't feel heard in the therapy process. I am now seeing a counsellor at a sexual assault centre and this is going really well. The first two counsellors seemed overwhelmed with the information, like they were afraid to touch it.*
- *Change in circumstances and my first therapist said she couldn't deal with all I was saying*
- *The first therapy lasted 10 years until I realized that it did not help me and the therapist was no good, had no motivation; it was too much for him.*
- *The therapists could not cope*
- *Several reasons: the counsellor could not help me anymore, did not believe me, I ended up in a crisis situation or I did no longer trust the therapy.*

The following examples within this theme specifically mentioned being referred or "passed on" within the system:



- *This seems like a simple question, but it's a complicated question. As we know, in the health services patients are passed on from the one to the other, if treatment providers perceive them as too complicated. before I was seeing the right person, I'd already been to a few dozen practitioners. The treatment provider whom I finally benefited from retired at a good time; if you begin having more trouble with it later after all, then you have to start looking for somebody all over again. Or a medical practitioner refers you on to somebody because treating such a damaged person can be rather awkward.*
- *I was constantly referred to other departments. Then again I had to have help because my eating disorder flared up, then my depression, then the automutilation. Nobody really had the guts to approach the traumatic part.*
- *During my second therapy, a second therapist was consulted upon request since the extent was too much for just one therapist and the previous therapist was not trained in trauma work techniques.*

Therapist/treatment was not a fit. A number of respondents stated that it was because they felt the treatment method used by the previous therapist was not appropriate for them. For example, some of the survey respondents noted that:

- *Once due to a move, then because it was not comprehensive – just discussion, no questions of meaning, no bodywork – somehow too conventional as well –*
- *not being allowed at the services to talk about the real problem*
- *[experience as a child]: The first one was a psychiatrist ... He ... made a diagnosis of depression without asking what was going on and referred me on 2 months later to [mental health service area]. The practitioners at [name of institution] didn't help at all. They never asked about family situation even though it was patently bad. They merely engaged in symptom management and did nothing about causes. Said I couldn't be treated until I was 18; I was admitted to hospital several times because I couldn't deal with it any more. but with that kind of institutions you are sent away either because you're doing better or because you're doing worse. i received label borderline (a diagnosis they are not allowed to make and which i later didn't turn out to have) and they thought i was putting on. At age 18 I finally got the help I needed*
- *I felt judged or not understood, I felt powerless or ignorant with the first therapists I saw. Some of them (mainly women) seemed afraid or shocked which made them stay on the surface during therapy.*

Respondent moved. A number of respondents stated that they had started seeing another therapist because they had moved to another town, city or country. Importantly, some respondents mentioned moving to flee the offender(s) or due to general safety concerns. For example:



- *Due to several moves (fleeing from perpetrators), new support had to be found; two therapists terminated the therapy because they did not feel up to the violent topics and the multiple personality states.*
- *I had to move to another city due to security reasons.*
- *The first therapist didn't take me seriously and did not believe me. In addition to this, I had to move for safety reasons, which is why I also needed a new therapist.*
- *... I went to a safe shelter somewhere else in the country.*
- *I was referred a number of times, and I also ran away from my family and ended up living in another city.*

To progress further/try new therapies. A number of respondents changed therapists as part of the therapy program or because they had reached a part in their therapy where they needed a different kind of specialization. Examples of responses provided are as follows:

- *In my case it was a process requiring many years. It was not until my last therapist that I really came to terms with my youth. Moreover, in my personal process of dealing with this there have been other issues that played a role, such as legal proceedings that were conducted and medical interventions that were linked to the abuse.*
- *Learning to deal with it, behavioral therapy, problem with bringing up my child therapy, group therapy and assertiveness training.*
- *I've had as many as 20 mental health practitioners. Every practitioner has their own qualities. You learn more if you switch now and then. To me 3 to 5 years is ideal. You need a year to get used to and trust each other.*
- *Therapy was needed for a long time and then you have to switch therapists*
- *I started with a general therapist. I saw her for about 3 years but things were starting to plateau ... [so] I quit. I took a six month break but my father was really interested in my child and wanting to spend time with him/us. That was very triggering to the point of me starting to have panic attacks. I did some research to find a therapist that specialized in incest survivors because I didn't think going back to my first therapist was going to be enough. Overall I've seen 4 - 5 therapists and psychiatrists over the last 15 years.*

Most helpful aspects of therapy

Respondents were asked what they found most helpful about therapy and/or their therapist. It was hoped that responses to this question would help therapists working with this population to understand what approaches may be successful. Responses were varied, and what emerged was that trying different approaches (50%) and the therapist being understanding and non-judgmental (44%) were the most important. Many respondents (28%) also felt that it was important for their therapist to help them understand that they were not to blame for the abuse – this highlights the need that survivors have to obtain help to process the wrongfulness of what happened to them. Overall, it appears that being



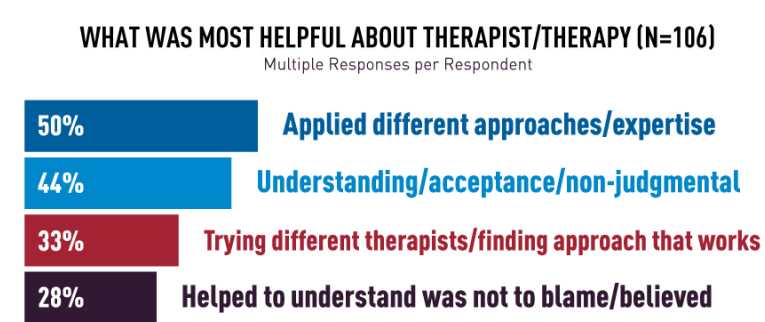
supportive and making a genuine effort to help, including re-evaluating whether an approach is working and seeking out ones that are truly effective for the individual, will make therapy more likely to succeed. While it may seem that such advice is trite and that surely therapists already do this, the responses still serve as a good reminder of what is most important from the victim's perspective.

The aspects about therapy that respondents did not find helpful are covered in the next question. This section and the next should be read together, as they show that therapy is a very individual process and what worked for some respondents did not work for others and vice versa.

Note that information about how therapy can be helpful is also contained within the responses provided to the question, “What role does mental health care play in helping you cope?” (this question is covered at the end of this section).

Due to the prevalence of several overarching themes in this section, the sections that follow are not grouped by specific therapy. However, information about individual techniques can be gathered from examining the responses to this question and the question of what was least helpful. For example, if all the responses from both questions (what was most and least helpful) that mentioned eye movement desensitization and reprocessing (EMDR) were assessed together, it would be apparent that while many respondents found this type of therapy helpful, there were some did not. Notably, some cautioned that EMDR must be administered properly by someone who is qualified in the therapy and only when the respondent is ready.

Figure 119: What was most helpful about therapy?



Less common methods included: Use of EMDR (21%); Use of specific therapy (other than EMDR or trauma based) (25%); Went at victim pace/patient (21%); Use of trauma based therapy (18%); Establishing trust (in therapy relationship) (13%); Made safety a priority (8%); Other victims' support (8%); Writing (7%); Other (7%); Reliable / consistent (4%); and Hospital stay (3%).

Seven respondents stated that nothing had been particularly helpful up to the point of taking the survey.

Some examples of responses that respondents gave to this question are detailed below:



Applied different approaches/expertise. Half of the respondents described that when the therapist applied different approaches and/or was able to draw on different aspects of their expertise, this was helpful. For example, some of the survey respondents noted that:

- *It helps me a lot that I finally found a therapist who is trying very hard to question the sheer multitude of diagnoses, hospitalizations and medications. He did not just accept it all but started from scratch in order to understand me and my journey. He takes me seriously and gives me way more freedom than before. I know that he is not pressuring me; he will not simply send me to the hospital when the going gets rough. But at the same time I feel: he cared about me. He regularly continues his studies, reads and studies and makes a lot of effort to help his clients. At the same time, he supports me to find my own resources and to use those so that they help me in life and during my the journey through therapy. His therapy is very flexible and we are always looking for ways to support me, for example, to communicate. At times, I find it hard to talk and then I am allowed to write it down if that is easier, or I can paint.*
- *[A counsellor] focused more on images being distributed and my fears related to that.*
- *Help from a specialized therapist who was knowledgeable and competent about my problem syndrome (dissociative disorder and PTSD and general trauma treatment). Because she was familiar with my issues it was easier to talk about them. It also helped me when she asked questions; I had a lot of difficulty asking or telling things on my own; I would shut off. It was also a breath of fresh air to encounter a therapist who understood that problems like self-harm or suicidal thoughts would not be resolved by locking me up or prohibiting me from doing them, but to be receptive to them and to understand my side of the story. I couldn't take steps to work on it until I feel understood. ... when self-harm [was] met with condemnation I couldn't be open about it or about my motivations behind it. By treating it as a taboo my world became smaller and smaller and I sought recourse more and more often in those behaviours.*
- *The type with a light hypnosis was employed because some things are too awful to allow to penetrate through to me! Have learned a lot and that has given me insights into this hard world! Because that too is survival!*
- *... learning to talk about this trauma and learning to listen to the traumas of others. Learning to feel and express your own limits. The safety of a group, becoming conscious of that safety. Daring to express myself, making my opinion heard. The safe environment in which that was possible.*
- *I tried medication but that did not work well, because of the dissociation there was constantly another effect... Now I keep a diary and send it every week to the therapist and she pulls out elements that are important to discuss and then I tell her if there are still other things to be discussed... to see if we can stabilize the dissociation somewhat.*
- *She made me realize that the profound sadness I felt was really a manifestation of my anger. Once I had clarity about who I was REALLY angry with and could direct my anger at the right person the rest of my relationships got better almost immediately. I wasn't angry at everyone,*



mostly just 1 person. ... She confronted my denial. I let my abuser walk me down the aisle at my wedding. If that's not denial I don't know what is. ... She helped me find a pathway to acceptance that didn't include forgiveness for my abuser. ... She started a group for incest and sexual abuse survivors. It was so powerful and there is no way I would have made the amount of progress I have without those ladies. Each of these actions [were] transformational for me.

- *[my] counsellor taught me about attachment styles and healthy relationships. Helped me open up and work on trust issues, which enabled me to have a significant romantic relationship. She helped me work through when and how to talk to significant other and other significant people in my life about the child sex abuse images and how they affect me.*

The following responses referred to a specific type of therapy (often EMDR) as being one of the helpful techniques the therapist tried:⁹¹

- *EMDR was also helpful but only with a therapist that is knowledgeable about dissociation. First EMDR therapist was originally a child therapist and not very familiar with dissociation so she didn't realize it when her treatment put me into dissociation. And treatment is of no use during dissociation because I don't store it in my brain at such times. Everything has a reason. A safe connection to the therapist is vital for my psychological stabilization, development and growth. Both therapists radiate calmness and "sensitivity" and make me feel safe (self-management). A change of perspective in terms of the events make me understand and create distance (not always possible but getting better). Working through the issues with techniques such as EMDR, screen and other hypnotherapeutic methods. Understanding of symptoms = explanation by the therapist and my understanding, good psycho education - again and again.*
- *We started relatively soon with EMDR but that triggered a lot, and made me dissociate a lot... also psychomotoric therapy proved to be too agitated and powerful; now I have weekly calm and peaceful talking sessions with the psychologist.*
- *Did EMDR which was very helpful and solved panic attack issues. Used acupuncture techniques for anxiety, also helpful. Taught me meditation and mindfulness techniques. Helped me look to the future and have more hope by planning, implementing steps to improve my life, and celebrating my successes with me.*
- *I have therapy with EMDR and talk sessions and I practice mindfulness and because of my experiences I can shut off my feelings if I want to.*
- *Cognitive behavioral therapy and sometimes medication as well medicinal marijuana.*
- *I was once skeptical about therapy, I wasn't sure if therapy providers cared about their patients. This was the biggest thing for me personally. My counsellor gained my trust slowly. This*

⁹¹ Note that EMDR was mentioned in a number of responses and is included under different themes if information about other helpful techniques was provided. Note also that a few respondents in other sections indicated that EMDR can be harmful if not administered properly.



relationship, like all relationships, take time to actually grow. My counsellor never pressures me to talk about the actual abuse, but rather discuss the events that surrounded my abuse, my home life etc. I feel like she worked hard to get to know me as a person, which also helps me talk about everyday life as there is so much that comes up in my everyday life (triggers and memories) that help sort through some of my emotions surrounding the abuse. My counsellors both use EMDR methods to try process memories and feelings and weaken the shock of flashbacks. It helps as there is a part of me that is still living in those moments, still experiencing the feelings for the first time and it can be overwhelming. We also do exercises that help me realize how much time had passed since my abuse. Such as major life events in each year since the abuse started. Putting my life on a timeline helped me see that in reality I am well out of the storm. Yes I have a long road to healing but I am safe and I am not that little girl anymore. The most important thing my counsellor has helped me this is in personifying that little girl who went through all those horrifying things. I am so disconnected and I had minimized so much and I am still working on seeing myself in that little girl, giving her a voice and also a place to express her feelings after all these years.

- *EMDR for to neutralize the traumatic memories therapeutic interviews to be able to stay in the here and now.*

The examples below mentioned expressive or creative forms of therapy (including physical forms of expression such as exercise):

- *I get the most benefit from the more creative forms. Talking is complicated; I can't manage it. I do succeed in writing things down. I'm allowed to email my therapist; that helps. Making collages also helps - sharing what's inside of me, sometimes sharing small bits of what I've experienced, but everything at the right moment.*
- *EMDR and writing therapy. Especially in order to share the situations that helped me to keep my shame under control.*
- *Drew pictures and doll play made it easier for me to disclose what happened*
- *Not necessarily having to talk, but being allowed to be there, simply every time again simply every week again. Keeping agreements. Hence not every minute of the day, as a surrogate parent, because a therapist is definitely not that. Art therapy/creative therapy also helped me progress, without words.*
- *Not just talking alone, but also other approaches like non-verbal ones - because there many Many things that can't be uttered.*
- *Acknowledgement, body-oriented treatment (psychomotor therapy) , tools for dealing with dissociations and switching, empathy, walking alongside the client and personalized approach, ... [animal therapy] that wakes me from nightmares and intrusive flashbacks, resilience , trauma resolution , have dissociative identity disorder. cooperation between the different personality components, here and now exercises, working through the trauma under supervision, art*



therapy, even went back under therapeutic escort to crime scene (parents' home) to see with adult eyes that it's now different and i never to have to be there any more (did me good), and focus on the traumatic events, that it's allowed to be there, acknowledgement!

- *EMDR trauma processing. Yoga meant for me having contact with my body again. I don't know what kind of therapy that was, but I had a therapist who remained calm and let me talk. I liked that also a lot.*
- *Recognition is very important. To be seen/heard, to be understood. But also psycho-education. Contact with other victims in group therapy. Visual arts therapy.*

Some of the responses within this theme specifically mentioned that it was helpful that their therapist addressed the images of their abuse (or would have been helpful had that occurred). For example:

- *[My therapist used] dialectal techniques to deal with triggers related to child sex abuse and images that come up from the new stage of life that I am in as a mother She has also helped me address incidents of being stalked by pedophiles who have viewed the images of me. She has supported me through several decisions about how to best protect myself and my family by putting several safety measures in place.*
- *I've learnt little to nothing from mental health care. Therapy is not much good, including the people that claim to be specialized in complex trauma. I've benefited most from EMDR. In 17 years' time there is now someone who has taken up the challenge with me. What I regret not having is a peer-to-peer contact group specially for people who have been impacted by this type of abuse. There are plenty of peer contact groups but many of the people in them were abused a single time or by a single perpetrator. To my knowledge no contact groups exist specifically for child porn or ritual abuse victims whereas they come up against very different things to the people that were abused by one perpetrator or one time*
- *The first therapist I asked to see if I had overcome the rape and molestation. She had me fill out surveys and do homework related to it as well as talk about it. We both saw that it didn't hinder me as that time....I found that accepting what had happened was what helped me the most. Knowledge was powerful to me. Now as I'm realizing I was photographed and so much more And I don't understand it, I'm lost, confused and I can't let it go. I keep thinking that if I understood more about what I remember relating to the child pornography I could be better, but I'm no longer sure if that will apply now.*

Understanding/acceptance/non-judgmental. Some of the respondents noted that the most helpful was when the therapist was understanding and non-judgmental. For example, some of the survey respondents noted that:

- *Definitely talking with me about what happened, allowing me to work through my sense of guilt and anxiety without judgement (because fear of being judged often prevents survivors from*



discussing their thoughts and feelings to begin with), and encouraging me to help develop a healthy adult sexuality (which for me is what I called my second, healthy/proper delayed adolescent life learning). These are highly important things I needed to work on and process- which are life-long developments- however not everyone is willing or able to do this with me. It was important to have individuals who understood this topic and what my needs were and who could access how I was coping. I needed that insight, life-coaching, and encouragement.

- *The most helpful was when someone finally believed what happened to us, when we were able to openly talk about what had happened without fearing that we were not credible; to be accepted and treated as a human and not get the feeling to be ashamed for what had happened; to be able to be open without fear; empathy and patience and to be able to deal with setbacks; to accept small steps or to wait until we were ready to take the next step.*
- *Just help me know I am not alone. That there is help out there and people can understand my pain.*
- *She listens to me and really pays attention to what I am saying and gave me some pressure points to touch on my hands to calm me down if I get overwhelmed.*
- *Being able to name and endure feelings and accept what happened. Being able to trust. Just even being able to talk about us.*
- *The individual states received counselling and were allowed to talk about their topics to find solutions.*
- *I think the most important for me was the feeling that i was safe, but also that every part of me was accepted. She has never given me the feeling that things i thought, or felt, were strange. She made me feel loved, no matter what had happened. I could lean on her whenever needed.*
- *Because of that, I could start to feel that my life also has worth. She thought me how to start and keep relationships and trust people.*
- *Understanding but not carrying it too far. Honest, sincere and also ventures to express their own opinion about the situations or about my behaviour/ person. An open attitude in which opportunities are available for questions from both sides. So that a therapist or I myself don't find fault, project things or present depictions as assumptions that bog down the treatment.*
- *To name everything, because it cannot get worse than it already has been, and if you run away from it, it gets more grip on you. So not being afraid to speak out loud about the worst things that happened and then first know, then see and then also feel that you are safe now. She offered me safety by teaching me how to create a safe place within myself*
- *Most helpful: 1. being believed 2. Therapist not frightened by my disclosures. 3 therapists cared about me and did not condescend to me. 4. Therapist reassured me that my reactions were normal to the trauma. Issues: what happened, who was involved, whether I was still being abused, whether I was abusing others, which of my current behaviors were re-enactments, which behaviors were reflections of the cult and which were reflections of my parents day-to-day dysfunctions—GUILT!!!—trying to save others*



- *What helped us most was having time, not being pressured but being able to follow our own pace at the hospital without having to fear that they will send us home again after 12 weeks, the protection of the hospital and of course the support of the one-on-one care.*
- *That I was not a thing. That it was real. And that mothers abuse too. That I could stop the cycle and be a healthy parent.*
- *I was far beyond my depth, and so my counsellor helped me deal with flashbacks as they came. Her unconditional love for me, her availability, and the fact that she did not charge me for a year's worth of extensive therapy made all the difference. She also identified signs that my story was true (what psychologists look for to determine veracity), because my self-doubt was one of my biggest obstacles. In short, she was brilliant. She was also brutally honest (e.g. after our first session, she said that I was fortunate to even be alive, a statement I immediately dismissed as hyperbolic, eventually I started to grasp just how brutal my abuser had been).*
- *1. Not being judged not based on professionalism, but by the therapist as a human being. 2. To expose links between many divergent aspects in my life. 3. Flexible appointments: there are periods when I have therapy 1x per week. For other periods it is 1-2x per week. 4. I am in behavioral therapy, which is for me the most useful. 5. But I have also had therapeutic bodywork: massages, voice work. Together with psychotherapy, this has certainly supported me in my process.*
- *The first time I went to therapy I was [a child]. I had a horrible experience. I don't think it was my therapist that was the issue. I just wasn't ready. I didn't want to talk about it every time I went and the therapist I had at the time would always pressure me to talk about what had happened. But the therapist I have now...allows me to address the issue when I want to. I feel comfortable with her, I can trust her. When I first started my sessions, I was more reluctant to share and open up. I think I wanted to see if she would pressure me to talk about it and she never did. She let me open up when I was ready. And she still does that to this day. I believe that is the key.*
- *Once I was accepted and valued, that created the latitude I needed to really start seeing myself, thus enabling the change I had desired so much. I also benefited a whole lot from the questions my treatment provider asked me. She posed her questions in a sincerely interested manner, in a modest, almost timid manner which made it non-threatening to me, though I was actually quite afraid of questions. She took an interest in me.*

Trying different therapists/finding approach that works. Some respondents indicated that finding a different therapist who approached things in a new way was beneficial. Examples of these responses are as follows:

- *My first therapist worked with person-centered experiential psychotherapy. It was with her that I first spoke about my experiences. She maintained detachment, accepting that I only told very little and that it took months before I was able to specifically tell anything. She accepted my avoidant behaviour and had lots of patience. My second therapist was a specialized trauma*



therapist with whom I did EMDR. She was 'stricter'. She confronted me with my avoidant behaviour in small doses. Whilst I described my experiences in vague terms, she spoke in terms of 'criminal act', 'rape', 'paedophilia'. I found it horrible. But it made it 'real'.

- *The best therapy was phase-oriented trauma therapy [which] helped me to systematically explore my dissociative identity disorder, to help me understand what happens in my head body and mind (before that I just thought I was both crazy and putting on) and subsequently helped me little by little in a targeted fashion with one foot in the safer here and now to come to terms with the severe traumas from my early childhood and thereafter. I'm now very far down my path to healing. Before this therapy I had [several] psychiatric admissions, denial humiliation and you name it, horrific... and ... it cost a lot of money, and it robbed me of my best years... my motherhood and happiness in life.*
- *My new therapist is very understanding, believes me and is always there. I can tell her everything and she's completely behind me. It gives me a lot of support and she is therefore the first therapist who has succeeded in getting closer to me and winning my trust. Not being alone anymore and being allowed to tell her everything, that she believes me, this all helps me a lot. In addition, I'm taking riding therapy and contact to the horses saves me and gives me tremendous energy and strength.*
- *I've derived the most benefit from acceptance of who I was and appreciation. I had a treatment provider who truly saw me. With the practitioners in the psychiatric sector I wasn't seen and very definitely not accepted. I was supposed to get better, after all, and so I was always to do my best to change, to improve without anybody ever having any appreciation for my attempts to do so.*
- *I'm writing a book. That's still too short for everything. Important points: Therapist who really comes across, is interested, doesn't react awkwardly when assailed with troublesome stories, is not afraid to make concessions, even at times when things aren't going as well. Above all: Who believes you! and respects you. Trust doesn't just come automatically. Someone who's not scared off by emotions, nor by rage (Response from original survey Q30 also used here)*
- *I have had two counselors. I have been with the same psychotherapist for 4 years now. That is nice, because gaining trust, even in therapy when looking back, and also in earlier experiences, could take certainly a year, longer in fact. Then there is a start. She also helps me because she makes me stronger, she does not put any words in my mouth, she does not suggest anything (does not put any words in my mouth) but explains where I need that. She is also focused on now and here: what bothers me now, and we treat that, if I want that, of course. No searching for things I do not have any problem with right now! That enhances my quality of real life! I can enjoy things again. The practice of EMDR on emotions, such as worthlessness, feeling like an object and such has helped me a lot. I did not even have to talk about the abuse itself, and I could already do something!! ... a lot of memories are too difficult to put them in words, or there are really no words for them. There is a lot accumulated in our bodies that requires help, but that demands even more trust.*



Helped me understand that I was not to blame/believed me. A number of respondents stated it was most helpful when the therapist believed in what happened and helped to make them understand that they were not to blame. Examples of these responses are as follows:

- *The most helpful was when someone finally believed what happened to us, when we were able to openly talk about what had happened without fearing that we were not credible; to be accepted and treated as a human and not get the feeling to be ashamed for what had happened; to be able to be open without fear; empathy and patience and to be able to deal with setbacks; to accept small steps or to wait until we were ready to take the next step.*
- *It was most helpful that there is someone dependable and that I can be sure that my difficulties are being taken seriously and that I always had a follow-up appointment which made it worth the wait. It was not always helpful to talk about the trauma itself. Sometimes it was important to just briefly indicate what it was about. But detailed reports were rather counter-productive. Developing antithesis of how it could have been better in the past was good.*
- *She listens to me talk and asks me questions about everything I'm feeling... my therapist told me that the abuse wasn't my fault and how to cope with things when I get overwhelmed*
- *It was a big relief when I was finally diagnosed and treated as a trauma patient. It also got better when I was eventually diagnosed with DIS because the treatment was tailored to it and I did not feel crazy anymore. All of a sudden, there were explanations for my being different. It was most helpful that all parts of my personality were allowed to show and express themselves so that there was contact between each other. This makes it easier to cope with daily life.*
- *In addition, imagination exercises and work on the inner stage (literal translation) help a lot. In general, that I am accepted the way I am and that I am believed.*
- *I found the relationship with the therapist to be the most helpful. In detail, I mean she believed in and accepted me and all parts, that it was awful. It's important that these topics are allowed to have a space. It was awful and now I do not have to tolerate that alone anymore. In the past, I often had to experience that either the therapist himself could not stand the suffering or was worried I would not be able to stand it, and therefore immediately tried to steer the discussion towards a positive topic. But that just made everything even worse. When I'm seen with my suffering and that has its space, I can draw strength from this and place focus again by myself on the positive aspects of life.*
- *Safe physical connection, which makes it possible to catch up on things that were not there when I was a child. A person who loves unconditionally and accepts me without judgment. Someone who helps me find my own way.*
- *Establishing a safe place where I was believed without needing to have all the details, understanding how a child's perception may explain inconsistencies while at the same time not explaining away crazy-making realities as 'just imagination' (most were not and sadly there's corroboration to the reality of the abuse), 'sitting with' confusion and fragments of memories, working with the feelings and beliefs of both the child's perspective and the adult's realization of*



the impact of events. Learning to be in my body more. Accepting some realities of physical irreversible damage.

Least helpful aspects of therapy

Similar to the previous question about what respondents found most helpful about therapy and/or their therapist, it is hoped that responses to this question will help therapists working with this population refine their approaches. Again, responses were varied, and many respondents listed multiple unhelpful techniques or factors. Overall, these responses are in some ways the negative of previous question. Respondents reported finding it unhelpful when the wrong therapy methods were used, or when the therapist was unsupportive or lacked the right knowledge about child sexual abuse and trauma.

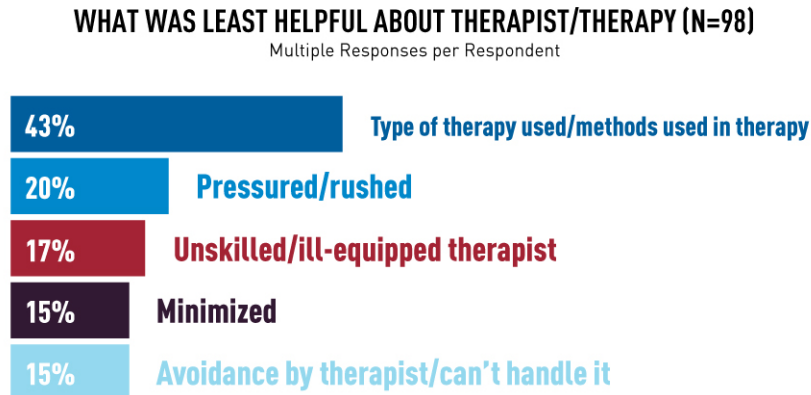
When reading this section, it is important to note that sometimes a survivor's responsiveness to a particular method can change. There were a number of respondents who reported that some therapies that had initially been helpful were no longer helpful at the time of completing the survey. Conversely, some responses (to this question and the previous question) suggested that an initially unhelpful therapy could be helpful at a later stage in the respondent's healing process.

It is also apparent, from looking at the question about what was most helpful along with this question about what was least helpful, that there is no one-size-fits-all approach. For example, in answering the previous question (what was most helpful), a number of respondents indicated that art/creative therapy worked for them. Yet in the responses to the question of what was least helpful, other respondents noted that art therapy did not assist them in their healing. Similarly, while some responses below indicate that group therapy was not helpful, a number of respondents mentioned it as a helpful therapy technique. Thus, the effectiveness of any given therapy depends on the individual being treated and what stage they are at in their journey.

Also notable was that some respondents mentioned that their therapist intended to use a camera during their sessions, and as survivors of child sexual abuse imagery, they found this re-traumatizing.



Figure 120: What was least helpful about therapy?



Less common methods included: Just not helpful (12%); Don't believe (9%); Ignored images/impact (8%); Blamed victim/judged (8%); Pushed pills (5%); Reinforced victim identity (7%); Cost/fear of therapy running out (4%); Inconsistent/unreliable access (4%); and Other (11%). Those categorized as "other" included: tried to be a friend, insensitive nature of therapist, urged to report to police, and informed parents.

The following are some examples of the responses within the main themes in the above graph:

Type of therapy used/methods used in therapy. Almost half of the respondents noted that certain types or methods of therapy used by the therapist were not helpful. Some of these methods included: group therapy; institutionalization; EMDR; and creative/drama therapy. Examples of some of these responses are set out below.

Some respondents were treated in an institutional-setting and did not find that to be helpful, especially when it involved a significant loss of control:

- *Stuffing full of pills ... detecting far too late that it was a trauma syndrome ... misdiagnoses with serious consequences*
- *Physical restraint/seclusion (that is, under coercion in an isolation cell) during dissociations or re-experiencing episodes.*
Trying to get me to talk by employing reverse psychology, such as openly saying that they doubt my motivation or my need for help because I told too little. That worked the wrong way and was a reason for me to terminate the treatment.
Overdone sympathy or crying along with me as a professional is also not pleasant or welcome. Showing understanding is welcome but if you start treating me too much like a victim or a 'poor little child' then I'm inclined to protect you and so I start toning everything down and no longer tell my story



- *Institutionalization. Too much influence of other patients. Not feeling the space and safety to share.*
- *Wanting to record sessions either on video or audio. Compulsory participation in groups. That is why my treatment is currently stagnating; ... As a result of budget cuts they have decided to begin treating all clients according to a fixed model. Everyone now only gets an individual 45-minute contact with her treatment provider 1x per 2 weeks and a group treatment with a facilitator once a week. The facilitator is not a therapist but an experiential expert. For me this way of treatment is retraumatizing. The distressing thing is that all sorts of things from the past come into play (power etc.) and that there are almost no other mental health care agencies that are specialised and so you don't just simply find help somewhere else."*

The following are examples of responses that mentioned certain therapy techniques that were unhelpful to the respondent:

- *Dialectic behavioural therapy (behavioural therapy). Absolutely re-traumatizing.*
- *EMDR, that brought on a deluge of too many experiences at once.*
- *I found Schema therapy the least helpful since the inner states irritated me and I found it scary.*
- *Cognitive therapy and creative therapy (as an adolescent /young adult) didn't achieve anything. EMDR goes with fits and starts because I still find it pretty scary to let myself go like that.*
- *The least helpful for me was the group therapy I received as a 13 year old girl. I was there with my age group and we all had the same trauma. I took everything of the others home with me. When the therapist saw that I was doing well, I was allowed to stop, although I was totally doing well at all. And that made me take a wrong turn.*
- *What has worked the least is simply sitting across from each other and having to talk. I've gone through sessions after sessions without saying anything - enormously frustrating. I also began receiving EMDR, but I didn't benefit from it either. It went far too fast, and it was too confrontational. I prefer to address things at my own pace, and I prefer taking the lead as much as possible. Neither did group therapies work well for me (for eating disorders and psychomotor therapy). I always merely stayed focused on the group and I faded away myself. Therapists were not alert enough towards me and they also didn't understand me.*
- *I derived no benefit from psychiatric treatment. I derived no benefit from medicines, derived no benefit from deep sleep therapy, derived no benefit from courses of electro-shock therapy. When I came nearer to myself, I naturally came nearer to the essential problems I was struggling with, which influenced my mood and sometimes my behaviour as well. A much heard empty slogan in psychiatry was 'You're already past that point now, aren't you'. I'd think that's a sovereign way of keeping people removed from themselves!*



Another empty slogan in psychiatry is that when you feel completely stymied within yourself and you can no longer utter a word, that such a 'treatment provider' declares 'If you don't say anything then I can't help you'. That was said to me regularly always by 'treatment providers' that were no use to me anyway, not even at times when I did manage to speak.

During my treatment, during my recollections I once went to a crisis centre; people work there who 'have heard it all before', or at least they think they have. It's really awful and also damaging when the horrors you're struggling with and that you can hardly bring yourself to utter are dismissed with such a blasé attitude.

Some respondents within this theme cited expressive therapies and/or alternative approaches as unhelpful:

- *I benefited least from alternative approaches. There was one period in my life when I wanted to achieve my escape from my past through homoeopathy and herbs. A complete waste of time and especially money.*
- *Written assignments. From them I merely got re-experiencing symptoms.*
- *Creative therapy, that got on me nervous because I'm totally not creative but do place high demands on the assignment*
- *Hypnotherapy, imagination, transgressions by the therapist, judgment.*
- *There were some techniques that my counsellor and I tried that involved guided deep meditation that I really didn't find to helpful.*

Pressured/rushed. Some respondents noted feeling pressured or rushed into trying out therapies they were not prepared for by the therapist. For example, some of the survey respondents noted that:

- *Due to overly eager therapist, attempt was made to work with EMDR without including all parts in the therapy. The young parts should stay out. It resulted in attempted suicide and a lot of chaos*
- *[One therapist] tried to bring out too many emotions through emotion focused therapy, which was harmful because these emotions were so big, that it put me in a downward spiral of anxiety and depression because she had not first taught me coping skills for handling these emotions.*
- *Test questions – enough of that during childhood at home. Challenging the feeling of self-worth, provocations, because no improvement from this at all, just anger and withdrawal partner work. Pleasant, but just short-term relief.*
- *Using blackmail (if you don't try this or that in therapy, I don't want you as a client any more)*
- *The reliving of the rapes and other abuse, what they did to me as drug me, beat me, filming and so on. I was always vomiting my gut up every time. And it as a lot of times I can tell you that.*



- *A therapy cannot be successful for me, if:*
 - *the therapist takes the lead*
 - *the therapist tells me what I should do/how I should deal with it*
 - *the therapist gets impatient if results are not initially forthcoming*
 - *the therapist sympathizes too intensively 'really? how awful for you; oh no, how awful...'*
 - *the therapist is cold and aloof*
 - *too hasty with wanting to be able to keep the focus on the present, suppressing memories*
 - *method-driven/protocol-driven approach without being able to diverge from it*
 - *probing for recollections that are still partially dissociated; there are a few recollections whereby I don't know how things went in reality, because 1 therapist probed further and expanded on them"*
- *Symptom control. Also called stabilization. Not eating? That first before we address anything. Self-harm? Stop that before we start looking at the trauma. When I received the diagnosis of DID the precondition for trauma resolution was that I should get to know parts and cooperate. When that didn't work they more or less gave up on me instead of investigating where it came from that it doesn't succeed.*
- *My EMDR counsellor cut sessions off immediately at the end of the hour. Memory recall is tricky (e.g. entering flashbacks), and highly stressful, so I felt pressured to have flashbacks within a contained period of time. I became so stressed that I was unable to 'perform.' I have found, oddly enough, that small changes in a room could throw off my ability to enter a flashback: I was that sensitive to my environment. My main counsellor understood this (as absurd as it may seem to an outsider), and let me acclimate to any small changes that were necessary.*
- *Being disrespectful. Saying they don't believe you. Saying they do believe you even though you can tell they don't. Not taking you seriously. Having to suppress your emotions because all that screeching riles the whole ward. Saying you're not allowed to cut (self-injury) but not helping you search for alternatives*

Unskilled/ill-equipped. Some of the respondents noted that having a therapist who lacked the skills to get at the right issues was least helpful. Examples of these responses are provided below.

Some respondents indicated that the therapist misapprehended their experiences and the reasons for their psychological and emotional struggles:

- *Before remembering, I had therapy that was not trauma-informed. The central issue was depression. They kept insisting that my depression was explained by the loss of a primary care giver when I was five, and that there was nothing more to uncover. I had two therapists who were familiar with this kind of abuse but one was developing memory problems and one could not deal with my anger.*



- *A mistaken understanding of my being and my reality of how I experience things as well as the attempt to hang on to one's own, prefabricated therapy plans and approaches and not to ignore me and my story.*
- *Least helpful: Therapist that postulates: I'm a woman too so I know what you went through. Psychologist that called me an attention-seeker when I injured myself, even though I, then as now, wore long sleeves to hide the heavy scars. The attitude of a therapist who, when I wanted to tell my story, said that she would abstain from judging whether it took place or not. For her, what was important was that it made me suffer. But for me, it felt as if she did not believe me.*

Examples of responses that cited a general lack of skill on the part of the therapist were:

- *[Earlier therapists] didn't ask about images or didn't seem to think it was important to discuss their impact of me.*
- *I had a lot of therapists who said we are not dealing with that. That was hard for me. I mean, it was already complicated enough to raise the subject of abuse and the recordings.*
- *Telling what has to be done and then drawing up treatment plans with endless aims. Frequent replacement of therapists because someone else is thought better suited. Continual changes of therapy types because we want to try something else. Bringing in research and manuals. Anxiety in therapists who break off therapy during session without discussing it on the spot.*
- *... not trained how to help someone with PTSD related to child sexual abuse images, so she tries to pull from many places and feels overwhelmed sometimes and isn't sure how to help me. There is not a standard method of treatment for this issue yet and new counselors are still not being trained what to ask or how to help.*
- *For 7 months they stuffed me with [drugs]. That did not help. It made me relive the rape incidents day and night all over again*

Minimized. A number of respondents noted that having the issue minimized by their therapist was least helpful. For example, some of the survey respondents noted that:

- *A practitioner that dismisses it as normal incest or kept giving you to understand we're not going to talk about past but about the future*
- *I once went to a therapist for this, but they only asked about my sex life! I didn't go back there anymore! And for women it's better to have a female psychotherapist, enables talking a lot more freely, since it's difficult enough already!*
- *Saying I have to 'let go of it' and get on with my life. That it's all in the past.*
- *Community psychiatric nurse once said: you're a pretty woman so you must have been a pretty child too, and well, things happen. Or a sociotherapist that said: My father also did things now and then that were beyond the pale, but that doesn't give you any reason to be like you are now.*



Or therapists that start visibly sympathizing with you, just consider you pathetic and therefore show you nothing but kindness. That kind of affection felt extremely unsafe to me.

Or therapists that shrink back from probing further and just presume this involves a little case of incest that can be resolved within 2 years' time.

- *When I finally went so far as to tell someone that I hate my body and that it feels like sewage is flowing through my veins and that everything inside me is putrid, a therapist glibly remarked that I definitely did care about my appearance because I had such a cute little ring on my finger."*
- *[A counsellor] tried to convince me that my fears about the images were out of proportion. I was worried about being stalked, recognized from the images at work or at school, and of being contacted by the men who view these images. ... It very much upsets me that she didn't take my concerns seriously, but made me feel like I was being silly for worrying about these things.*
- *Skills training. Accusations; not enough distance, I was ... I thought I wasn't taken seriously, I was asked if the therapist can trust me, the trauma was not addressed – only that I quickly return to work*
- *A previous therapist took me 'too' seriously and found everything horrible and terrible. I did not like that; it had an opposite effect on me. It is nice to be taken seriously, but it should not become something 'terrible' or something 'weird'. But I also had a therapist who did not take my crises seriously and therefore took little time for me (for example: I had a session only 3 weeks after I had said I was in a crisis).*
- *Not taking me seriously because I present myself 'stronger/steadier' than I feel (this is a survival mechanism that often stands in the way of therapy).
Getting help from people who have no clue.
EMDR with someone I did not trust.*

Avoidance by therapists/can't handle it A number of respondents noted that having their therapist avoid the issue was least helpful. For example, some of the survey respondents noted that:

- *I have lost a lot of time in institutions that constantly were focusing on stabilization. While all the coping behaviour originated from C-PTSS. But that was not dealt with. Therapists who say it is too demanding to treat. Who find it too overwhelming. That is awful.*
- *Psychologists expect you to give words to things you don't have words for to describe. It would at least feel much safer when the one sitting in front of you would have/show the courage to say out loud what I can't even mime with my lips. Also because of (my) fear of emotional response to what is caught inside my head. Therapists started crying in the past when I told some of the low impact (to me) abuse/neglect....*
- *With the two previous therapists I saw, I think that the least helpful approach was them avoiding the issues and letting me avoid the issues. It seemed like we were dancing around the Information I had shared about being photographed and recorded as a child. The least helpful*



thing that my second Counsellor said was that she would bring a camera to a therapy session to see if I could work through my trigger of being in the presence of a camera. I had the strength to tell her that I would walk out the door and never come back. This conversation ended any chance of success in that therapeutic relationship.

- *With the first therapist, what was least helpful was that she'd get so overwhelmed I ended up taking care of HER and also go blamed for overwhelming her (she wasn't mean, just unskilled and I'd suspect needed her own therapy). With the current therapist, what was least helpful were the times my therapist referred me to someone for 'anger work'. That person was inappropriate and apparently lost license later on to patient exploitation. My therapist hadn't known that, and in the end her reaction of validation and apology ended up a helpful contrast to past events. Overall, little that isn't helpful with this therapist--even impasses, as we work through them, end up helpful in the long run.*
- *Least helpful has been therapists who just listen and don't offer any information or helpful feedback...low-engagement therapists, for lack of a better term. Also, therapists who have done a great deal of talk therapy focusing on the re-hashing of abuse details with no constructive follow-up have been unhelpful. One of the most unhelpful things has been when therapists are struck by the severity of my abuse and make repeated comments about how they "can't imagine" what it was like, or other superfluous comments about how bad my abuse was. I know it was bad...seeing my therapist awestruck at how bad it was only makes me feel even worse, like more a freak. Also, therapists who have been excessively emphatic about how my past got me to where I am now (inferring some sort of divine destiny), have not been helpful. But, most of all, therapists who have been so troubled by the severity of my past that they refuse to work with me (there have been several) have been the least helpful and the most re-traumatizing of all. There needs to be a better way to turn severely traumatized clients away other than single sessions that involve intense disclosure of abuse and conclude with the therapist saying it's not a good fit. Some sort of initial question at intake that would identify such clients and spare them the experience of disclosure / re-living of trauma would be much appreciated.*

Points when therapy became more important/necessary⁹²

A significant number of those who had received therapy indicated that there were moments when therapy had been of great assistance in coping with particular issues in their lives. These respondents provided responses that gave a wide range of the different situations in which therapy had been a key factor in the respondent's ability to manage stress or trauma. This information may help therapists and those responsible for providing funding or access to treatment services (e.g., government entities, non-governmental organizations and health insurance providers) better understand the needs of survivors and when it may be particularly important to ensure that therapy is available.

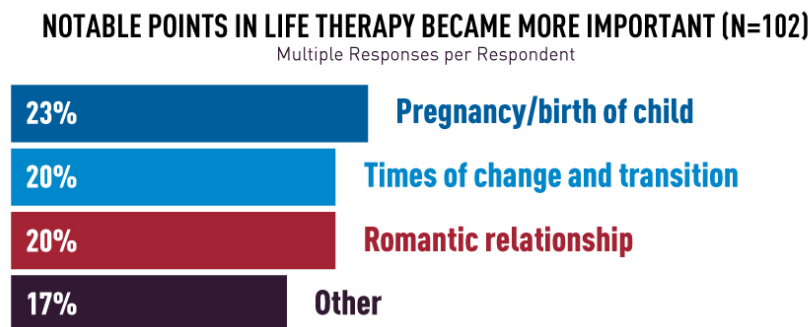
⁹² There were nine respondents who indicated that at no point was therapy more important for them.



For example, having a child was the most common reason given for when therapy became more important (23%). This suggests that survivors of child sexual abuse ought to have access to therapy in these circumstances should they determine they require it, and the funding to provide this access must be there. Having said that, it must be remembered that 81% of respondents indicated (in response to the question, “Do you anticipate needing future/ongoing therapy and why?”) that therapy was going to be a lifelong journey for them, and there will always be times of change and difficulty in life, so the consistent ability to access therapy is a necessity for survivors.

The following graph illustrates the main responses to this question:

Figure 121: Notable points in life therapy became more important



Other notable times not included in the graph above are: Relationship problems/breakdown (11%); Death of someone in life (11%); When ending abuse/when abuse ended/safe for first time (10%); All aspects (10%); Criminal proceedings/processes (8%); Parenting related (8%); Schooling/employment related (8%); Loss of child/not having children (5%); Mental health struggles (4%); and Threats (3%).

Examples of the responses the respondents gave in response to this question are set out below. As it was common to give multiple reasons, these responses have not been grouped. The overall theme is that the occurrence of important life events (marriage, birth of a child, death of a close family member), life changes (school, career) or difficult times in general (the end of a serious relationship, when under stress) tended to make therapy more important to the respondents.

- *During every significant change in my life I'm more distressed by what happened. The arrival of my children triggered that, but so did moving house. You have to recalibrate and then there's indeed a huge horrendous void in your life.*
- *It became more important to me during times of change and transition. [Once] my life was pretty much in place ... and everything was stable [as an adult]. It was important for me to take a critical look at things with a mature perspective.*



- *By now I know I need help/support in every aspect of life. I still use my childlike feelings, unable to develop some adult feelings/emotions. My days are one long chain of triggers, the nights too. And my psychologist doesn't understand that everything I do, every person I meet, every place I go, things I hear (words/sounds/news/etc) is a trigger.*
- *When the original perpetrator was sentenced [and] each time I became aware of a perpetrator who had viewed the images stalking me*
- *[Starting or ending] a romantic relationship and also when I got married and gave birth, when I gave birth, and when I started counseling other people.*
- *[Death in the family]. Being contacted with blackmailing about the material.*
- *birth of children; traumatic experiences at work (in health care); certain 'public holidays'*
- *[In university] when my psychology classes brought up issues related to my experience*
- *The first time I started seeing a counsellor was [at the start of a] serious relationship He helped me see how unstable I was and also urged me to come forward. I also visited more often during the court processes as well. I knew I needed help. I was lashing out ... unprovoked, I would get so angry I would black out. I needed help understanding my feelings, because I was starting to feel out of control and at times even crazy.*
- *During the court case, and when my boyfriend split up with me.*
- *Birth of child; separation from partner; After abuse; at certain holidays.*
- *[after a death in the family and when kids got older] ... I no longer had others to focus on and my memories and issues had space to surface. [When being stalked], during the police investigation into his abuse / child porn, following failed relationships, following my inability to get pregnant (as this is likely connected to my child abuse), and at various times during my marriage when the relationship has triggered memories / fears / issues related to my abuse.*
- *New relationship. Birth of my kid.*
- *My sever PTSD has gotten to the point where it's causing major health problems, such as intrusive, invasive flashbacks that make my anxiety that much worse. It's causing extremely upsetting nightmares. I have tremendous difficulty with sexual intimacy and relationships.*
- *When my abuser got out of jail*
- *I was triggered (horribly) when I entered puberty, when I first had a romantic relationship, during the birth of my child (as it resulted in extensive injury), when I discovered my husband using pornography, and when my marriage became increasingly abusive. Although I did not receive therapy during some of these occasions, it was necessary.*
- *When my husband wanted to record sex acts.*
- *A move to another country where distance from family of origin didn't resolve the distress and flashbacks (no surprise there);*
- *Going back to work after...years on sick leave.*
- *[As a teenager] and after my son was born, I was really getting much worse."*



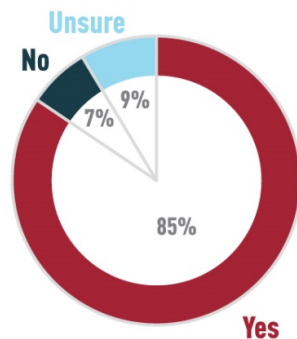
- *Changes in relationships, physical condition, moving, death of abusers, new work situation. Every time these changes bring about enormous insecurity and guilt feelings. Or self-destructive patterns start to flare again. Therefore, continuous therapeutic support is -up till now- of vital importance to me.*

Need for ongoing/future therapy and why

In response to the question “Do you anticipate needing ongoing/future therapy?”, 85% of respondents indicated they did. Consistent with information set out above, the responses to this question confirm that the needs of survivors generally do not end at a particular time or with the completion of a particular stage of therapy.

Figure 122: Anticipate needing ongoing/future therapy

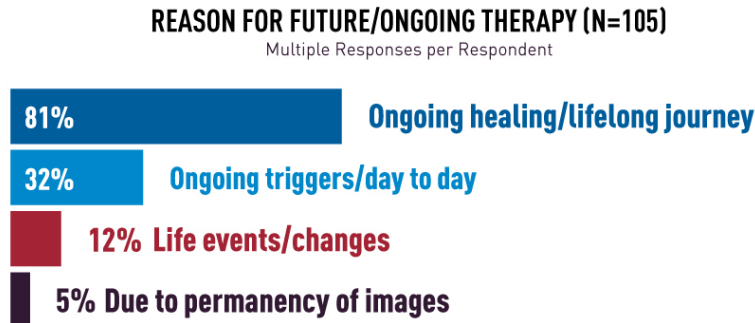
ANTICIPATE NEEDING ONGOING/FUTURE THERAPY (N=129)



This question also asked respondents why they anticipated needing therapy in the future. In general, the reasons given related to the ongoing nature of the healing process associated with this type of abuse. Five percent of respondents specifically referred to the permanency of the images as a reason for likely needing ongoing/future therapy. The main reasons are set out in the graph below:



Figure 123: Reason for ongoing/future therapy



Examples of the most common reasons respondents indicated for needing ongoing therapy are detailed below:

Ongoing healing/lifelong journey. Below are some responses where the primary theme was that ongoing healing and the lifelong journey to repair the damage experienced create the need for ongoing or future therapy:

- *Having therapy has made me understand that I was the VICTIM (before I always felt this heavy burden that it was MY fault). I've been in therapy for about a year now and I still have so much pain inside. But every session brings me clarity and I hope over time I will be able to live my life without fear. Fear of being hurt again.*
- *There is not one fit. As life goes on and at intervals I have major life experiences I have gone back into short-term 'top up' therapy. I know that should life traumas happen in the future, that make me feel vulnerable, I will need to access therapy again.*
- *Yes, because leaving ritual violence is not yet completed and the real trauma therapy only starts thereafter. And because there are still many problems in daily life (low stress threshold, social problems, etc.).*
- *I think I will require therapeutic support for the rest of my life. There are everyday situations which are very hard and I need the help of an outsider to sort it out and process.*
- *Yes. I feel I will need therapy for the rest of my life. Issues keep arising, and I imagine more will as I age further.*
- *Sadly, yes. I believe the ongoing and regular hands-on abuse endured throughout my childhood had significant neuropsychological impact, and that my abuse was so severe, it is likely my need for ongoing treatment will be somewhat lifelong.*
- *Yes, absolutely. I'll never be done. I mean if there was a magic pill or something that would cure me I would totally take it. I'm optimistic that once my abuser dies I'll think of him less and be triggered less.*

Within this theme, some respondents specifically mentioned that the nature of their medical/psychiatric diagnosis is such that therapy will be required for the foreseeable future:



- *Yes. My therapist explained it can take many years for people with DID to work through their trauma.*
- *Yes. Since DIS developed due to repetitive traumatization and since we are very much restricted in our daily lives due to various symptoms (such as flashbacks, dissociations, fears), we will continue with therapy.*
- *Yes. I am very limited in my daily life due to the complex traumatization and dissociated identity disorder so that I need continuous support in order to remain somewhat stable.*

Ongoing triggers/day to day. Below are some responses where the primary theme was that ongoing triggers/day to day activities create the need for ongoing or future therapy:

- *Yes. Memories and feelings of the past still affect me today like it was yesterday. The abuse broke up my family unit. I think about it when I see families together. I think about it when I see moms and daughters together that are the age of me and my mother and how our relationship could have been different if abuse had not happened. I think about it at school, because school is taking me so much longer to finish and how much harder it is for me to succeed because of the court I went through and the PTSD I suffer with everyday. I think about it when I see children and families because I still mourn for the loss of my family unit. I think about it when I have arguments ... because I have such a heightened flight or fight instinct that it gets hard to communicate my feelings. I think about it when I look at my daughter because I want to protect her from anything similar happened with her and want her to grow up a normal life. I think about it when I talk with friends, when they ask about my family and other things. I think about it when I hang out with friends, because I didn't have the socializing experiences through high school that they did because of my controlling abuser, and the fact that I didn't want to have a social life or friends over because I didn't want them to find out about the abuse.*
- *Yes, I do know that I will need to seek help for the foreseeable future. There is so much that I don't remember and so many feelings to work through. There are often days where I discover new triggers and I need to talk about those as they arise.*
- *Yes, due to regularly recurring depressions and due to problems with dissociation. There are triggers everywhere in daily life. Unsafe feelings are deep-seated.*
- *Yes, though less for acute need and crises and more for 'maintenance' and the realities of how this victimization rears its ugly head occasionally as present-time triggers and realities intrude. Helps prevent my issues 'leaking' into other people around me.*
- *Yes, because we can no longer lead a normal life due to the fear, threats, flashbacks, physical memories, dissociations, mind control.*

Life events/changes. Below are some responses where the primary theme was that life events/changes in routine create the need for ongoing or future therapy:



- *I see it being an ongoing need to see a counselor on an as needed bases. Different seasons of life as well as the occasional unexpected trigger bring things up for me that I need to see a counselor about.*
- *Could be with a new chapter in life/new different crisis – the feeling that something is still there, that I don't know and sometimes suddenly triggers fear and considerable irritation – thankfully, now just for a short time.*
- *As life goes on and at intervals I have major life experiences ... I have gone back into short-term 'top up' therapy. I know that should life traumas happen in the future, that make me feel vulnerable, I will need to access therapy again.*

Permanency of the images. Below are some responses where the primary theme was that the permanency of the images creates the need for ongoing or future therapy:

- *Yes, my trauma is ongoing because of the internet and i will never really get closure*
- *Yes. I have been able to put the abuse itself in a place. But the fact that other people online get excited by seeing a little girl, like me, being penetrated. I still cannot bear that.*
- *Yes because in my case my rape was recorded so every time someone views my rape today I am re-victimized.*
- *Because it never ends it will forever be on going and making me scared every day that people could find out or recognize me.*

Discussion of imagery in therapy

Specific questions were included in the survey to determine if the respondent's therapist(s) was aware that the abuse of the respondent had been recorded and possibly distributed, as well as whether the impacts from the imagery were ever discussed in a therapeutic context. What emerged is that not all therapists were aware of the imagery, but of those who were, there were many who did not discuss the issue as part of therapy.

Therapist awareness of imagery

This question, along with the next one, delved into whether the therapy received specifically addressed the existence of the images. This was an important question to better understand what respondents may have shared with therapists about the imagery.

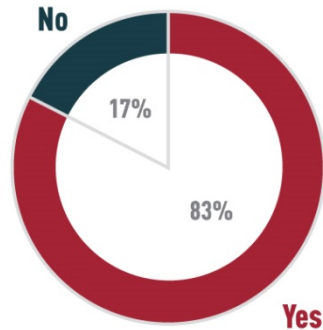
It is encouraging that 83% of respondents indicated that their therapist knew about the imagery; however, the next question (“Was the impact of the imagery discussed in therapy?”) indicates that therapists may not be addressing the imagery impacts with survivors (45% of respondents indicated the impact of the images was not discussed). If the images are not discussed, those impacts that relate to the imagery, such feelings of powerlessness and of being abused over and over (see “Victim Impact”), will not end up being confronted in therapy. Failing to address such issues risks leaving survivors



unprepared for certain potential triggers (e.g., cameras, being told they “look familiar”). The importance of specifically addressing the imagery is discussed more in connection with the next question.

Figure 124: Does/did your therapist know about imagery?

DOES/DID YOUR THERAPIST KNOW ABOUT THE IMAGERY? (N=120)

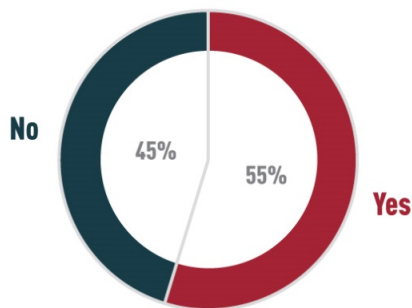


Impact of imagery discussed in therapy

While 83% of respondents indicated their therapist was aware of the imagery, only 55% indicated that their therapist addressed the specific impact of the imagery with them.

Figure 125: Is/was the impact of the imagery discussed in therapy?

IS/WAS THE IMPACT OF THE IMAGERY DISCUSSED IN THERAPY? (N=93)



This question links to the question within the “Victim Impact” section about how the imagery impacts the survivor differently from the hands-on sexual abuse. The responses to that question on impact confirmed that the imagery is associated with separate impacts, including having to deal with the permanency of the images, feelings of powerlessness and shame, and having to deal with knowledge that other offenders are obtaining sexual satisfaction from the images. Additionally, in response to the question “Do you worry about being recognized?”, 69% of respondents answered “yes”. These are certainly feelings and concerns that ought to be discussed in therapy. For those 45% of respondents who



indicated their therapist did not address the imagery, it is hard to imagine that they truly received the treatment they may have needed.

Given the prevalence of recording devices today and ease of sharing images online, it is likely that therapists who work with survivors of hands-on child sexual abuse will be seeing more and more survivors who know or suspect that images of their abuse were made and possibly distributed. They may also see more individuals who were victimized online as a child and convinced following a period of grooming or simply extorted to send sexual images to someone they have never met.⁹³

What this means for therapists working in this field is that they should be prepared to directly deal with the existence of child sexual abuse imagery. It is not enough to address the hands-on abuse because the responses within the “Victim Impact” section affirm that there are unique impacts associated with the fact that images were created (and potentially distributed).

Coping strategies

Respondents were asked to share information about what helped them to cope with the ongoing impacts of their experience and any day-to-day stressors. They were asked about their most important support person, the role of spirituality, medical care, mental health care, and the role of work and school. The information in this section may provide some helpful ideas for survivors to consider.

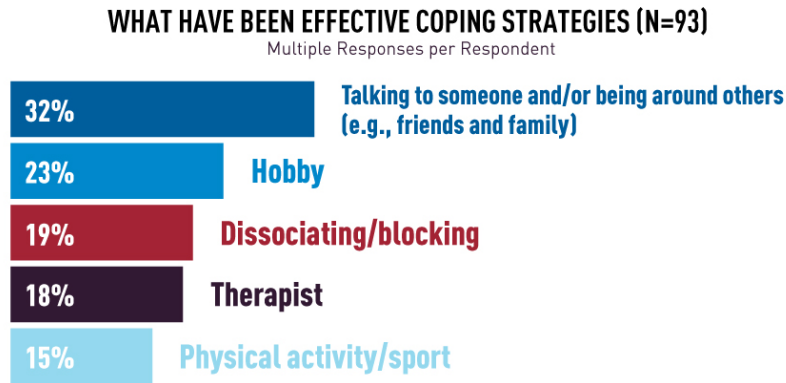
Effective coping strategies

The graph below shows the most common types of coping strategies that respondents have found useful during times of stress:

⁹³ Further to this point, the Canadian Centre has been examining reported Canadian case law from 2002 and on involving a making child pornography charge under section 163.1(2) of the *Criminal Code*, or an acknowledgement by the court that sexual images of a child victim were made. It is apparent from the initial data gathered that this type of case has become much more common in recent years, with the number of cases per year rising since 2002. The increase in the number of reported cases could also be due to a variety of factors (e.g., more police resources to investigate this type of crime, better reporting of case law, etc.). Analysis is ongoing and the numbers provided are likely to change as more case law is identified through other means as such reaching out to Crown attorneys across Canada who prosecute these types of cases.



Figure 126: What have been effective coping strategies?



Less common coping strategies included: Other (38%); Meditation (14%); Nature (9%); Releasing emotions (e.g., crying, screaming) (8%); Music (8%); Working/schooling (8%); Animals (6%); Alcohol/drugs (5%); Faith (5%); Isolating self (5%); Focus on future (3%); and Self-harm (3%).

It is hoped that the information in this section has value for survivors who are looking for ways to cope (or new ways to cope), as well as therapists and others who are involved with trying to help the survivor cope. Perhaps unsurprisingly, many respondents listed multiple effective coping strategies. The variety of responses suggests there is no one right strategy, and also that different strategies may be more effective at different times in the survivor's life. For example, talking was the most common response (32%), but talking is not always easy. If talking is too difficult at a given time, other coping methods as such physical activity (15%) or music (8%) may be more effective.

Also notable, and not reflected in the graph above, is the fact that a few respondents mentioned helping and/or advocating for other survivors. While only a few respondents reported that this was helpful, it may be that more respondents would benefit from this if given the opportunity to do so when ready.

Some survey respondents provided responses that contained several coping strategies. The examples below highlight the responses provided by respondents.

Talking to someone and/or being around others. Below are some of the responses that cited talking as an effective coping strategy at times:

- *Talking with others, finding relaxation techniques, helping others, reading about healing and now talking with other survivors and helping them out. In addition, participating in surveys like this one or other ways in which I could advocate for survivors or help educate on this topic.*
- *Talking about it with somebody I trust.*
- *Acting like it didn't happen, keeping silent about it and play-acting. At really difficult times it helped to talk with a trusted person about it after all, even if it was only briefly or superficially.*



- *Talking and seeking diversion.*
- *Talking with those closest to me. Focusing on becoming successful as a parent and as a human being*
- *Talking, trying to stay in the 'here and now' and keeping busy.*
- *Retreat. In the woods, cross-country alone. Scream in the car. eat something really delicious Cry. Ask my husband to tell something about himself, about the day, about something normal stay with my husband in a room, choose distance myself look at beautiful art*
- *Keep hoping that at one point it will be over. To find people who support us. Imagination exercises. Self-acceptance.*

Hobby. Some respondents mentioned hobbies (including writing, music and art), that were helpful to them—examples are as follows:

- *Contact with friends and others who can put up with it when I'm not feeling good/doing well, hobbies you can pursue without having to leave the house*
- *Knitting or writing.*
- *Writing-Listening to music-getting high (prescription medical marijuana)*
- *Therapy, exercise, activities that distract and calm (watching movies, reading, knitting, etc).*
- *Writing has served as a profound tool for healing and calming myself down when triggered. I have also found solace in music, poetry, and art. As an adult, advocating for other victims (or other social justice endeavours) has been key: it's a way of regaining some semblance of control.*
- *It depends a little on the situation. Sometimes it helps to shut myself off, sometimes to write things out of my system. Seeking out beautiful or good things in life helps sometimes too, like walking out in nature or on the beach.*
- *Contact to loved ones even if it is quite difficult. Many activities which distract me and feel good. Ongoing self-harm still seems to be helpful.*

Dissociating/blocking. The following responses are examples of ones that mentioned dissociation or blocking out as the main coping strategy for the respondent:

- *I block everything out and pretend that it hasn't occurred.*
- *My coping strategy has always been complete disassociation. I can completely disconnect in situations that are uncomfortable for me. I also am a master at distracting myself. School, work, even exercise whatever it takes to not think about the pain I feel.*
- *in particular dissociation, shoving it into obscurity. Dissociating. Escaping. later reassuring myself in my mind. specifying the facts of why i now no longer face any direct danger. working hard*
- *dissociating, but that's a survival mechanism. so therapy after all*
- *Blocking out, dissociation, perhaps even splitting into parts. Vomiting, self-mutilating. Taking many overdoses. Running away a lot, hiding at home and simply not leaving the door any longer.*



- *I dissociate. And unfortunately I'm still doing that. In the past that was effective, sometimes still but usually it's counterproductive*

Therapist. Some respondents found engaging with their therapist to be most helpful. For example:

- *Skills, write down or draw everything and give it to my therapist*
- *Therapy Writing, Reading - to escape, Hanging with my dog, Meds - if needed*
- *Therapy ... writing, advocacy, nature, sharing with friends.*
- *Keeping up the therapy in any case. Trying step by step to share personal things more readily.*
- *Therapy and medicines have helped me a lot*
- *The therapy and being able to fall back on the therapeutic resources and a great crisis support service.*
- *For a long, long time it was very important to me to be able to phone someone day and night. That was okay with the therapist I had at that time; I could phone her day and night. I feel grateful that my treatment provider gave me that at that time. Nowadays I can manage my anxieties myself. I do breathing exercises if things get dire."*
- *Therapy, exercise, activities that distract and calm (watching movies, reading, knitting, etc).*
- *I've had a brilliant therapist for many many years I have planned calls email and text mindfulness and I've set up a support group this has really helped me*
- *Psychologist*

Physical activity/sport. A number of respondents reported finding physical activity to be an effective coping strategy. The following are two examples:

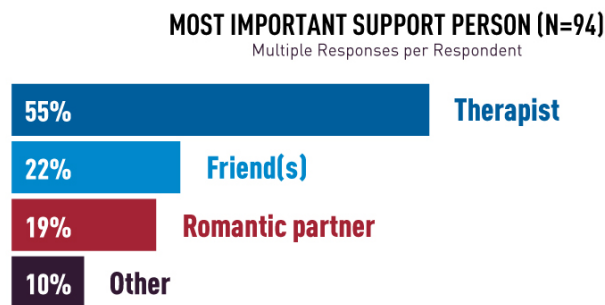
- *Telling people I'm having a hard time, having a "rest day", physical exercise for anxiety or depression, painting, writing poetry, using an adult coloring book for anxiety, taking a walk outside, reading the Bible, asking to be held, crying on my husband's shoulder, redirecting thoughts by playing a game with someone, singing for anxiety, taking a long hot shower and picturing all of my worries and pain running down the drain with the water, meditation, positive imagery, having a friend over for tea, paying with my dogs, and screaming in to a pillow.*
- *To create safety, literally and practically. So that people who were offenders or involved (also who were unknowingly engaged like my father) are no longer part of my life. That was very difficult, but now, Later it helped to learn how to stand up for myself. To work on my body (via PMT); to go for a run could be too much when I was scared, but it was a safe place and it helped anyway. Keep moving! So that now I understand that that has changed. That now is a time when I am an adult and despite the emotions and feelings and beliefs, I make my own choices and have chosen other people. Who are nice to us ...Drawing and writing and listening to music also helps, or going for a walk and not locking myself inside, breaking secrets. Little by little some talking (or writing) with people of my own choice.*



Most important support person

Ninety four respondents named at least one person who has been an important support during their recovery. Some of these respondents indicated that more than one person had been a great support. The graph below shows the distribution of who respondents felt was the most important support person:

Figure 127: Most important support person



Those categorized as “other” included: teachers, a doctor, a religious leader, and an acquaintance. Other support persons included: Non-offending parent (7%); Other family member (5%); and Legal counsel (1%).

Five respondents stated there was no one they considered an important support person.

“Therapist” was the most common support person, again emphasizing the importance of consistent access to therapy for survivors. It is also apparent from the responses that survivors are relying on a number of non-professional support persons too, highlighting the need to develop resources for such individuals to help them support survivors. It is encouraging that many respondents mentioned more than one person. Having multiple supports should help prevent survivors from being dependent on a single person and from having nowhere to turn if one support person leaves or can no longer assist the survivor in their healing.

Therapist. Over half of the survey respondents indicated that their therapist was the most important support person in their life. Examples of what these respondents said are noted below:

- *A counselor who advised me for four years, and with whom I still have sporadic contact. She didn't understand everything that was going on, but was still always patient and accepted me the way I am. Some people might think it's unprofessional that we've been in contact beyond the counseling, but it's what first enabled therapeutic work for me with an outpatient psychotherapist who focused on my actual problems. Before that, it was always just about*



relationships and the desperate search for a person who stays. Now, she is the person who stays, and I can put my full concentration on the other problems.

- *The therapists that helped me in my process of coming to terms with it were definitely important. I could discuss everything with them, because it is slightly less painful than with your loved ones. There is somewhat more distance and after the conversation you don't have to 'socialize'.*
- *My current psychiatrist. Since recently I've been discussing things with him that I don't even dare tell my best friend.*
- *... Two of my many therapists. My best friend of 35 years. My children.*
- *My therapist who was comfortable working with DID I would be dead but for him*

Friend. A number of survey respondents indicated a friend was one of the most important support people in regards to their experience. Examples of what these respondents said are noted below:

- *My friend, who was also a victim of the same offender. Next I would say the prosecutor of my main offender.*
- *It is difficult to pin point it to just one person. There are so many and they have all played such important roles. For example, if it wasn't for one friend who allowed me to disclose my experience or another who helped me find proper resources, I would not have been able to have undergone treatment with a particularly helpful counsellor or therapist.*
- *Myself - because no one can do this for you. After that I would say not one person but several over the years - within peer group.*
- *My closest trusted friend since almost 16 years. In the meantime, I have close friends that support me and the counselling centre, which I attend.*

Romantic partner. Some of the survey respondents stated that a romantic partner was the most important support person. Examples of what these respondents said are noted below:

- *There are two people who have been the most important support for me, my husband and my counselor. I am extremely lucky to be loved by a man who does not judge me only accepts me for who I am. On the other side when there is something maybe he cannot help with I have created a strong bond with my counselor to help me work through and understand my healing process.*
- *First of all, my former girlfriend; I shared my secret with her. Later my partner. The difficult thing here was that they were so close to me and at some point they couldn't cope with it any longer.*
- *The only support I have is my girlfriend. Took me 10 years to open up to her. But she has been the only friend I have through this.*
- *My husband. He's been totally and completely supportive of the money and time I've had to allocate to therapy.*

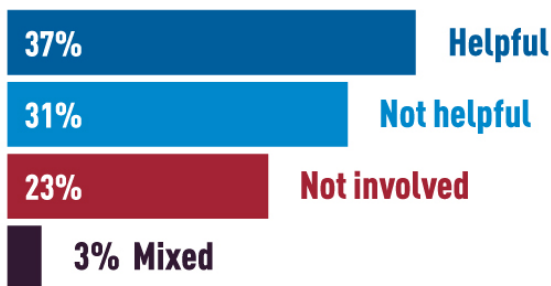


Role of spirituality/religion

The graph below shows the distribution of the role spirituality/religion and religious personnel play in helping respondents cope and manage stress.

Figure 128: What role does religion/spirituality play in helping cope?

WHAT ROLE DOES RELIGION/SPIRITUALITY PLAY IN HELPING COPE (N=98)



Responses were mixed, which is not surprising considering the very personal nature of religious/spiritual beliefs. Some respondents indicated gaining a sense of spirituality later in the healing process. Conversely, some reported having lost their faith at one point or another. It was often not a particular religion, but a sense of faith and spirituality that respondents found helpful. Similarly, some of those who reported finding religion/spirituality unhelpful cited actions on the part of a particular religious group as having contributed to them finding religion unhelpful. For those respondents who reported finding it helpful, it would be important not to minimize their beliefs. For those who found it unhelpful, it would be important not to force ideas on them.

Helpful. The following are examples of responses from those who reported finding religion helpful:

- *I think my faith has been central to my coping/healing process. There are times I have felt so alone as a victim of this and that no one in my life, try as they might, could understand. But I knew that God understood it and I clung to him. When I cannot sleep, I often pray and it calms me. Sometimes when I am feeling anxious, I play worship music and sing along to feel calm again. I also read the Bible, which calms me and encourages me in times of depression or anxiety. When I feel myself dissociating, I pray to God for help. Many of the people at church know what I have been through and I have felt very supported and encouraged by the people at my church. Sometimes people let me down or they cannot handle all of my emotions or pain, but God can. He gives me strength when I feel that I have none and helps me not believe the lies about who I am associated with the images.*
- *Growing up, my family attended church as much as we possibly could. We clung to the idea that a father (god) could actually care about us in a true loving form. I truly believe that is the ONLY way my family stayed so strong together. So many times I wanted to kill myself and end all the*



pain I feel. But knowing the love of God, I wasn't ever able to go through with it. It is so difficult for me to explain my relationship with God. I had so many days where I blamed him for what happened to me. "Why would any loving God allow this to happen to an innocent child?" and "How do I know if he even exists?" I have been shown in my own way that he does exist and that humans make their own choices. I wouldn't call myself a Christian, but I do believe in god. It was a way for me to let out my feelings and emotions and not have reservations about it. In church, everyone "worshipped" in their own way and it made me feel safe to finally cry out loud. It allowed me to really feel and express myself which is so important. Religion aside, I believe that it is so important to allow yourself to express the emotions you have inside. For a victim, in my case, there are so many different extreme emotions that you feel and keeping them bottled up inside will tear you apart.

- *I believe in The Secret. That book has helped me so much.*
- *I have questioned God many times. But I have never lost faith that there is a God and that there is a plan. I just don't understand how this can be allowed to happen.*
- *Faith and spirituality is something that is fairly new for me. For the entire time of the abuse and the beginning of my healing journey I did not believe there was a god in this world who would allow me to go through the things I have been through. Recently I have come to see that there is no way I got through all that and have come to the place I have come to today without someone watching out for me. My new found belief has helped to take some of the burden I've put on myself and place it in god's hands, it has made healing feel a little less impossible.*
- *Faith in God is the most important thing for me to get through this. Owing to faith, I don't have to understand why this happened. It ensures that I'm able to live in the here and now. It ensures that the past can become strength for facing the future. The person that has helped me most is a spiritual counsellor who is not allowed to make official diagnoses, but is very experienced nonetheless (already retired). She was one of the first people who did take my story seriously.*
- *My church leaders have been incredibly supportive. Our senior pastor knows about the abuse and the material that still circles around and has been encouraging me to safe material in the event of blackmailing for possible future reporting to law enforcement.*
- *... Jewish teachings form the basis of existentialism. Principles like assuming responsibility for your own actions play a central role. That appealed to me and it felt a lot better than the woolly homilies of the priests and friars in the...school. I think it was responsible for the fact that I did end up getting somewhere in life. ... Every day I recite [a prayer] in my head, as it contains the beautiful sentence 'God is with me, I shall not fear.' It does give me a little support."*
- *... By doing workshops I could begin perceiving what my mission is on this earth and thereby reconcile myself more to my past history.*
- *Essential for coming to terms with anxiety and distress; seriously undervalued in mental health care.*
- *The most important people have been moral counsellors because I didn't have to go away again after several 'treatment sessions', it doesn't involve diagnoses and I decide myself what to tell.*



- *Spiritually gives a reminder to step back and take a moment to see the bigger picture of life in the world.*
- *During the really bad times I was more spiritual than I am now. I needed that for internal support.*
- *About three years ago I started to look into Christianity. Due to the ritual violence it is a very difficult topic since the perpetrators like to use pseudo-religious elements. However, I do believe that I could find support in the Christian faith.*
- *I'm convinced that something good is present in every human being, however bad their actions. That helps me dare to have trust and confidence in people, and in myself. I'm also convinced that human beings are essentially loving people, and were made for that end and purpose. In everything that happens in my life, I can choose to let that make me mellow and more loving, more the way I was intended to be. I don't mean to sound like a softie, and I definitely don't mean it as an excuse to rationalize away pain; I'm not into 'shrouding things in a veil of charity'. But when I start coming to terms with one of my memories, I do so with confidence that I'll overcome it and that feeling that pain again will make me into a mellow, wiser and more loving person. That gives me hope and strength to continue.*
- *I've talked to as many as seven ministers, but none of them could deal with my severe traumas. Nevertheless I ultimately have the feeling of being borne by God and angels, in particular in the ways my friends and my husband and child have remained standing around me. In this respect my therapist has definitely pointed me to God as well, helped me with that because he knows it's so important to me*
- *The Christian faith helps us a lot because we often get the feeling that only something helps against the satanic which takes place on a sacral-magical level. God is the only being in this world who has always been there for us and was never put off by us, our behaviour or our experiences. In our faith we feel love which we never had experienced in our life.*
- *I'm very spiritual. I meditate on a regular basis to cope and maintain balance.*
- *My spirituality has been an essential part of my healing and has helped me identify meaning in an otherwise senseless and incomprehensible experience.*
- *Spirituality helped, but only once I had some meaningful PERSONAL connections.*
- *Religion and spirituality are very important for me to experience a feeling of being loved and of belonging. Sometimes I have temporary bouts of exaggerated religiosity.*

Unhelpful/mixed. The following are examples of responses from those who found religion unhelpful or had mixed feelings:

- *None. The time for fairy tales is over.*
- *The abuse took place in a religious framework*
- *The opposite. I have found that organizations linked to faith etc. have chosen to support abusers, rather than safeguarding. I have not time for them.*



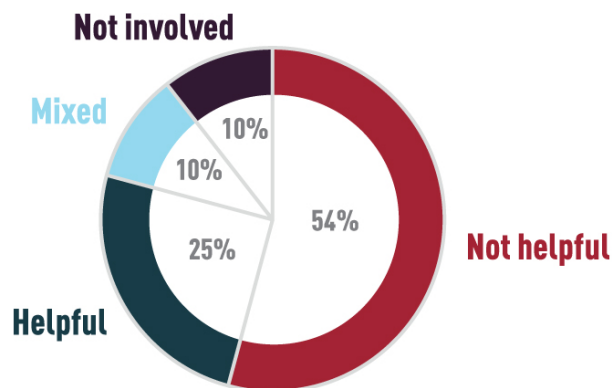
- ... Have basically lost my faith due to all this.
- None, I have a deathly loathing for religion.
- I know there is a God, but too scared to go to church or meet with Christian people (my parents are posing as being the 'best Christians', my foster dad was a Christian too)
- Before my last in-depth therapy, I fled into spirituality big-time. I devoured every book I could get my hands on and did a lot of workshops. Seeking help and healing, seeking happiness. But I ran up against a brick wall of incomprehension in that world. When I later went into a good therapy, I discovered how re-traumatizing and dangerous it is the way these people deal with you. Now I'm a lot more critical about what I consume, and no longer believe everything blindly.
- I used to believe that I went through what I did because God knew I could handle it and maybe others couldn't have....I rationalized it based on my abuse being part of a larger plan by God or "the universe" but now I don't really believe that. I used to find such refuge in that spiritual viewpoint...
- I am a practicing Christian but am seriously thinking of leaving the church and faith altogether I've endlessly been told I'm possessed and been the victim of further spiritual abuse
- Not much. Lost any faith I had. Tried to find it as a teenager
- I am a Christian and have faith beliefs but I also know that the church has hidden abuse and does little to discuss such topics and help prevent or work with families impacted

Role of medical care⁹⁴

The graph below shows the distribution of what role medical care plays in helping respondents cope and manage distress. Note that respondents were asked about *mental health care* in a separate question (the next question following this one).

Figure 129: What role does medical care play in helping cope?

WHAT ROLE DOES MEDICAL CARE PLAY IN HELPING COPE (N=69)



⁹⁴ The question, *What role does medical care play in helping you cope? How does the assistance of physicians, nurses and other medical personnel support you in managing distress?* was not included in the survey available after November 28, 2016.



54% of respondents indicated that medical care was not helpful. This suggests a need for greater awareness of child sexual abuse and its impacts within the medical community. In fact, the overarching theme that can be gleaned from the responses below (under “Not Helpful”) is that many doctors simply do not understand child sexual abuse or trauma, nor do they know what to do when a patient tells them that such abuse is part of their history. Conversely, those respondents who said that medical care was helpful generally reported having a doctor (or doctors) who understood their fears and other needs.

Not helpful/mixed. The following are examples of what some respondents said about medical care that was not helpful (including mixed experiences):

- *I take anti-anxiety medication which helps me to cope somewhat with my anxiety. I have found, though, that most physicians and other medical personal know nothing to little about this issue or childhood sexual abuse, and sometimes what they have said has been traumatizing to me. One told me to just pray the rosary!*
- *Doctors just want to stuff pills in you. My experience is that people in the health care system don't have much interest in 'extreme' stories.*
- *I refused to take antidepressants and knew instinctively that I needed to 'feel' the emotions and feelings that I had dissociated from. Now, they manage my physical symptoms related to IBS etc. In the past I had lots of gynae problems and wished someone had asked me why I found such interventions difficult.*
- *They do not play an important role. I first have to explain to most what a trauma is and the consequences that can have. Others don't believe me when I am sick/in pain because they think all of that is mental. At the most, they can give me a sick leave certificate.*
- *I have never had good medical care of any kind. Nothing has truly been effective for me.*
- *very little, the urologist was not willing to examine anything due to my past history of sexual abuse*
- *They don't. Every time something I come to the doctor with something (even for my kids) they put it right in my head and it's all because of what happened. Every time they are wrong, proven to be wrong. It's a struggle and I am so tired of it, really I can't take it no more so I don't go and wait too long to go.*
- *For many years in the past the health care system played a negative role in my life. They also provided no support in coping with anxiety and distress; they only gave me medicines for it. By doing that they essentially just masked all the horrors.*
- *None or insufficient. If I tell a doctor or other medical practitioner that I've experienced abuse, that remains background information; if I tell them that the consequences of it will affect the treatment (I have diabetes and have great difficulty following the guidelines, especially at times when I'm already having trouble taking care of myself at all) then they leave the psychosocial aspects in the domain of psychiatrists and psychologists - there's no time/room for that during the consultation in the medical practitioner's office.*



- *If I've cut too deeply (self-harm) then I go to the GP or the ED and get stitches. Other than that I'm rarely in touch with medical care providers so from that quarter I receive no assistance or support for distress.*
- *Up until now, I have not yet been able to find a physician who has supported me in any which way. Most of them have a total lack of understanding with respect to this issue. I have been looking for years for physicians who were able/could deal with this (especially with my psychological problems). So far, I have always been helping myself as best as I could.*
- *I have many stress related medical conditions ... I find myself going to the doctor quite a bit more frequently than my peers and I know the stress related to these images exasperates these conditions. It took a few years, but I finally found good doctors in each area I needed who were trauma sensitive and could work with me to manage things from both physical and emotional levels. I used to feel quite overwhelmed by my medical problems, but now I feel that I have a good team of people to help.*
- *I'm terrified of doctors because doctors were involved in my exploitation. I've now found a good family doctor and am slowly trying to come to grips with being able to allow the examinations and treatments I need. I've had various experiences with psychiatric care workers. But when they bring along good self-motivation and the chemistry is right, I have experienced care workers to be very, very helpful. They are especially important precisely because they are so close to the patient during in-patient stays.*
- *Apart from my job I prefer not to see doctors, that is, my past and mental images concerning doctors also not exactly positive. At present I do unfortunately have to visit doctor more often due to necessary medical problems I don't discuss anxiety there and undergo examinations and tests in a dissociated state*
- *Apart from specialist mental health care and alternative healers, the rest of the world don't understand one fucking thing of what it all about.*

Helpful. The following are examples of what some respondents said about medical care that was helpful:

- *Medical treatment plays a big part once you found someone who is open-minded.*
- *When I wound up in the trauma clinic, and received specific help for the abuse and all the consequences, I've finally got the feeling I'm progressing, I'm healing. I'm not there yet, and since then I've also had EMDR therapy again. But I've progressed by leaps and bounds, and haven't suffered any more depressions since then, just some grief now and then. I can talk about it better now and have managed to give it a place. I've finished off the therapy now and try to live without help.*
- *I now have a great doctor, who oversees my comprehensive treatment for my physical illness; she knows a thing or two about my history and takes that brilliantly into consideration*

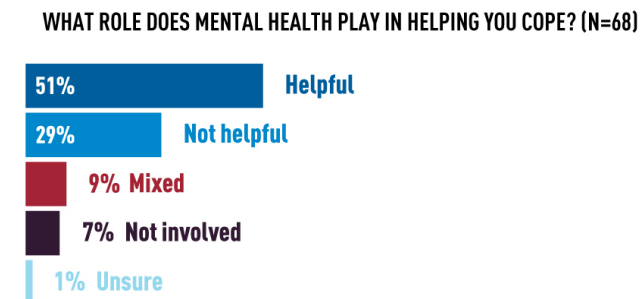


- *My dentist knows I'm very scared and has a lot of patience. That helps. I feel he takes me seriously, doesn't ridicule me or dismiss me as a put-on.*
- *My GP had already known for a long time that I'd been abused (but I hadn't dared to mention the photographs).I experienced the internal examinations as a disaster at first. Doctors and nurses knew I was absolutely scared to death. But they all dealt with it very professionally. They also offered me a medication to relieve the anxieties.*
- *I see a gynecologist regularly. She approaches with caution and respect*
- *They support us when they are considerate with us, accept the multiple personalities, pay attention to triggers, leave us our self-determination, look after our medical care whenever this is necessary and take our background into consideration but don't hold it responsible for everything.*
- *They support me with my physical problems, try to empathize and give me the time that I need. Even when they don't have experience with patients with such a past, they try their best but always without putting the traumatization in the forefront. They treat me as best as they can just like any other patient without that kind of past but at the same time they address my needs individually.*

Role of mental health care⁹⁵

51% of the respondents who provided an answer to this question indicated that *mental health care* played an important role in helping them cope with the trauma caused by the abuse. This is a stark contrast to the 54% of respondents who stated that *medical treatment* was not helpful (see above). The graph below shows the distribution of what role mental health care plays in helping respondents cope and manage distress.

Figure 130: What role does mental health play in helping you cope?



Below are some of the explanations respondents provided for why mental health care was or was not helpful in the enabling them to cope and manage distress. The themes in the responses below are

⁹⁵ Sixty-eight respondents provided a response that was included in the analysis for this question. The question, *What role does mental health care play in helping you cope? How does the assistance of therapists, psychologists and/or social workers support you in managing distress?*, was not included in the survey available after November 28, 2016.



similar to those seen in responses to the questions about what was most helpful and what was least helpful about therapy.

Helpful. The following are examples of responses that indicate mental health care has been helpful:

- *A big role. I've seen several counselors for different aspects of dealing with this ongoing trauma and they have helped me learn a lot of coping skills that have drastically changed my ability to function in the last few years.*
- *My therapist has allowed me to go through my extreme emotions to bring me to regulated emotions. She has allowed me to feel safe in expressing deep thoughts and feelings so I that I could find my calm and controlled emotions. I didn't realize just how much anger and fear I had suppressed all these years. I've only been in therapy for one year and it's changed my entire life. I always had this issue where I would randomly have spurts of anger and would freak out in light situations of conflict. Instead of finding the simple solution to the issue, I would scream at the top of my lungs and create an even bigger problem than what it was. I always felt like my opinions and feelings weren't important like I wasn't being heard. I now know that that is a result of when I was abused as a child. My therapist helped me find out for myself that as a child I never got a say in what was being done to me and since I didn't get a say back then I held on to those insecurities as an adult. I never addressed any feelings that would come up and so it would sit and boil in my mind, just as I did as a child. Therapy has allowed me to really take a moment and collect my thoughts. I've learned how to control my emotions and project my thoughts in a calm and professional manner. Ever since I started to allow myself to speak up about how something makes me feel, I haven't had any anger outbursts. I feel like I've finally allowed myself to be who I really am and have no apologies for it. I learn so much about myself in therapy every time I go. I always felt like I never knew who I was and if I ever wanted a future for myself. I still don't know what I want for my future but I know who I am and that alone is life changing. I want this for every victim. I want them to finally feel like they know who they are and to know that they are so strong for coming out of that abuse as survivors and therapy will be a great step for them to find that.*
- *This has been tremendously helpful in locating my experience in response to other survivors and legitimizing my struggle. They have helped me to understanding what I am going through and what direction I want to go with my recovery. They understand human behaviour and help me analyze my own (i.e. developing better coping habits, working on developing a healthy sexuality). I often feel much better every time I go to talk with a therapist or social worker and they often leave me with food for thought which I incorporate in my own inner monologue to help me manage triggers and stress.*
- *Mental health care has been a VERY important part of my coping and support in my distress. They provide a support that family members and friends just cannot provide. They have helped me understand why I feel a certain way and how to help manage those feelings.*



- *Therapists have given me tremendous support. By being a medium where the secret could be broken. Through psychoeducation. By showing recognition. By being available in terms of time and contact.*
- *After leaving the therapist I had been [with for a long time], [My] psychologist, who now does work together with my old therapist. She listens when needed, I can always make extra appointments, either in person or on the phone and I can always email her, so I can “write away” fear or sadness. She stands, just like my old therapist, besides me, she doesn't try to lecture me.*
- *I have great praise for my trauma therapist, a clinical psychologist who is fully specialized in trauma and childhood trauma in particular. With him I went through the whole treatment pathway. My therapy with him started at the time that the internal examinations at the hospital began. Two years later, the legal proceedings began against the perpetrator that had abused me and the others.*
- *On the occasions when I need them, I know how to access them for top up sessions (a [couple of times] in 20 years) and will do so again. BUT really, my emotional wellbeing is managed by myself with the support of my peers; in a reciprocal arrangement.*
- *For a long time I was taking an anti-psychotic at a low dosage, which helped against intrusive memories and nightmares... I now take a low-dosage antidepressant, which turns out not only to work as an analgesic, but also helps against intrusive memories, nightmares and panic attacks... My first psychologist helped me put into words the things that were going on in me. That was very important to me, because as a child I couldn't talk about the abuse or couldn't ask for help, because I didn't know the words for it. My current psychologist helps me come to terms with my emotions and experiences, because she is present with me, listens actively and thinks with me. She lets me take the lead and shows that when necessary. She didn't give up when, in the process of starting to trust her, I emotionally withdrew, but she persevered and waited patiently until I was that far... Together with my psychologist I'm seeking ways of covering the cost of my therapy, so I can successfully complete the final phase of the therapy.*
- *My clinical psychologist helps me very much in everyday life to cope with distress. I'm allowed to write in order to express my feelings and I have therapy twice a week.*
- *The last 8 years my psychotherapist has provided me with particularly good support in my trauma resolution work. That's been a terrific support to me in coming to terms. without [him/her] I'd no longer be alive and I wouldn't now be on the road to a cure*
- *They play a major role. They provide appropriate help and considerable support, in the form of therapeutic consultations, creative therapy, body work, individually or in a group. When it all got too volatile a few years back, they were able to assist for inpatient treatment in a general hospital psychiatric unit.*
- *Without them I wouldn't have pulled through and wouldn't have been filling in the questionnaire now.*
- *They play the biggest role in it I think; only way to make progress however difficult it is.*



- *Accompanying me, letting me talk and just be there. Allowing all feelings and ultimately noticing that I matter and don't get into danger if I tell things.*
- *Social workers are supporting us in our daily life, accompany us to appointments, go shopping with us, assist us with administrative tasks, and make positive conversation. At the moment, they are also responsible for further plans in connection with leaving the cult (move, name change, etc.).*
- *Therapists are the most important persons of trust; they can catch us when we are feeling really bad, encourage us, support us to get out of the violent environment and to perhaps at one point process and work through it all.*
- *Psychiatrists are best in supporting us when they rely on it that the victims know themselves what they need and not force medication against their will on them and not threaten them to have them certified to an institution, etc.*
- *Therapist offered a place to just “be” to talk openly, to be able to show weakness, understanding and stabilization.*

Unhelpful. The following are examples of responses that indicate mental health care has not been helpful:

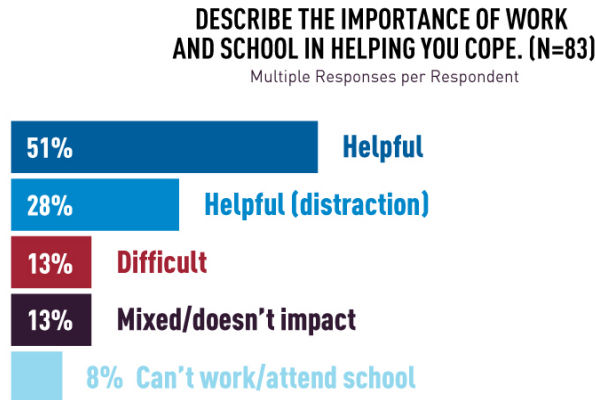
- *The therapists I've had were mainly interested in 'normal' situations (which is why I went there initially). As soon as it got complicated, I would have needed to get involved in the system to get a different therapist etc.*
- *they've failed in the past and continue to fail due to making interpretations without checking if those are right and continuing 'treatment' based on interpretations, which leads nowhere... And they think EMDR is like a holy thing and works for everyone, neglecting that elements used during EMDR are triggering as well or even exactly the same as things during the abuse.*
- *Regrettably, my experience is that there is a huge taboo in the mental health care sector surrounding such types of abuse. So the only thing I learnt was not to talk about it anymore.*
- *No role whatsoever now. Mediocre to very bad experiences in the past.*

Role of work and school

The table below shows the distribution of how important work and school was in helping the respondents cope.



Figure 131: Describe the importance of work and school in helping you cope



This, along with mental health, was an area of life that at least half of the respondents found helpful. One the primary reasons respondents reported finding work and/or school helpful was the sense of accomplishment work/school they received from it. Other common reasons were that work or school provided a distraction or a sense of normalcy. Some respondents also mentioned volunteer work in response to this question.

Some examples of comments that were common among the respondents are set out below:

Helpful (work). The following are some examples of respondents who reported that work helped them cope:

- *I stay working so I can push through my social anxiety and learning can help me release stress and it could help me be more social*
- *I think becoming a business owner has made me a strong person. I think being an employee would not help. I don't believe in having a boss that tells me when I can go on vacation; decide how many days I deserve. It's nonsense.*
- *Being able to go to work would be a tremendous success for me. It would boost my self-esteem and give me the feeling of being a normal part of society, thereby having a supportive impact on my coping skills.*
- *My work gives me the feeling of being able to bring about something.*
- *My work for my [business], in which I organize exhibitions with and for people who have experiences with domestic and or sexual violence, helps me in my coping with my pain and distress. Through this voluntary work I come to stand in my strength, as do my fellow survivors. I now provide information sessions, lectures at trauma centres and lessons at schools about the impact of violence. And that's a terrific experience, because in that way I hope to foster*



awareness that violence must be stopped. This strengthens me in my resolution work and helps me cope with my own pain.

- *a lot, having a job helps me keep my mind on making other people happy and seeing people smile because of my work is a better feeling than anything*
- *Working life keeps me on my own two feet. By not thinking about myself the whole time, but having that additional focus on the people around me, I can also remain functional.*
- *I like work so most of the time it's great to have a place to direct my mental energy. I certainly don't want to spend it thinking about my abuse.*

Helpful (school). A number of respondents specifically indicated that school was helpful—examples are provided below:

- *I think education overall is very important, and I always try to further educate myself on my own. I'm too sick for a job.*
- *Also VERY important: confirmation, independence, understanding through a lot of education*
- *I have done many types of education, and still do. ... Educational activities have always been a way for me to stand erect, to persevere, to prove I can do something.*
- *I've been doing voluntary work ... that gives me fulfilment*
- *By studying at present I'm becoming stronger. I'm slowly learning to have confidence in my abilities.*
- *My work is very important; I think it might even have kept me alive*
- *School was very important. It gave me the opportunity to escape from home. One teacher in secondary school meant a whole lot to me in terms of giving direction to my life. We still have good contact today.*
- *Our studies offer a focus which has nothing to do with violence and leaving it; we experience success and feel valuable when we pass an exam successfully. Due to our studies, we can structure our days and our lives have meaning.*
- *Distraction through education and learning and the feeling to know something.*

Helpful (unspecified/both). The following responses are examples from respondents who indicated that both work and school were helpful:

- *Very much since it creates a balance and contrast to the past.*
- *A lot, because the perpetrators said I'd be too dumb without them to learn something or to work.*
- *Is good for self-confidence and can provide distraction, but can quickly overburden you, too*
- *Education and work provide a sense of meaning and purpose. I do something that is worthwhile. And it keeps me from isolating myself. It keeps me in the real world*



- *I am a musician. Already as a little girl I felt that when I play my instrument I can actually say the things I couldn't say in words. I think if I would not have had the music and also the success in my studies and performing, it would have been much harder to cope with things. Sometimes I even think that without [instrument] I would probably have become addicted to something. My profession has always ... caused me to "want to be normal" and I have always tried to be as "normal as other people" I think that helped me to not sink into an endless depression or worse.*
- *Very important because it allowed me to slowly begin entering the world and understanding what 'language' was to be spoken there. it also taught me that I was capable of something and a sense of self-direction I could start taking care of myself*
- *I think that was the reason why I stayed alive quite long and perhaps even why I'm still living: that there was always a small piece of the world that was normal.*
- *It kept going on made me stronger to build a good life for my own and my daughters. Except I got sick.*
- *Education was very important to me because it enabled me to escape. My job is now important to me because it affords me independence and the status that my work gives me is good for my self-confidence*
- *It is very important to me to be able to go to school, do professional training and to have jobs in which I had a function. I felt I was of value and could survive in spite of everything, partly and in particular because I could go to school and get professional training. It helped keep me on my feet. It gave me an aim. It helped me forget my situation at home for a moment. And it helped me be a care provider, that I could help others.*
- *They were important as things to hold onto, as participation in 'ordinary' life. And also in finding a way I could look after other people, provide children with care I had to do without as a child; that they get acknowledged.*
- *Schooling and work keep me busy and focused on how I want to grow and become the person I want to be.*
- *School was sometimes added stress on top of the mountain of stress I already had, and sometimes it was a good distraction from my other stress. It has given me a sense of accomplishment, ... I feel that I have learned a lot of ways to help myself and other people who go through something similar. Work used to add stress to the point where I sometimes felt paralyzed, but now I like the chance to get out of my house and help other people. It feels refreshing now.*
- *It helps in that it can distract me from my triggers and anxieties. I also want to use my further educational training to work with other abuse survivors.*
- *Work and school has always been a way to distract me. For a few hours in the day I am around people who don't know much about me, and I am doing something I excel at. It feels good to be good at my job or getting that A in school and for a while helps me forget that I am hurting for a while.*



- *School was a life-savior. Work was a double-edge sword at times: it allowed me to do well and get positive feedback from others about myself and my abilities but I often overworked myself and took on more than I could manage and then got overwhelmed and anxious trying to keep up. Nowadays work allows me to give back. It helps manage stress sometimes but mostly through being able to keep food on the table and a roof over my head and thus maintain an overall safe life.*
- *I chose to let school and work help define who I am and keep me busy. The fact my perpetrator has not been successful in these areas has been a power boost for me.*
- *Academics and a meaningful career have been life-saving.*
- *Very important - I need both to feel connected to the world*
- *I feel a responsibility to continue to do my best. Continuing to do so makes me aware that I have skills, knowledge and strength.*
- *School taught me a lot about coping, and healthy coping skills. Work keeps my mind focused and keeps it off of the abuse.*

Unhelpful/mixed. The following is a sample of some responses that indicated work and/or school has not been helpful:

- *For a long time I felt a failure because I couldn't have a job. That seriously hampered my own process. It would have been great if I'd understood sooner that I can also be of value without a full time job. Society harps excessively on work. Look to see what capabilities a person does have instead of harping on that full time job.*
- *Work and school have never aided me as coping tools. They have instead been areas of my life that remind me of my abuse because I am so delayed in succeeding in those areas of my life compared to "normal" people*
- *A necessary evil was of no help.*
- *In part, working and studying have always served me as an escape. In fact, I still study right up to today, even though I'm certified as incapacitated for work. But escaping (only) is not good.*



H. LEGAL AND CRIMINAL JUSTICE

The questions in this section were designed to help us understand the experiences that survivors may have had with the criminal justice and child protection systems in their respective countries. It is hoped that the information in this section will be useful in improving the ways professionals working within these systems meet the needs of survivors. While the intricacies of criminal justice and child protection systems vary greatly by country, the overall themes apparent from the responses to the questions below serve as representations of the experiences and needs of survivors within these systems regardless of country.

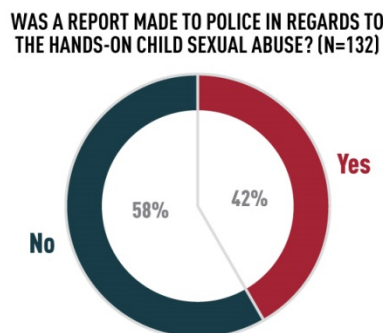
Many of the questions in this section were only asked of those respondents who said they had made a police report about the hands-on sexual abuse thus triggering the involvement of the criminal justice system. However, some questions were open to all respondents regardless of whether they had made a police report. The information provided by those respondents who indicated that no police report was made (58%) was analyzed differently from those respondents (42%) who indicated that a report was made to police. This was done to ensure the questions and responses were relevant to the experience the particular respondent had.

Reporting and charges

Reports to police (hands-on child sexual abuse)

The majority of respondents who responded to this question indicated that a report was not made to police. This is consistent with what is known about reporting generally. For example, in Canada, it has been found that 93% of self-reported cases of child maltreatment (includes physical and sexual abuse) never came to the attention of authorities, either the police or child protective services.⁹⁶

Figure 132: Was a police report made in regards to the hands-on sexual abuse



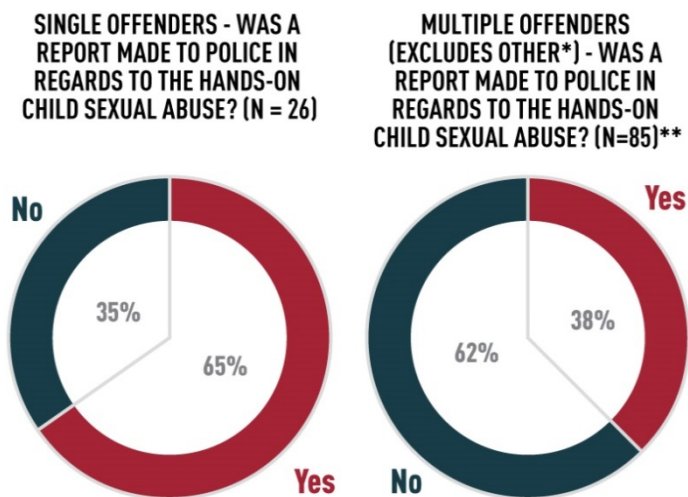
Notably, the same Canadian study found that the likelihood of reporting to authorities increased in more extreme cases of abuse. 27% of respondents who suffered more than 10 incidents of childhood

⁹⁶ Juristat, Criminal Victimization in Canada, 2014 by Samuel Perreault (Canadian Centre for Justice Statistics, Statistics Canada), November 23, 2015. Available online at: <http://www.statcan.gc.ca/pub/85-002-x/2015001/article/14241-eng.pdf>.



sexual abuse reported that they had reported the abuse to authorities.⁹⁷ While respondents in this study were not asked how often the abuse occurred (though from the review of the surveys as a whole it did appear that most respondents were abused multiple times), respondents did provide details about the number of individuals who abused them. Information about respondents in the single offender category (17% of respondents) and those in the multiple offender category (58% of respondents) was cross referenced against the response to this question, i.e., whether a police report was made. This additional analysis revealed that respondents in this study who had been abused by multiple offenders were actually less likely to report the abuse to police (38%, n=85) than those who had been abused by one offender (65%, n=26).

Figure 133: Number of offenders and whether a police report was made to police



*Not included in the above graph is the police reporting data for those survivors who reported having had more than one offender but at different times in their life (i.e., the offenders do not appear to have been known to each other or to have worked together to commit the abuse).

**Two respondents did not provide a response to the question, "Was a Report Made to Police in Regards to the Hands-on Child Sexual Abuse?".

Reasons a report was not made⁹⁸

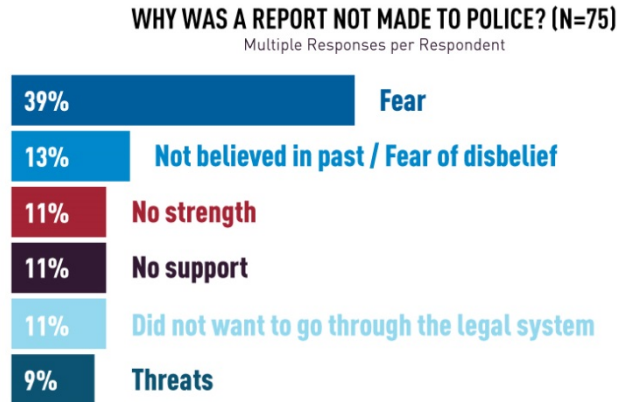
Respondents were able to provide a narrative response to this question, and respondents often gave multiple reasons within their responses. In general, fear was a prevailing theme and was apparent in a variety of forms such as fear of repercussions from the offender(s), fear not being believed, and fear of the legal system itself.

⁹⁷ Juristat (Perreault) 2014.

⁹⁸ The 77 respondents who answered "no" to the question about reporting to police were eligible to answer the question about why a police report was not made. Of those, two did not provide a response. Therefore, the analysis about why a police report was not made is based on 75 respondents.



Figure 134: Why was a report not made to police



Additional reasons for not reporting to police include: the offender had died (9%), lack of emotional/mental stability (7%), didn't have proof (8%), statute of limitations* (7%), dissociative identity disorder diagnosis, making it difficult to make a coherent report (7%) and victim advised against filing by a person with knowledge of legal system (i.e., police) (5%) and other (37%).

***Statute of limitations.** These statutes limit the amount of time a victim has to come forward. Once the statute has expired, the state no longer possesses jurisdiction over the crime. In Canada, there is no statute of limitations for criminal matters such as this; however, in the United States and Europe there are varying statutes of limitation that are applicable.

Examples of responses coded as "other" include: presence of multiple unknown offenders, the victim no longer lived in the jurisdiction, the victim had difficulty articulating the experience, victim feared they would be viewed as an offender, victim's concern for how a report would impact their family, limited memory, due to the relationship between the offender and victim (e.g., familial offender such as father) and due to the status of offender (e.g., perceived by victim as influential in the community).



Reasons for not making a report:

The following is a sampling of the responses given by respondents, organized by the themes reflected in the above graph. Many responses indicated multiple themes, so some of the themes have been grouped together below.

Fear (including threats). These respondents reported generalized fear or a fear of what might happen if a report was made (e.g., retaliation, revenge, being charged themselves). Some of these responses also fell into the “threats” category because the fear stemmed at least in part from threats made by the offender. A few respondents mentioned that to report they would need witness protection and that was either not available or not something they wanted. As well, a couple of respondents mentioned that because of the toll the abuse had taken on them emotionally/mentally, they did not feel stable enough to go through with making a report. Examples of the responses indicating fear as the predominant reason for not reporting are set out below:

- *I needed all my strength for my recovery, and currently more and more, to get around to simply living my life. I'm afraid of consequences from the perpetrators of the violence. In some pictures, when I was older and was/looked like an adult, I'm portrayed as a perpetrator. The idea of having to look at that in a courtroom puts me off (understatement).*
- *Fear, no evidence, not being believed? (Unless the imagery is found but I suppose he won't keep that in his desk drawer).*
- *In order to report the abuse I would require witness protection and this is out of the question for me. I suffered enough and will certainly not give up my social network for this. The perpetrators may just as well incriminate themselves!*
- *I was too afraid to go to the police, the thought of it has caused me panic attacks, and with the nature of my abuse, I figured it would be impossible or difficult for the police to investigate and find any meaningful evidence to charge any one of my dozens of abusers who were mostly in other countries.*
- *Lack of protection by the police; there should be a witness protection program, etc. right from the first contact to the police because of the violence. According to the experience of other victims, the police make little effort to really bring the perpetrators to justice. Influence by the perpetrators on the police work since perpetrators also are in higher positions at the police, in politics, etc.*
- *I provided anonymously names and addresses ... and asked if a criminal charge was possible and also for witness protection. [Most of] the named perpetrators were deceased by then. The [last] one is not known to the police. They did not believe me; witness protection was refused.*
- *... I was five I wouldn't know why it was not reported.*
- *I have spoken to the police on two occasions, but honestly I am too afraid.*
- *Because it had to remain a secret and I was afraid to say it.*
- *Due to anxiety and fear of revenge.*



- *Fear of revenge, suicide of the perpetrator, etc.*
- *Fear and by the time I disclosed he had died*
- *Fear of retaliation, shame*
- *Fear, offender abroad, did not want to burden my family, fear of not being believed.*
- *Out of fear, despite the fact that I am now [an adult], he is still stalking me.*
- *When I was 15 I was too scared.*
- *Threats, orders to silence and lack of evidence.*
- *Danger to my own and to the life of others.*
- *Because I got out of the ritual abuse/organized violence. It [reporting] would mean putting my life in danger.*
- *Was scared for years and didn't dare to speak because of warnings to keep silent. And my parents were not allowed to do it without me. They did go to police.*
- *Fear, as well as dissociations which are too strong so that it is impossible to reconstruct the abuse. Lack of stability.*
- *Lawyer and [health care provider] advised against it. Danger to one's life and because of DID it is hardly possible in criminal law as it stands. Either I will be killed, I decompensate, or I will be re-traumatized. The extent is unclear (e.g., if it will end in my committing suicide)...*
- *Currently, this would also be too dangerous due to the continuing assaults and good criminal structures of the perpetrators.*
- *I would not have been able to go through a trial. And my life would have been in great danger had I named any individual perpetrators.*

Not believed / Fear of disbelief. Some respondents expressed the concern that the police would not believe them or that they had not been believed in the past. Some examples of what the respondents said are noted below:

- *I come from a very religious family where the perpetrator has an important position in the church. Nobody even believes me now, let alone that the police believe me.*
- *It was swept under the carpet!*
- *Because I was scared it wouldn't be believed and because I couldn't articulate my experiences*
- *No one would have believed me and I didn't want to suffer*

No strength/No support/Did not want to go through the legal system. These categories have been grouped together for this document because overall they describe the difficulties victims of this type of abuse may have with making a police report or going through the legal process that follows such a report.



- *The chief perpetrator is my own father. To me it would be terribly difficult to report my own father to the police. In addition, my parents and the whole family deny it. That denial makes it even harder for me to carry through with that. The process of lodging a criminal complaint appears extremely taxing to me. I'm not yet ready for that at the present time.*
- *I was 11 years old and never considered a complaint then. I felt like an accomplice. I felt shame. Moreover, my mother was initially a co-perpetrator in the sexual abuse (though not in the photos, which were taken later). At an older age I was convinced that those pictures would be used against me.*
- *I don't want to do that to my mother and other family members. I don't want to go through that myself either.*
- *I don't feel ready for it yet and I am not stable enough emotionally to get through a trial.*
- *It was too long ago and I also wouldn't have the courage to do it.*
- *I didn't have the courage (yet) and didn't really see what use it would be.*
- *Another victim of the same perpetrator approached me to ask if I would please report it to the police too. I was [a young adult] then and didn't feel the need and desire (or have the courage) to open that all up again. Was sorry later, but still don't have the courage to do it now. He has been convicted, but not for my case.*
- *That is a choice I made myself. Several things played a part in it.*
 1. *My parents know nothing of my experiences and I would like to keep it that way. If I report it to the police, they will 'find out'*
 2. *My experiences are from [over a decade] ago. I have little/no proof.*
 3. *The procedure for reporting it is extremely lengthy and burdensome.*
 4. *I would have to proclaim every gory detail again and again.*
- *I was dissuaded by all sides at the present time, even by a detective superintendent with whom I had a hypothetical case meeting. Due to the dissociative identity disorder, it is not easy to make a coherent statement in court, but this is a key precondition for successful criminal proceedings.*

Filing of criminal charges

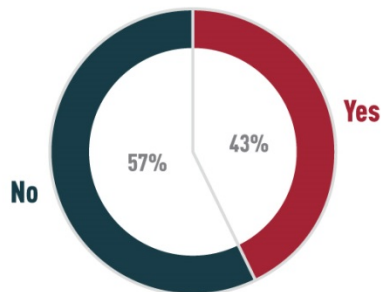
Respondents were asked if criminal charges had been filed/laid against the offender(s) who had committed the hands-on child sexual abuse and had created the images. There were 55 respondents eligible to answer to this question⁹⁹ and 49 provided a response. Of those, the majority said that charges had not been filed in their case.

⁹⁹ Respondents were only eligible to answer if they had answered "yes" to a prior question about whether a report had been made to police.



Figure 135: Were criminal charges filed/laid against the offender(s) who committed the hands-on child sexual abuse and created images

WERE CRIMINAL CHARGES FILED/LAID AGAINST THE OFFENDER(S) WHO COMMITTED THE HANDS-ON CHILD SEXUAL ABUSE AND CREATED IMAGES (N=49)

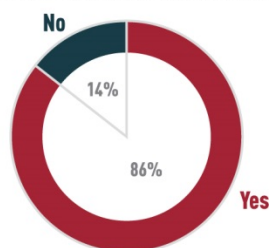


Charges specific to the child sexual abuse imagery

Respondents who indicated that charges had been laid in their case were asked whether any of the charges made against the person who abused them had specifically related to the images of their abuse. By way of background, all countries that are party to the *Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography* are expected to have laws against the production and distribution of child sexual abuse imagery in place.¹⁰⁰ Canada has gone a step further and also made it illegal to make available, possess and access material that meets the definition of “child pornography” set out in the *Criminal Code of Canada*.¹⁰¹

Figure 136: Were any of the charges related specifically to the child sexual abuse imagery?

WERE ANY OF THE CHARGES RELATED SPECIFICALLY TO THE CHILD SEXUAL ABUSE IMAGERY? (N=21)



It should be noted that while 86% of respondents who answered this question indicated that the hands-on offenders were charged with offences related to the imagery, these respondents only make up 12%

¹⁰⁰ *Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography* (2002) (the “Optional Protocol”). Article 3 requires that each State Party includes under its criminal or penal law the production, distribution, disseminating, importing, exporting, offering, selling or possessing child pornography as defined in article 2 of the Optional Protocol. According to the United Nation’s “Status of Ratification Interactive Dashboard”, 173 countries are parties to the Optional Protocol. There are also 9 signatory nations, leaving only 16 countries that have taken no action.

¹⁰¹ *Criminal Code of Canada*, R.S.C., 1985, c. C-46, section 163.1.



of all the survivors who participated in the survey. Given that sexual images/recordings were made of all survey participants, theoretically, all those who went through the criminal justice system ought to have had charges laid related to the imagery. However, there may be a number of reasons why charges relating to hands-on abuse were more prevalent in this study than charges relating to the imagery that evidences such abuse. Possible explanations could be that:

- the imagery was not disclosed by the survivor nor within the evidence found by authorities, or at least not until after the proceedings for the hands-on abuse were complete;
- such charges may have been laid initially but dropped/stayed as part of a plea arrangement; or
- the tactical choice was made to refer to the imagery as part of the surrounding circumstances or as an aggravating factor rather than pursue distinct charges associated with the imagery - reasons for this could include to avoid a debate about whether the imagery met the legal definition of "child pornography" (or the applicable term used in the particular jurisdiction).¹⁰²

Outcome of charges and victim's feelings about the outcome

Charges related to the child sexual abuse imagery

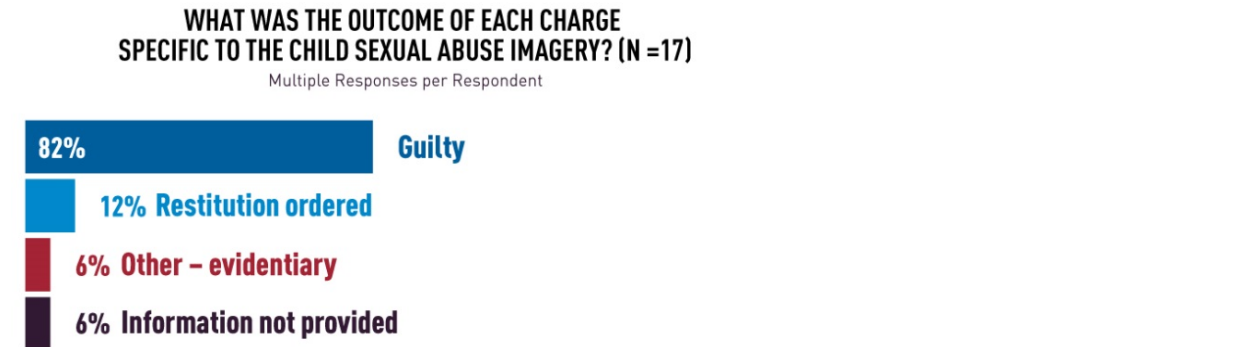
Respondents were asked about the outcome of charges that related to the child sexual abuse imagery.¹⁰³ Responses were provided in narrative form and addressed whether the offender(s) was found guilty or acquitted, what sentence was imposed (if applicable) and whether any financial/restitution order had been made.

¹⁰² For example, there are reported Canadian cases in which the facts of the case make it clear that the offender who committed hands-on abuse against a child had also photographed or recorded it but the charge(s) the offender was convicted or sentenced on did not include child pornography (e.g., *R. v. D. (T.V.)*, 2015 CarswellOnt 12111, 2015 ONCJ 435 (para. 11); *R v W.Y.*, 2015 ONCA 682 (para. 4); *R. v. Isbister*, [2014] B.C.J. No. 3293, 2014 BCPC 324 (para. 12).

¹⁰³ This question did not ask respondents to provide information about the outcome of charges related to the hands-on abuse; however, after assessing the responses it was clear that some respondents had understood the question to be asking about the outcome in relation to both the abuse and the imagery.



Figure 137: What was the outcome of each charge specific to the child sexual abuse imagery?



Most respondents to this question (82%) said that the charges had resulted in conviction, though it was not always clear if the conviction was for the hands on abuse or the imagery or both (n=17). One respondent said the offender was not convicted due to evidentiary issues – this response was placed in the “other” category in the graph above.

Sentencing information. Given that respondents were from different countries which have different legal systems and sentencing practices, sentencing information was not specifically requested. Some respondents (10) chose to include sentencing information, and of those who did, the shortest sentence was less than four years and the longest was a life sentence.

Respondent's view of legal outcome

Those respondents who reported on the legal outcome were asked about how this outcome impacted their healing. Responses varied both due to the outcome itself and the circumstances of the respondent. This question had a relatively low number of respondents as a result of underreporting to police (58% of respondents indicated they did not make a police report) and the fact that charges were not always laid following a report (57% of respondents indicated charges were not filed). Of those who did respond, nearly half expressed anger at the length of the sentence imposed, a third said they felt conflicted (e.g., glad the abuser was in jail or abuse was over, but angry about what happened to them). A few of the responses reflected that going through the process provided a feeling of relief or empowerment, helping them to regain a sense of their own self-worth.



Figure 138: How do you feel/did you feel about the legal outcome?



Note: All but one of the 13 respondents had at least one convicted abuser.

The following is a sampling of their responses, grouped below the heading the response most closely reflects:

Anger at the length of sentence. Some respondents reported feeling angry with the judicial process and the ultimate result. Examples are noted below:

- *I felt like he got off light with the bare minimum.*
- *I'm angry because his sentence was far too low. [# - under 10] years in prison is a joke*
- *[# - under 5] years for ruining so many children's lives, it's ridiculous. He did not show remorse or whatever. How the conviction played a role in my healing process? [It] made it only so much worse, just like a cow, with an ear tag and branded, sent through the slaughterhouse.*
- *It really upset me that he served the bare minimum for his crimes against me. He took my innocence and my piece of mind and he is out walking around today.*

Conflicted. Some of the respondents stated they have mixed feelings over the whole process. See responses below:

- *I feel extremely conflicted with the outcome. Nothing can make what they did okay. It's a trauma I will live with for the rest of my life. My innocence was stolen from me. The way I now view the world is completely different than how I would have viewed it if this had never happened to me. But having them locked up makes me feel better for the fact that I don't have the fear of them finding me. And if I did receive restitution, then I would have been able to afford therapy, and been able to find the right therapist for me when everything happened.*
- *I know I should feel relieved about this verdict as it is the max sentence so for this reason I am happy. This has helped my healing because it has really put in perspective the magnitude of his crimes against me. I still have a little way to go because I still have some guilty feelings about him spending so much time put behind bars.*
- *I think it's good that he is in jail for what he has done but just in general having my father in prison sucks. I'm healed without him in my life.*



- *Scared, but relieved to know that someone was keeping an eye on him.*

Relieved/Empowered. A few respondents expressed relief now that the offender has been convicted and sentenced or other positive feelings towards the legal outcome. See responses below:

- *It may be daft in retrospect, but what I found scariest was to sit in one room with him during the trial/court sessions, even though there were lots of other people there (lawyers, judges). So that occupied my thoughts a whole lot more than what verdict a judge might deliver. Only later did it begin to dawn on me that I live in a country where there is rule of law, that people are treated equally on the basis of the same rights and obligations. That realization did me a lot of good: I'm an equal person before the state, not an inferior one like I was in the eyes of the perpetrator. But it did take me quite some time before that firmly sank in.*
- *I was happy he received life without the possibility of parole. It's good knowing he will never do that again to any child.*
- *It has helped with paying for my therapy which is a couple of thousand a year. It has helped with some bills and stress I've had before I got this restitution this year. It helps me feel like I can get back at them for the damage they have done to me. I wish they could be dead.*

The one respondent who had stated that their abuser had not been convicted due to evidentiary reasons, reported feeling fearful, stating that the legal outcome, *"Keeps me living in fear, and keeps my faith in our justice system very low."*

Reasons charges were not laid and impact of no charges

This survey question was asked of those respondents who indicated that no charges were filed in their case. There can be many reasons why charges may not be laid in a particular case and the particulars of the criminal justice system in the country of the respondent would certainly be a factor that makes it difficult to generalize. Nonetheless, this question was asked to get a sense of what respondents had understood the reasons to be. The reasons are summarized in the graph below and articulated more clearly by the respondents themselves in the quotes that follow. One theme that clearly emerged was that respondents felt let down by the criminal justice system, regardless of the reason each respondent had understood to be behind the lack of charges.



Figure 139: What is your understanding of why charges were not filed/laid?



Responses also included: Offender deceased (7%) and “other” (25%). Examples of responses coded as “other” include, improper storage of evidence, problematic evidence from victim (e.g., arising from dissociation by victim, gaps in memory or general problems of the victim in reporting the offence) and police thought it would be too dangerous for the victim if they moved forward.

Note: All respondents were eligible to answer this question including those who answered “no” to the question, *Were Criminal Charges Filed/Laid Against the Offender(s) who Committed the Hands-on Child Sexual Abuse and Created the Images of Your Abuse?*

The following responses are examples of the reasons why charges were not/have not been laid. The responses provided by participants contained multiple reasons; therefore examples in the categories below refer to the primary reasons.

Not enough evidence. Some respondents reported that there was insufficient evidence for charges to be laid against the hands-on abuser(s). Examples of these responses are set out below:

- *There was a lack of evidence. ... I don't know why he wasn't charged with a lower degree charge given [what he admitted] and the evidence they had gotten from my own childhood photo album which had several photos in it that the police had taken. What I'm distressed about above all is: I don't feel taken seriously by the justice system and have lost my whole father's side [of the] family.*
- *Lack of proof that he put them online or he was behind the camera.*
- *There was insufficient evidence to bring charges against a specific person(s)*
- *Not sufficient evidence and the reporting did not go well.*
- *I was told [charges] did not proceed ... due to “lack of evidence”. At the time, I was living in a different city which I had moved to in an effort to hide from my [abuser] who had begun stalking me to a severe degree as soon as [the decision about charges had been made].*



Police and/or the prosecutor did not pursue the complaint. The following are examples of responses that fell under this category. Some of the reasons in this category were connected to those in other categories (e.g., concern for the respondent's safety).

- *A complaint was filed against "John Doe." I was scared and was relieved when nothing further happened.*
- *The police thought it would be too dangerous for me and dared not take the risk. I felt seriously let down and still do.*
- *It was too long ago so they did nothing and to that point I couldn't remember who and what and where, all that came a couple [of] years ago.*

Disclosure was not believed. The following are examples of respondents who indicated that charges were not pursued as the authorities did not believe them:

- *The police didn't believe me so I was unable to complete the criminal complaint.*
- *Rejection by the prosecution. Disbelief on the part of the authorities. Pressure on the part of the [prosecution] who did or could not believe what had happened The consequences of the first complaint were devastating and are still evident to date (e.g., fear of the police/authorities, [would not] see a doctor even when seriously injured and much more). The second attempt at pressing charges failed after a short period of time and the prosecutor did not even want to investigate.*

Influence/interference. The responses below highlight how the actions of others may hamper or influence an investigation.

- *....They did find child porn material on his computer, but because my mother had informed the my father that she knew what he had been doing to me all that time, he had prepared himself for a police raid.*
- *[Parents were told] about my plans to get police involved. My dad told me (years after this happened) he had plenty of time to get rid of evidence in their house He then told the police I was mentally ill and provided them with [a medical diagnosis] (proved to be wrong/false when I was 18). The police never told me they took him in for questioning, never heard from the police again anyway. Tried to get the reports they made back then, everything was gone...Evidence as well. All this strengthened my fear of people/police and I've been convinced that the things that happened to me are all OK, I am not a victim, I do not suffer because of what happened, I am the only problem. Police could've done so much more and they didn't, so I am not worth it and what happened/happens to me isn't as wrong as people say.*
- *Too many influences from the local political establishment and other bigwigs. The consequence is that I'm still confronted daily.*



Notification System

Notifications about the imagery (subsequent offenders)

Due to the permanence of the imagery, and the ease with which it can be shared online, survivors of child sexual abuse that has been recorded may be impacted for years after the hands-on abuse has ended. For some, the fact that a recording exists at all and can surface at any time is enough to cause ongoing feelings of panic and anxiety - for these survivors, it doesn't matter if the recording was ever shared with other people; it is enough that the offender(s) has it. But there are so many others who know that the recordings of their abuse have been shared, and that those recordings continue to circulate online. For these survivors, their victimization has continued in a new form. As one survivor so aptly put it:

Look at it like this. The hands-on was horrible. But at the very least it is over and done with. The constant sharing of the abuse will never end, therefore the reminder of its existence will never end. I get notifications every day. If you ask me, a crime that will never end is worse than one that is over, no matter how much more serious it may appear. - Survivor, in response to the question "Please describe how the existence or distribution of child sexual abuse imagery impacts you differently from the hands-on abuse".

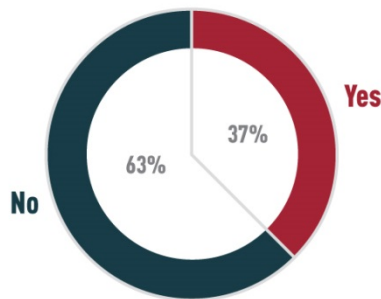
The ongoing victimization that is occurring every day as a result of the sharing and trading of child sexual abuse images raises questions about whether or not and how a survivor should be notified when someone is charged with possession or distribution of the imagery that depicts the abuse. Since this survey had participants from different countries, this survey asked survivors two questions about notifications in order to learn more about the systems that may exist and how they could be improved upon. It is hoped that the information in this section will assist countries that may wish to consider a notification system, or revise an existing notification system.

It is important to note that a particular respondents' interpretation of what was meant by the question would have necessarily varied by country. For example, the United States has a formalized a system whereby a victim is notified in writing when imagery of their child sexual abuse is found within the collection of an individual who has been charged with a child pornography offence (if the victim has opted to receive such notices). Such a system does not exist in Canada and does not appear to exist within many of the European countries either. Therefore, the bulk of meaningful responses to these questions were provided by respondents from the United States.



Figure 140: Have you been notified that another offender(s) is/are being charged with the possession and/or distribution of images of your abuse?

HAVE YOU BEEN NOTIFIED THAT ANOTHER OFFENDER(S) IS/ARE BEING CHARGED WITH THE POSSESSION AND/OR DISTRIBUTION OF THE IMAGES OF YOUR ABUSE? (N=40)



Suggestions on how to improve notification process

Given the lack of notification systems in most countries represented within this survey, the pool for this question was relatively small. Accordingly, rather than present this information in the form of statistics, the information is organized around the themes that emerged. The general theme was that giving victims control over when and how to receive the notifications is key. The following are some of the comments and observations and themes related to those comments:

The method of delivery. Email was preferred over regular mail. The concern with regular mail was that someone could accidentally see the letter, like the mailman, a neighbour or a friend.

The number/frequency of notifications. Respondents expressed concern over the number of letters/email notifications received and the frequency with which notifications came in. Having the notices go to a third party (as suggested below) could potentially alleviate this concern.

Who should receive the notices. Two respondents stated that their notifications went to a third party representative, and one recommended that this was the most appropriate system. In the words of one respondent:

- I would recommend the notification be sent to a lawyer or parent/guardian. The amount of them or having them show up unexpectedly can be a trigger and can compound the trauma. I do, however, think every survivor has a right to be notified when someone is viewing their images, for their own safety or to pursue restitution.*

Stopping and starting notifications. Providing survivors with the ability to take a break from notifications may be an option to consider. One respondent said:



- I don't know. I'm trying to find the words to describe what it's like to get letter after letter explaining that someone had been caught looking at my childhood sex photos. It's gut wrenching. My mother had been receiving the letters up until I was 18. She didn't want to tell me about them because of how hard of a time I was having already as it was. Between high school and the trauma I had been through, she didn't want to add on more pain. But when I turned 18 my mom had to tell me about them because a social worker was going to come to my house to ask me if I wanted to keep receiving the letters. When that day came, I was so torn. I just didn't want to feel any more pain. I didn't want to be involved anymore. She gave the option to stop receiving the letters or to keep it going. I requested to stop. I wasn't benefiting from knowing all the people who were looking at my pictures. I was getting four to five letters a week, sometimes more. But as soon as I cancelled receiving the letters, I felt kind of scared. Like, I didn't know if people were being locked up for what they were doing. And worst of all, I didn't know if they were in my area.*

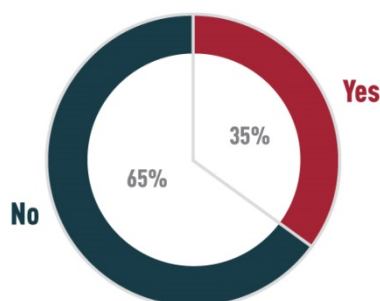
Respondent experience with members of the justice system

Access to a lawyer/attorney

Respondents were asked if they had access to a lawyer who could help them assert their rights as a victim of child sexual imagery. This question and the following question about the respondents experience with their lawyer, yielded information about both government prosecutors and personal lawyers.

Figure 141: At any point, have you had access to a lawyer to address your rights as a victim of child sexual abuse imagery?

AT ANY POINT, HAVE YOU HAD ACCESS TO A LAWYER/ATTORNEY TO ADDRESS YOUR RIGHTS AS A VICTIM OF CHILD SEXUAL ABUSE IMAGERY? (N=40)



Experience with lawyers (prosecutors or personal attorneys)

Ten respondents provided a response to this question. In general, the respondents who answered this question had positive experiences with either the prosecutor in their case or the lawyer they had retained to represent them. From the information provided by respondents, it is important for lawyers



to be supportive and to have an understanding of child sexual abuse, child sexual abuse imagery and trauma.

Experience with prosecutors (7). Two of the seven respondents who provided information about prosecutors mentioned having had a positive experience. One victim attributed their positive experience to the fact the prosecutor met with the victim to explain why the case had been postponed. The other respondents noted that they either had no recollection of the prosecutor or did not state whether the experience was positive or negative.

Experience with personal lawyer (4). All four respondents who had retained a personal lawyer at some point indicated that the lawyer retained was very helpful. The reasons respondents had positive experiences are that the lawyers were supportive, were specialized, and knew about this type of abuse. One respondent noted that the most helpful person during the entire process was the lawyer. Examples of what respondents said about their personal lawyer are set out below:

- *My lawyer was known for being trauma sensitive and passionate about victims' rights and the wrongness of child pornography. She reached out to me and I met with her and immediately felt very comfortable with her. She has always been understanding of my emotional states and is never pushy, but encourages me to put my mental and physical health first as we pursue restitution from people who are caught with images of me. She used expert consultants to put together a total for restitution I would need for my healing process. She also helped me write a victim impact statement so that my voice could be heard in the courts where these cases are pursued without my having to physically be there. She pursues multiple cases for me a month as the images of me are widely distributed. Through her involvement I have felt supported, understood, my pain acknowledged and very helped by the restitution money which has enabled me to seek the treatment that I need.*
- *[Our lawyers said] that we aren't alone and that we have rights that should be provided for us, such as therapy and restitution. They came to meet us and they had full compassion for us and admiration that we were so strong after all that we have gone through. They keep us involved with all new information that comes to their attention and take us through the motions of what [steps] we can take.*
- *I was fortunate to have lawyers that were specialized in this type of cases. In a respectful manner they taught me step by step to overcome my anxiety about the confrontation with the perpetrator.*

Who was helpful during the legal process

There were 15 responses available for analysis. Three respondents indicated that no one was helpful to them during the trial. The remaining 12 responses are summarized below:

Examples are provided under each category. Note that within some responses more than one helpful individual is mentioned.



Family.

- *My family. We all were in so much pain but together we were able to get through the situation. So many times I wanted to end it all and to not hurt anymore but with their love and guidance, I was never able to go through with it. They gave me purpose and hope that life can be good again. Every day is a challenge but I always have them to talk to*
- *It was probably my family and my school because throughout all of this, they continued to treat me like normal and didn't let this interfere with me growing up as a child.*

Friend.

- *My best friend was there the most because my mother pulled back from me completely.*

Lawyer.

- *The lawyers. They were being paid for their legal assistance but in fact they did much more. They succeeded in putting my mind sufficiently at rest to actually enter the courtroom. Again, I was indescribably afraid of my perpetrator. Overcoming that anxiety proved quite an obstacle. Together with my therapist, they gave me valuable help in overcoming those fears.*

Therapist.

- *My therapist and guardian; they tried to shield me from all the attention and to let me just be a [teenager].*

Police and victim services.

- *The investigators on my case, as well as victim services were the most helpful through all stages of the trial. They made sure I had help finding a counsellor, as well as access to funding to help with the costs, and they were extremely sensitive to my victimization while doing recordings of any kind such as my victim impact statement. They always kept me up to date during every step of the way and made sure I understood everything that was going on.*
- *My advocate and the officer who took my statement. My advocate for emotional support, and the officer because she was knowledgeable but knew her role and didn't try to be a support person. She was good at gathering evidence but did it sensitively and I felt she understood sexual abuse very well. She wasn't shocked, and she knew about the occurrence of more extreme forms of abuse.*

Victim or victim's family shown images

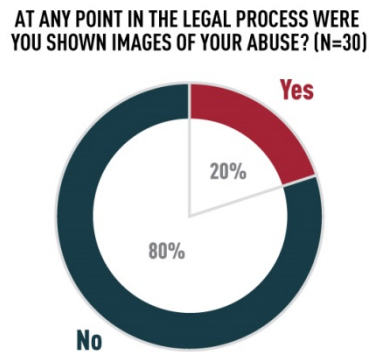
The following questions ask whether the respondent or their family members were shown images of the abuse during the legal process (images may be cropped or sanitized). When designing the survey questions, it was understood that this did happen in some cases and was tied to need to prove all elements of a criminal offence beyond a reasonable doubt. Thus, these questions sought to gain a survivor perspective on the practice. It should be emphasized that the showing of images is a practice that is likely to vary by legal jurisdiction.



Images shown to victim during legal process

Most respondents (80%) indicated they were not shown images of their abuse. Additional information was gathered by those who had been shown their images, and their experiences are detailed in the narrative that follows the below graphs.

Figure 142: At any point in the legal process were you shown images of your abuse?



Why were the images shown?

Six respondents reported having been shown their images as part of the legal process. Of the respondents who provided their age, images were shown when the respondent was a teenager. Three of the six respondents said they were shown the images to verify identity. The other three did not provide reasons.

The general theme of the responses was that viewing the images, even sanitized, was re-traumatizing. Three respondents mentioned that they were not properly prepared prior to being shown the images. Two respondents indicated that the images had been cropped and/or sanitized.

Below are some examples of statements from respondents about having to view their own images as part of the legal process:

- *It was right after my abuser was taken into custody that I went to court to identify myself in photos and sometimes other kids that were in the photos with me. It was a traumatic experience. I felt like I was in trouble and I felt embarrassed and ashamed of the poses I was doing in the photos. I was definitely not prepared to see those photos. I felt completely mortified and exposed all over again. Thinking about it now, I still feel the fear and anxiety I felt back then when they showed me those photos. I understand why they have to do that but I wish they didn't.*
- *They were cropped and I needed to verify it was me or not. It's happened a couple times now. You can never be properly prepared for it but it's nothing worse what goes through my head every day. It's a constant replay movie of what happened to me because it's PTSD.*



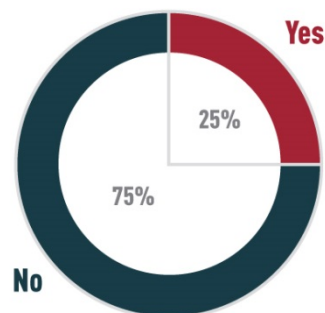
- *I was [a teenager] and wasn't prepared for it. I still remember I got nauseated and didn't know anything after that. They didn't do it any more later*
- *At [the age when the abuse was uncovered] I was shown some cleaned up images by the detective who was investigating the original abuser who created the images. He called my mom beforehand and asked her if he could come over to show us the images. I did not think they would actually be of me, because I did not think the images my abuser created had been posted on the internet. He came over and spread them on our kitchen table and I was shocked and horrified. I think I almost fainted. These were all still images, about five of them. [As an adult], my mother and I were shown cleaned up short clips from the videos that were taken because the prosecutor said he would need a positive identification from both of us on these to build his case. Viewing these and seeing my mother view them was one of the most horrible experiences of my life. It was shameful and re-traumatized me and gave me nightmares and all the other PTSD symptoms all over again. I had never seen many of these videos and didn't remember all the events they captured. Seeing them made me see how the pedophiles who watched them viewed me. I can never unseen those and neither can my mother and they will haunt us both forever. I so wish this part of the process of prosecuting my abuser had not happened.*

Parent/guardian shown images

In some cases, the respondent's parent or guardian was made to view the images. This could be in addition to the respondent, or as an alternative, particularly if the respondent was still a child. Again, in most cases (75%), the respondent's parent or guardian was not shown images. However, for 25% of respondents, a parent or guardian was shown images of the abuse.

Figure 143: Was/were your parent(s)/guardian(s) ever shown the images of your abuse?

WAS/WERE YOUR PARENT(S)/GUARDIAN(S)
EVER SHOWN THE IMAGES OF YOUR ABUSE? (N=36)





Circumstances under which parent/guardian shown images

Of the 36 respondents who stated that their parents/guardians had been shown images of their abuse, eight provided information about the circumstances under which their parents/guardians were shown the images. In general, parents were shown images either as part of the police investigation, or specifically for the purpose of identifying their child in the images. All responses have been divided into categories below. This question did not specifically ask for impact, but where such information was provided, it has been bolded below.

Police investigation. The following responses indicate the images were shown during the police investigation, presumably for identification purposes or to verify certain features of the images:

- *I've never asked my mom about that. I imagine it was extremely overwhelming and heartbreaking to see her little girl taken advantage of like that. My heart breaks for her to think of her having to see that. To see what her husband had done behind her back.*
- *The night my house got raided they took my dad, the abuser and the cops and investors showed my mom, my sister and my brother.*

Other. One respondent indicated that their guardian was shown the images to enable that guardian to provide better supervision:

- *It was shown to my therapist and guardian so they could supervise me better. When I heard that later on it grossed me out. That made me see them as co-perpetrators because I couldn't imagine them not putting it to improper use. My distrust grew tremendously.*

Victim attendance at court hearing

The following two questions ask about whether the respondent has ever attended a court hearing in connection to the images of their abuse. Given the open-ended nature of the question that was asked, respondents were able to share information about any legal proceeding they were involved in (criminal, civil) regardless of whether the proceeding involved the hands-on abuser(s) or a subsequent possessor/distributor of the abuse imagery.

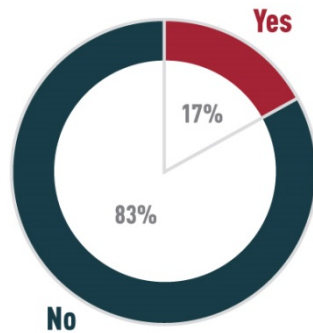
Survivor attendance at court hearing

The number of respondents who indicated that they had attended a court hearing dealing with the images of their abuse was quite low.



Figure 144: Have you ever attended court hearings dealing with the images of your abuse?

HAVE YOU EVER ATTENDED COURT HEARINGS
DEALING WITH THE IMAGES OF YOUR ABUSE? (N=34)*



*Note: This question was asked whether or not a respondent had been through the criminal justice system. This was to capture any respondents who may have pursued a civil action against a hands-on abuser or who had attended the hearings of those who possessed or distributed images of their child sexual abuse.

Circumstances and impact of attending court

Of the individuals who answered “yes” to having attended court (see previous question), four provided information about the circumstances under which they did. All responses are categorized below by type of proceeding. While information about the impact of court was not specifically asked for in this question, when provided the information is included in bold text within the response. It is also important to state that due to differences in legal systems and evidentiary approaches among countries, the experiences below would not necessarily be applicable in all jurisdictions. Also, given the passage of time, court practices may have changed.

Abuser’s trial.

- *It's a bit of a blur when I think back to that time. I was 12 years old when I went to court to confirm the photos that were taken of me. I had to identify one of the men that abused me. He sat in the same room as me, I had to identify him to the court. **I just felt hatred searing from him towards me. Like I was the one in the wrong.** The judge asked me many questions but I can't think of any specific question at the moment. **I just remember thinking “when is this over, when can I go home?” It's a nightmare that still reoccurs in my mind to this day.** Because of the trauma, that I went through at such a young age, most of my memories are fuzzy or black. My therapist told me it's Post Traumatic Stress Disorder.*

Trial of offenders in possession.

- *I have attended court [many] times to share my impact statement and answer questions from a defense attorney or judge Most of the time, this was done to prove to the court that I was a*



*victim, that it was not a victimless crime and to take it more seriously. **These experiences in court were emotionally very difficult because I had to see a person who had downloaded images of me and enjoyed seeing me sexually assaulted. It also hurt when judges weren't receptive or when defense attorneys questioned me and tried to make it seem like I wasn't a victim. It was empowering to read my impact statement and see the effect it had on the courtroom as people started to understand.** Sometimes even the perpetrator or the perpetrator's family would "get it" after hearing my impact statement and would write me heartfelt letters of apology. This I appreciated.*

Display of images during court process

In addition to questions about whether they or their family were ever shown images, respondents were asked whether they knew if the images of their abuse were ever shown in court. The question was asked to gain a better understanding of what the respondent may understand about the court processes that may involve their images, whether or not they are actually present at the proceeding.

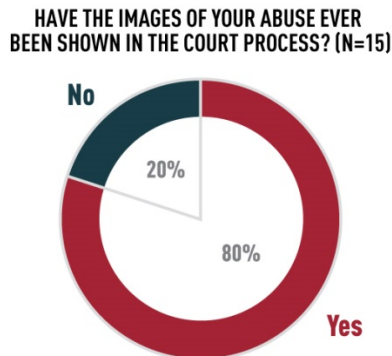
In North America, exhibits or the display of evidence of an offence is part of the court process and can assist the court in understanding the severity of the offence. This may not be the case elsewhere. Court practices vary by country, and the sensitivity surrounding child sexual abuse images raises special concerns (for example, a judge may make a determination to "close" the courtroom and exclude members of the public to limit exposure of the images). It may also be the case in some jurisdiction that images are "sanitized" for the court process (meaning the sexual aspects are blurred or blocked). As an alternative to viewing (and sometimes, in addition), the court may be provided with detailed descriptions of the images and the abuse depicted within.

Images shown during court process

Most of the respondents who answered this question indicated that their images were shown in court at one time or another. It is important to keep in mind that court practices may have changed over time. Also, it should be noted that three-quarters of the respondents to this question were from North America (Canada or the U.S.).



Figure 145: Have the images of your abuse ever been shown in the court process?



Seven respondents provided information about the context in which images were shown. These respondents understood that the images had been shown to provide evidence of the accused's guilt, to demonstrate the severity of the abuse or the abuse imagery, or to show that the offender is a danger to society. The feelings expressed about images being shown in court were discomfort, embarrassment and a feeling of being "exposed." To that point, one respondent expressed relief that members of the public were excluded from the courtroom on the day the images were shown.

Statements from respondents about their images being shown in court are below, and information about how this impacted them is in bold text:

- *Still images and video clips of me have been shown in court pretty regularly as evidence of the more severe nature of the crime, since these images included things like bondage. The images are cleaned up, but it is obvious what was going on. I was present in court once while these images were shown and **it made me very uncomfortable, but I felt that it made everyone in the room uncomfortable and feel sorry for me too.***
- *I think they showed them to determine whether or not the men that did that to me should be found guilty. Like I said, I don't remember much detail. **But I remember the way I felt. I felt exposed and embarrassed.***
- *Some images and videos were shared in the court room **The whole idea of anyone having viewed these makes me feel a little insecure and violated,** however I have extremely thankful the public was banned on this particular day. **I personally don't remember a lot of the content of those videos/images and to think that strangers have seen it when I don't remember it makes me feel so uneasy, that's a part of me I don't even fully know.***
- *The circumstances are not completely clear to me. On the basis of what one of the judges said during one of the court sessions on my case, I know that the police/detectives had done more than I had been informed of. The only photos that were used in the court sessions themselves were ones showing my face only. They were photos made from negatives in which the abuse was*



recorded. The sexual acts themselves were not visibly presented in the court proceedings against this perpetrator but were described down to the last detail in affidavits.

Victim impact statements

In some countries, victim impact statements can form part of the sentencing process. Where these statements are used they permit victims to, within certain limits, express the emotional, physical, financial and other impacts on them as a result of the crime. In Canada and the U.S. these statements are generally written and may be read out loud in court by the victim or the prosecutor. However, each country has its own rules and practices regarding these statements, such as whether they are allowed at all and in what circumstances, what they can say, and who is allowed to provide one.

One major difference between a crime that involves possession and distribution of child sexual abuse imagery and other crimes is the numbers of offender(s) there can be. One need only reference the crime statistics for any given country to realize that images and videos depicting the sexual abuse of children is a problem that is massive and growing. Moreover, the reality that while for most crimes, there is a definite time period and geographic location within which the crime starts and ends that is not the case with this type of crime. Abuse images/recordings can be downloaded and shared countless times and by countless individuals all over the world. The reality is that each time the image of the abuse is viewed, downloaded or trade, the survivor is re-victimized.

The child who is abused in the image/recording is readily recognized as a "victim" for the purpose of criminal proceedings that may be brought against the hands-on offender who created the imagery (assuming they are one and the same). When that same image/recording is collected and traded online, it is recognized that the child depicted is a "victim" but the child (who may by then be an adult) is not always aware of or provided formal notice about the legal proceedings, nor given the opportunity to make a victim impact statement.

Survivors whose sexual abuse as a child was recorded have critical information to provide a court about how they are impacted each time an offender views the images of their abuse, and the impact that sharing and distribution may have on their present-day lives. However, the ability for survivors to provide a statement in such cases is tied to them being notified when someone is charged with the possession (or the sharing) of their images. As discussed under "Notification System" above, many countries do not have a system in place to facilitate this process. With innovations in technology and careful consideration of privacy and related issues, those countries who may wish to pursue such a process could certainly do so. Ensuring survivors who wish to convey to the court (and the public) information about how they have been impacted are able to do so is a critical step towards the development of better systems and supports for all who have been victimized in this way.

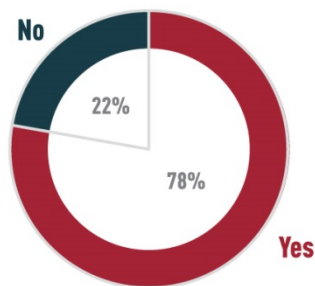


Victim impact statement filed?

All respondents who had indicated that they were involved in the legal process at some point in their journey were asked if they had ever provided a victim impact statement related to the images of their abuse. The overall number of respondents who answered this question is low, but most who responded had provided a victim impact statement. As noted above, different countries have different procedures, so the information below is not meant to be specific to any one country or legal system.

Figure 146: Have you provided a victim impact statement related to the images of your abuse?

HAVE YOU PROVIDED A VICTIM IMPACT STATEMENT RELATED TO THE IMAGES OF YOUR ABUSE? (N=18)

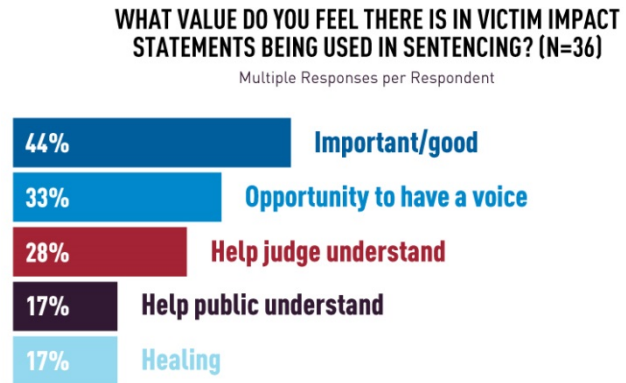


Value in victim impact statements

Respondents were provided with an opportunity to share what value there might be in providing a victim impact statement. Those who responded said that victim impact statements served a variety of purposes, both personal and education (e.g., having a voice, helping their healing) and for the education of others (e.g., judges, the public and offenders).



Figure 147: What value do you feel there is in victim impact statements being used in sentencing?



Examples not included in the graph above include help outcome of case (14%) and help offenders understand (3%). One respondent indicated that there was no value in victim impact statements; this response is not included in the percentages indicated in the table above.

Below are examples of responses that reflect the themes in the graph above. As some respondents provided multiple reasons why victim impact statements were valuable, their responses are generally grouped under the heading that is the most applicable except where they could be reasonably split into separate statements.

Important/good. A number of respondents indicated that victim impact statements are an important part of the legal process, as well as their healing process. Some respondents in this category chose to simply indicate that the statements were important or good without providing further information and those statements are not reproduced below. Sample responses with more detail are below:

- *I'd consider it very important indeed. I always have the feeling that I have to carry this with me my whole life. That is an onerous reality.*
- *If it comes to trial, very important!*
- *I think that would definitely be good. In my case there was a lack of evidence so just boiled down to that I was a liar and he was put in the right. In my case it wouldn't have achieved anything. After all, in religious calvinist towns it's difficult to take seriously in the courts I think. Also in those days it wasn't talked about very much.*
- *As long as administering a statement like that doesn't mean that it's basically re-experiencing the trauma, and being trashed by the opposing party, I consider it extremely important for a judge to hear what it's like to go through something like that.*

Opportunity to have a voice. Some respondents said that victim impact statements give victims an opportunity to be heard. Some examples of these responses are set out below:



- *I think my statement would be very important in being able to voice what this has done to me and would contribute in that way to recovering my essence. Whether that would contribute to the severity of the sentences for the perpetrator(s) I don't know. I also believe this is not about the sentences for the perpetrator(s), but much more about my freedom and recovery. (I have not had any court cases regarding sexual abuse and/or child pornography).*
- *I feel like the victim impact statement played a key role not only in the outcome of my case but also in my road to healing. It was very important for the people of the court to see and hear the effects this man's crimes had on me. It was a brief example of my mental state, as well as the effects being in front of a camera again had on me. It was also a change for me to make my voice heard. It allowed me to express my thoughts and emotions about the crimes in a safe environment and made me feel like I could make a difference in the outcome.*

Help judge understand. Some respondents felt their victim impact statement can help the judge to understand what victims have gone through as a result of the abuse. See examples below:

- *It should rate very high if someone is prepared to give evidence because the resulting damage can be described and explained better than through an expert report.*
- *I do not know if this kind of declaration can be done only in writing, and if it can be separate from the report of the crime (if someone else, or if it can be done in another way) but if so, I would like to do that. I think it is very important that it is known what the effects are, for the victim. Because the act itself, the images themselves, that is not everything. It is your complete self-image, your complete being, your identity that is affected.*
- *I think that is very important. Through declarations` by victims, it becomes clear what the impact of the abuse is and I find that an important aspect in determining the sentence.*

Help public understand. Other respondents stated that victim impact statements also give members of the public insight into what victims have gone through as a result of the abuse. See examples below:

- *They give the victims a voice, they make the crime personal and they help the victim take some of their own power back. They also help everyone in the courtroom understand the seriousness of the crime.*
- *Anyone know what it's like to walk down the street and strangers recognize you from a porn site?*
- *Understanding of enormous hurts, handicaps, hating life on earth.*

Healing. Some respondents stated that victim impact statements help them heal. See examples below:

- *Writing it [the victim impact statement] helped me gather my thoughts about the situation and also lets others know about the sick things that were done to me.*



- *I feel like it's really hard to share your biggest secret on paper for others to read but it's also relieving to have your own say in what happened and how it affected you.*

One respondent shared a lot of information about the entire experience with the legal system - the emotions experienced while writing the victim impact statement, how it felt to learn the statement had an impact on the outcome, and the proceedings in general. The response is produced in its entirety below:

Very important, I think, and for two reasons. In the first place, drawing up such a statement triggered a kind of consciousness-raising process in me. In retrospect that was, in turn, an important step in my own process of coming to terms with the abuse. In the second place, my victim impact statement was taken into account in the final verdict. At the time I was solely occupied with my fight against my fears of the perpetrator. It took some time before I fully understood what was actually contained in the rulings. At that moment it got through to me that I had been heard. I felt very moved. I think that definitely helped me in coming to terms with my past.

I do think it's important to observe that in my case it's more like a process I went through. The victim impact statement was a struggle in itself. And even when I saw the final verdict, not everything sank in yet. I needed time and therapy to really fathom it. Going through legal proceedings like that is a process, but simultaneously dealing with everything that gets raked up also took me time.

Ultimately I experienced the legal proceedings as a sort of emotional roller-coaster. The agenda was determined by judges and lawyers, whereas my emotions at the time could hardly keep abreast of it. But it did prove to be a healing roller-coaster. If I had to do it over, I wouldn't have done it any differently.

Hesitation about providing a victim impact statement?

Respondents were asked if they had felt any hesitation about providing a victim impact statement. This question was asked of all respondents who indicated they were involved in the legal process; it was not limited only to those who had answered “yes” to having provided a victim impact statement.



Figure 148: Do/did you feel any hesitation about providing a victim impact statement?



Examples not included in the graph above include too hard to articulate (10%) and don't know how to go about it (10%).

Examples of answers coded as "other" included didn't feel people would understand, hard to record video statement, no support person; felt offence would seem less harmful to a court if victim wasn't "damaged" enough.

Below are examples of responses that demonstrate the themes in the graph above. Note that respondents were able to indicate multiple reasons why they felt hesitation and the examples below are sorted according to the primary reason.

Hard to share/vulnerable/too hard because of emotions. Some respondents indicated that the idea of submitting a victim impact statement made them feel vulnerable or was emotionally taxing to prepare and to deliver. See examples below:

- *I'd be afraid my statement would then give power to the perpetrator because the perpetrator could see and hear my weaknesses at that moment. Whereas we've always been keeping our mouth shut all those years to keep people from knowing about how we were affected and from gaining entry into our system.*
- *A lot because it is scary to have what I deal with every day out there.*
- *It is hard as a victim to talk about abuse like this so if you're not ready then only you will know when you want to talk about it.*
- *I chose to do the recorded statement which was difficult because I don't normally do well in front of video cameras due to the side effects of the crimes, so this was a huge hesitation. Also telling my story is very hard for me. I knew the things I might say may hurt the ones I love. I kept things inside for so long and there is still so much my loved ones don't know so expressing myself worried me a lot, I was worried that they would look at me different.*
- *They are very hard to write. One has to dig deep into dark places to find the right words. Being a victim of child pornography is such a complicated trauma that it is very difficult to find the right words to explain it and it can be very depressing to put it all down on paper as it make the effects more real when you see them all at once. A person writing a victim impact statement should have after care and emotional support throughout the process.*



- *I didn't know what was okay to say and what wasn't. I also had a really hard time being able to go back to that mindset and open up to those emotions again. It was really overwhelming but at the same time I felt like I was finally able to tell my story. It's been told by so many other people (on the news, in the papers, and by lawyers) but never from me or my own experience. It felt like I finally had a voice.*
- *I didn't want to write out and see and process completely what happened to me as a victim.*

Fear. A few respondents stated that they were afraid of the fallout of both the legal process and providing a victim impact statement. See examples below:

- *I was scared, and young and lost the one trust I thought I had.*
- *Just being known to be out there convicting these people is extremely dangerous. These types of criminals are extremely sick. This type of behavior is known to drive serial killers, as well as perverts. I live in fear.*
- *Dissociations, pressure by judges and lawyers, fear, no written concept, no person with me to support me.*
- *A lot of hesitation. Afraid of not being believed but also afraid of getting punished because I opened my mouth.*

Restitution

Respondents were asked about whether they have ever received financial compensation for the losses stemming from the images of their abuse. Restitution involves the payment of money by an offender to a victim as a form of compensation for the harm done. The “Impacts” section of this report contains more information about the losses typically experienced by survivors of child sexual abuse imagery, but in general, these individuals may experience lifelong impacts that are extremely difficult to quantify and are generally compounded by the continued existence of the imagery, which makes this type of crime very different from most crimes for which restitution may be ordered. Losses that may be a bit easier to quantify include lost earning potential, lost wages and costs associated with seeking therapy.

Regardless of issues that may exist with quantifying the loss, the reality is that when it comes to the images, the hands-on abuser(s) and the subsequent possessors and distributors of the images continue to contribute to the losses of the survivors. From a loss standpoint, courts may have little hesitation assessing and awarding damages flowing from the activities of the hands-on abuser, but may be less open to the idea of ordering a subsequent possessor or distributor of the abuse imagery to pay such damages.

The mechanisms for victims of child sexual abuse imagery to obtain compensation from an initial abuser and subsequent possessors/distributors vary by country. In general, restitution may be available through a civil proceeding or as part of the criminal sentencing process, and there are pros and cons to each process. It may also be possible for survivors to access specific funds for victims comprised of monies



obtained from fines and other levies against those found guilty of a crime. This type of funding may be more limited in nature. For example, it may only apply while the survivor is engaged in the criminal justice process.

Providing restitution to victims of child sexual abuse imagery can be challenging for courts given the ongoing nature of the crime and the need to apportion fractions of the victim's losses amongst an often growing number of offenders, as well as the difficulty of measuring the losses associated with the lifelong impacts of the imagery. For example, in Canada, the *Criminal Code* provides judges with the ability to order restitution as part of the sentencing process. The losses for which restitution is sought must be "readily ascertainable".¹⁰⁴ The requirement that the losses be "readily ascertainable" is a challenging one to meet given the changing number of offenders and needs of the survivor over the years. One approach may be to enact legislation that sets out certain amounts of restitution for particular crimes involving the images.¹⁰⁵

While it may not be easy to fit damage or restitution awards into existing legal concepts and processes, the unique losses that these survivors have suffered and continue to suffer do need to be considered by all countries. The sad truth is that it is the survivors who have had to bear the brunt of the loss to date. This cannot continue. While each country may need to come at a solution in a different way, there is clearly a need for the rights and distinct needs of survivors to be addressed in a more systematic way.

The following survey questions provide some information from survivors about whether they have ever received restitution and how they view restitution in general.

Restitution for survivors of child sexual abuse imagery

61% of respondents indicated that they had received a form of financial compensation as an outcome of a court proceeding. The number of responses analyzed for this question was relatively low because many respondents did not become involved with a court system or they did not choose to answer this question. Only 11 respondents reported having received financial compensation. This number is troublingly low because responses to other questions in the survey (such as those about therapy and impacts) make it clear that most survivors have suffered financial losses as a result of both the hands-on abuse and the imagery.

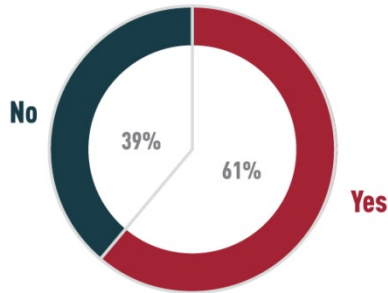
¹⁰⁴ *Criminal Code*, R.S.C., 1985, c. C-46, section 738(1).

¹⁰⁵ For example, the *Amy and Vicky Child Pornography Victim Restitution Improvement Act of 2015*, S. 295, 114th Cong. (2015). This Act has not been formalized into law but it represents an approach worthy of consideration.



Figure 149: Have you received any restitution as an outcome of any court proceedings?

HAVE YOU RECEIVED ANY RESTITUTION (OR OTHER FINANCIAL COMPENSATION) AS AN OUTCOME OF ANY COURT PROCEEDINGS? (N=18)*



*All 18 respondents had reported the hands-on sexual abuse to police and charges had been laid against the offender (s) as a result of the report.

Respondents' feelings about receiving restitution

Eleven respondents indicated that they had received restitution or some form of financial compensation. Eight of those 11 respondents provided answers as to how they felt about the restitution or financial compensation received. Overall, responses were mixed suggesting that a one-size-fits-all approach may not meet the needs of survivors. Survivors may need options to recover their losses or cover their expenses through different means. This is discussed more under the following section.

Four respondents who received restitution had positive feelings about the money received. The respondents indicated that the money received helped them financially in a difficult time.

- *I feel grateful and also, justified, to be honest. No amount of money can repair the damage, but it can help me have resources to seek out healing and learn to cope better. The downside is that sometimes people know you have money, and ask (which is rude) where it comes from. It is not something I like to explain to people because it still comes from a sad situation.*
- *The amounts are very small and varied. I get only bits and pieces, but I am extremely grateful that restitution in any amount is being awarded.*
- *I feel very grateful; it helped with counselling and some debt that had accumulated from student loans after failed attempts at university. I know there are a lot of survivors out there who don't receive help at all.*
- *It's great to receive restitution because it rebuilds our lives little by little. The offenders who view us revictimize us over and over again without realizing it and take a piece of us with them with every view. So it's nice to take a piece of them too.*

Two respondents gave mixed views on receiving restitution. Overall, all two respondents were happy to have received money but:



- *I'm doing it so I can provide for my kids. In all honesty, it's a little thing and it doesn't make up for anything. No money is worth what I've been through. Nothing can replace the childhood I completely lost.*
- *In the first analysis very strange. I have pain in my soul and get a "medicine" for my wallet. To me those are two different things. But in all honesty I should say it made my life rather easier in a difficult period. In any case it helped me build up something again, to work on a new future.*

Two respondents had negative feelings toward receiving restitution. These respondents stated that:

- *... I had to negotiate the amount with the offender in some sort of mediation. That was terrible. Because the offender could not pay the entire amount, I have been trying for [a long time] now to get my money with the help of legal collection officers. That too is horrible.*
- *Ridiculous. As if money can erase everything. I donated everything because it just makes me angry.*

Respondents general views about restitution

This question was asked to get a broader sense of how respondents viewed restitution for survivors of child sexual abuse imagery. Respondents were not required to have received restitution and were not being asked specifically about their experience receiving financial compensation.

Similar to the previous question that was specific to actual compensation received by a respondent, there were a number of positive responses, but also several that conveyed an overall feeling of being conflicted. The responses addressed both funding from the government and restitution paid by offenders.

The collective information conveyed through the responses provide valuable insight that may be useful when considering or developing a restitution/compensation model. For example:

- some respondents expressed not wanting to receive anything from an offender(s). Access to a general pool of monies funded by fines or levies against offenders may alleviate this feeling while still allowing the survivor to receive assistance to address their losses.
- many respondents conveyed the sense that money is not ever going to be an adequate form of compensation. With that sentiment in mind, concrete help such as directly providing therapy to survivors and funding a wider range of programs may be another way to assist survivors in their healing process.
- One survivor mentioned that survivors could benefit from receiving more information or assistance when deciding how to use monies received (such as help identifying and connecting with specialized therapists).
- Finally, although not explicitly stated by many respondents, there was a sense that any process for applying for and receiving funds should be streamlined to avoid re-traumatizing the survivor.



Figure 150: What are your general views about restitution?



*Respondents who did not provide a response or provided the response “do not wish to comment” were excluded.

Positive views. The respondents who expressed positive views about restitution or other financial compensation indicated that it gives respondents the opportunity to seek assistance for necessary services (e.g., counselling) they would be otherwise unable to afford. Some stated that restitution or financial compensation gave the respondents the feeling that their loss was being acknowledged. This feeling was stated by respondents who had received restitution and those who had not. Examples categorized as positive views are:

- *I feel like restitution gives victims opportunity. Speaking from my own experience, I haven't had a moment to catch up to society. I am always jumping from job to job and I can't stay in school because I can't afford it. From middle school to high school I missed out on so much education having to deal with my situation. I have social anxiety and can't stay in a room with people for too long without feeling tense. I would go to the nurse and insist that I was sick and had to go home. And when I went to college I couldn't focus, I felt so stupid because I didn't know the basic schooling that I should have known. Even while I'm working I feel anxious. People will stare for too long and I instantly start to feel afraid and I start thinking, “what if they know me?” If restitution was available to all victims, we would get the chance to have therapy and an education.*
- *This is important because otherwise therapy or other support cannot be paid. But compensation can NEVER make up for the damage it caused.*
- *Victims who were subjected to sexual and sadistic violence have experienced great injustice and the State has to take responsibility for this. It is a human rights violation and it must be recognized as such! Equally, it is the responsibility of the State and the authorities such as health insurance providers, to make sure that the victims are guaranteed the best health care support and participation in a “valuable life” and that the victims are compensated financially or by means of a pension. Other non-governmental compensation (if they pay in the first place) should not be tied to an order of secrecy.*



- *I received no restitution and that was very tough as well because it gave me the feeling that they didn't believe my story, although the judge said he did believe it but couldn't prove it.*
- *I did file a request [for government funding]. ... It took me two years to write down the story of my experiences. But now that I am busy with it, I notice that it does something to me. I have this idea that I can symbolically receive, but also give to myself, a certain recognition.*
- *Now that I receive allowances, I realize that it would have been very helpful if there had been compensation for victims.*
- *I think it's important for survivors who want it. We are entitled to be compensated because society has turned a blind eye in the past and been complicit.*
- *I think all victims would do better if they had it and also some direction on how to use it (support in finding mental health and medical providers for their needs). I hope that the process for seeking restitution will become easier and more streamlined so that victims of this crime won't have to jump through all the hoops I have had to, some of which were emotionally damaging.*

Conflicted/mixed views. Some respondents had mixed feelings towards receiving financial compensation, particularly if it was coming directly from the offender. These respondents feel that restitution is necessary in order for a victim to live their life (e.g., pay for necessary services) but also expressed that their pain and suffering cannot be alleviated by money. Some respondents expressed concerns about the process of receiving restitution, such as having to follow up with the offender in order to get a payment. Examples of responses in this category are set out below:

- *Basically, there is no money in the world that could compensate for what we lived through. However, it could help the victims to at least be financially stable.*
- *I'm not sure, if money is needed to recover, to create a (safe) circumstance in order to face and deal with things to suffer from, then money can be good, but not when it comes from the one(s) who harm(ed) you, they should pay someone else their debts. As a victim I would feel as if I am being paid for services provided, no matter what the circumstances were.*
- *This type of violence cannot be compensated but it is a sign of recognition by society and many are dependent on this money.*
- *With the compensation payment I received from the compensation fund I was able to pay off part of my debts, but like the fund itself says, it doesn't compensate for the suffering you were caused.*
- *I'm very ambivalent; to me it would feel like I was being paid for it, whereas in general I'm a proponent of it. [The abuse] cost me my job, left me with an enormous load of debt and also therapy and other treatments cost a lot of money.*
- *Just and fair, but the determination of the sentence for the perpetrator(s) themselves plays the most important role, should I ever be capable of lodging a new complaint. Money gives me back nothing and another person won't be protected from a similar situation.*



- *It can alleviate suffering as long as you do not have to receive payments from the offender for years on end.*

Views that expressed a lack of comfort. Like those in the conflicted category above, these respondents were not comfortable receiving money, particularly from an offender(s). In essence, money cannot compensate for the damage. Examples of responses in this category were:

- *Sorry but I feel sick about that... I get money of people who earned money with my child body.*
- *Money can't buy life.*
- *Yes I think that money doesn't redress anything, I wouldn't have really wanted it.*
- *Money will never put this right. It remains a struggle to survive so what good does money do?*
- *A damage restitution payment never equals the damage that was suffered. Even if I'd be a millionaire due to the restitution, that wouldn't ease my suffering. I'd even start feeling again like a whore to that person considering that I've also been involved in prostitution and during abuse was bribed by several perpetrators with money or material things that were to supposedly nullify the damage.*

Other information about experience with legal system

Respondents were asked to provide, "Any additional information about their experiences with the legal system." Many responses were relevant to other questions and were transferred to those questions for analysis. A sampling of the responses that remained reflected the following themes: not feeling safe, the need for more training by those in the legal system, and the need for more information and support. One respondent clearly expressed the need for the problem with the propagation of imagery to be taken care of, stating: "Legal system should be more alert and should be able to get rid of these pictures. Because technology is so advanced, I don't understand how this is still a problem."

Responses are grouped under the most applicable heading below:

Respondents Did Not Feel Safe within the Legal System. Some respondents said that they found their experience with the legal system to be overwhelming and/or they believed they were not protected enough from their abuser(s) while they were going through court processes. For example:

- *My experience with the legal system was overwhelming. I just didn't feel safe, I didn't know who to turn to and I felt like half of the time I was the one being interrogated rather than the criminals. So many different people were asking me different questions, consistently pressuring me to provide answers that I didn't even understand myself. I never got a chance to process anything and therefore I didn't know what to say. I wish that I had one person to help me through everything and make sense of it all.*



- *What I actually did find a little scary was the court proceedings. In effect a kind of show is being put on, just like the perpetrator always put on a show for the outside world. You're lucky if you then encounter a judge that pierces through that or a police officer that investigates further because he doesn't buy the perpetrator's rap. In some way I felt intimidated by that THEN. I NOW realize that judges do their work impartially. But at that time it FELT to me like they too MIGHT have been swayed by the shrewd manipulation that my perpetrator is so good in. And especially after his lawyer had made mincemeat of affidavits. I realize there's a bit of paranoia in this. But the other side of it is that I can scarcely describe how crafty and vicious this perpetrator is. As a child you're lost from the very start with a man like that. And once I was lost, I had wait till later to learn that not everybody could be manipulated by his behaviour.*
- *Witness protection and psychosocial supervision, even in times outside of the police office/court are needed for victims of ritual violence, and better informed officials and experts are needed.*
- *Witness protection for victims who are running away from ritual violence and more awareness of it for all people involved.*

More Training/Empathy Needed by those in the Legal System. Another theme that came out in response to this question was that members of the justice system need to understand and be sensitive to the experiences of these survivors. For example:

- *More information and education especially for prosecutors, judges, etc. about this topic [psychological consequences]. Possible solutions, for example, could be specially trained prosecutors and judges who APPRECIATE that this exists and who KNOW what things happen to children in those abusive depictions so that they can at least conceive that that what they are hearing may be possible. Credibility of victims (e.g., expert reports on credibility in which people with dissociative identity disorder are always deemed incredible as far as we know). Only experienced and well-trained experts should be allowed to submit reports which are valid before court! Especially when it comes to expert reports, it often happens that experts are mandated (also with the authorities) who have no idea about this topic.*
- *Too many negative experiences to enumerate. Mainly due to ignorance and the use of information to do their work as well as possible, not allowing for personal motives, guilt feelings, shame, anger, fear and other feelings. Talking anxiety into your head by using information against you from psychiatric reports, punishable offences committed myself at a later age. Assumptions and prejudices... Had a few positive experiences.*
- *People in the legal system need to be more sincere about their work and not just treat it like another case.*

Survivors Need More Information About and Support Within the Legal System. Some responses indicated that survivors need to be supported within the legal system, including through the provision of information and having their needs recognized. For example:



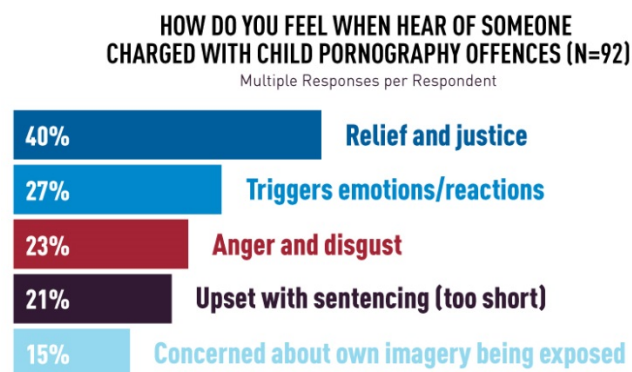
- *At that time I felt so alone, there was nobody who told me what my rights where. I really needed that so much just as protection and I didn't get it.*
- *With dissociations, [and being] under shock, oral proceedings are harmful to the victim. Victims should be able to answer questions by the judge in writing BEFORE [and] together with a trusted person. Written PREPARATION of VICTIM STATEMENTS with competent assistance, without risk of contradictions — BEFORE or after the court proceedings.*
- *I'm extremely disappointed about how things went... In any case it would be preferable at any rate if a court case didn't officially have to take place in the perpetrator's town. I had to travel from [location] back to [location] because my [offender] lived there.*

Feelings about reports of child sexual abuse imagery charges

Respondents were asked how they feel when they learn that someone has been charged with a criminal offence related to child sexual abuse imagery, such as through a media report. While many survivors said that they experience a sense of relief when they hear of such charges, others said that hearing about such charges can be a troubling experience. An overall view of the responses suggest that media should use sensitivity when reporting about these types of offences, and also that anyone who is close to a survivor (such as a therapist or family member) should be alert to the potential triggering effect that these types of reports may have on the survivor.

The graph below shows the distribution of the type of impacts on respondents from hearing that a person has been charged for the offences related to child abuse imagery:

Figure 151: How do you feel when you hear of someone charged with child pornography offences?



Other reactions included: Concern for victims/hope the victims get help (14%); Feel helpless (14%); and Scared (9%).

The answers to this question provided responses that fell under several themes. The responses under the different themes below only refer to the primary theme in that response; however the response



may also reflect other themes. The main impacts that are common among the respondents are set out as follows:

Relief. Some of the survey respondents indicated that they felt a sense of relief on hearing that a person had been charged with offences related to child abuse imagery. Examples of what these respondents said are noted below:

- *Strong. They deserve to hurt as much as they hurt their victim*
- *Good feeling if the punishment is in proportion to what victims have gone through.*
- *I'm happy when the suffering comes to an end, it is discovered and the perpetrator gets a just punishment.*
- *I'm relieved when the public opinion condemns abuse images.*
- *Very glad indeed. The complex legal system is not yet capable of stemming this tide. It's even the case that the Internet plays a big role in it.*
- *Well done!! A feeling of relief and justice.*
- *I think it's good, but I don't really have many other feelings about it.*
- *I am relieved and hope that more people are being brought to justice for that.*
- *It makes me sad that this is necessary. I wish nobody made child porn and nobody looked at it. On the other hand, I am glad the person got caught and will be brought to justice. And I feel very bad for the children.*
- *I feel elated. Another sicko has been caught and charged, and hopefully successfully prosecuted*
- *My world feels a little less safe (although I am glad that offenders are actually being charged).*

Triggers emotions/reactions. A number of the survey respondents stated that hearing that a person had been charged with offences related to child abuse imagery triggered feelings and emotions related to the abuse they had suffered as children. Examples of what these respondents said are noted below:

- *It first makes me somewhat uncomfortable because it slightly triggers the reminder that I was sexually abused and been in child porn but it also makes me "happy" because I hope that the children involved with it will not have to be involved with it ever again and are put in a safer environment.*
- *I have mixed feelings. Part of me is like yes they have been caught that's what they get! But part of me is like: do they have my photos? how many times have they seen my pictures? [have they] pasted them around? I get nervous. Like what happens if they get out of jail and look for me what I if they want to kill or hurt me and my family*
- *When I hear that I feel anxious, I sometimes want to find out as many details as I can to somehow make more sense of it by reading it from different news sources (which in turn only re-traumatizes me further). It also makes me feel guilt for my own memories, exposure to it, as well as my own relationship with normal porn among adults. It makes me feel for some reason also guilty or like I am not worthy of feeling the same as other victims. It is also a really weird*



feeling knowing that I had had personal contact with people who make, use, and exchange child pornography- like it somehow does not seem real or at the same time, it makes everything in life seem so scary and dangerous. Like how anyone could have the capacity to do something so bad, so detrimental, and so revolting in just a matter of a few actions. It turns my world upside down (again) and makes me feel as if there is nowhere safe in the world. Occasionally when I hear these stories in the news, I get major panic attacks. I really wish that stories in print and other media had trigger warnings and provided links to help resources for survivors.

- *For some time it terribly upset me. Often it made me ill for days. Nowadays it no longer bothers me as much. I feel in shock, but not very long any more.*
- *Then I hope he'll get murdered in prison. After that I try as much as possible not to think about my own memories*
- *Shocked, deluged by difficult-to-articulate, but very strong emotions; if I'm with other people who are talking about it, I feel alone, because they don't realize there's someone amongst them that has gone through it.*
- *Rage, grief, powerlessness and fear.*
- *I feel burdened because I do not talk myself. I always ask myself how these children are doing, if they are receiving help, good help. Since it took me years and years to find someone who really could help me. And at that time I was already an adult, when I found such a person. I think it is good that offenders are arrested.*
- *A lot of anxiety. Self-loathing. Confusing feelings towards the offenders.*
- *Surprise and grief, I realize then that it was a crime and not normal and that there are more people that go through this*
- *Every time there's news like that it unsettles me. Really great that it's highlighted but then that anxiety again.*
- *Reading and hearing about these headlines is always a reminder of my experiences. I am always drawn to reading articles locally to find out if there are any connections to my experiences, if anyone has been charged or come forward. Although I indicated a single abuser at the start of this survey, in actuality there were many through planned recordings with other people, but I still identify my abuser as one person for some reason, I think this is because he seemed like the organizers to me. He brought me to the place that exposed me to other people and he gave then permission to abuse me.*
- *Feelings of powerlessness and strong dissociative reactions, the desire to suppress; the feelings are being separated. At the same time it compulsive to read such reports to convince myself that this really exists.*
- *I get sad for the children. Angry at the offender. Sometimes it sends me back to thoughts of my own experience*



Anger and disgust. Some survey respondents indicated that they felt angry and disgusted when they heard that a person had been charged with offences related to child sexual abuse imagery. Examples of what these respondents said are noted below:

- *I feel sick that another person has been looking up those images. I feel disgusted and angry at those people. I hope they are locked up for the rest of their lives.*
- *It is good when someone gets charged but in the end, they are only the consumers. Nevertheless, it makes me furious to know that there are people out there that are being “turned on” by watching this. It also makes you feel helpless because you can't prevent people from watching this. The real perpetrators are hardly ever held responsible and that makes me furious.*
- *Anger. Rage. disgust very few friends because only one out of so many was caught*
- *Nauseated right to the core.*
- *No such thing as child pornography - so I get angry when I hear that statement. There are only images of children being sexually abused or images being used for sexual gratification. So - good they have been caught, but angry at how it is being represented.*
- *I get angry and distressed and hope he'll be punished harshly. In addition it's better that I don't get my hands on him*
- *Very sad that yet more people are now going to have to struggle with having been abused. Angry at the perps who are self-centered, weak and often come across as the victim in all this*
- *First, I always hope it's my father who is part of some giant child porn bust. It never is....but I am always happy when someone gets caught. I wish the consequences were bigger and I wish there was stronger effort to identify and help the kids in those images. Nevertheless, I'm always happy when someone gets caught, but it's a bittersweet happiness...because I always know it's just a tiny drop in the bucket. Child porn is such a huge industry and every arrest is such a small thing that doesn't seem to put a dent in that industry.*

Upset with sentencing (too short). Some of the survey respondents stated that hearing that a person had been charged with offences related to child abuse imagery made them concerned because sentences imposed for the offence are short – notably, this feeling was represented against all countries – it was not country specific. Examples are noted below:

- *I feel happy that there is a child out there getting some justice however I know how hard life is as a survivor and that is not something I would wish upon anyone. It make me angry that these people are getting slaps on the wrist because the laws have not recognized yet how harmful child abuse imagery is. Even people who are just watching it should be punished more sternly. Why should they take part in the crime and not do the time?*
- *I think that any sentence would be so low that the victim will be re-traumatized and that there will be no justice. ... I believe that no one will think of the victim and how her life will continue, what assistance she will require in the future. What will happen to these children, like me, when*



they grow up. The media only talks about the perpetrators and only sometimes about the children on the side They don't want this topic. The perpetrator never gets a long sentence and all the accomplices are never caught.

- I do not believe in the justice system, I try to avoid things like that, because the consequences are mild. Only when victims of people related to them get the media involved there seems to be an urge to get the abusers and identify the victims, but police here never finish what they start and a lot of people do not realize that, they think it's over when someone been through court. Police doesn't make an effort to investigate connections/connected events/etc.*
- Punishment is too mild...victims have life sentences*
- I find the level of penalization too low in general. I once had therapy in a group with convicted pedophiles. What I cannot understand is that you cannot control your urge to have sex with young children when you have suffered so much yourself.*
- It upsets me and depresses me, but in some way it's good that somebody has got nabbed, except that the punishments are often low*
- Good because no more people will be victimized, bad about the low sentences, and bad that it remind me of a bad time in life.*
- Literally sick. Abdominal pain, nauseous, light-headed. Often followed by thoughts like 'gosh, he'll go to the can for X months and then he's allowed to return home so he can go on collecting child porn on an extra secure server. I don't have much confidence in the justice system and the sentences imposed.*
- It makes me very furious! I either turn the news off or I follow the trial. And then I am furious again when the sentence/punishment is very light.*
- I keep hoping for stiffer sentences. And at the same time I think that it is only a mere farce.*
- I'm outraged at how little sentencing they get and how the system protects the criminals and leaves the victims in fear.*
- Satisfaction that another one has been exposed...anger that another child has been ruined...hope that the secrecy will end and the punishments will be more severe as more cases come to light*

Concerned about own imagery (exposed). Other respondents stated that they were concerned that they could be in the images the offender was charged with possessing, viewing or sharing. Examples of what these respondents said are noted below:

- It angers me so much, but it also scares me. It shocks me that there are so many people who consume it and I feel anxious about the possibility of running into such people. I always worry if the images they had included ones of me since they are so widely distributed.*
- I have mixed feelings. Part of me is like yes they have been caught that's what they get! But part of me is like do they have my photos how many times have they seen my pictures/pasted them*



around. I get nervous. Like what happens if they get out of jail and look for me what I if they want to kill or hurt me and my family

- *“Hopefully they can help the children who are now subjugated to participate”. “Hopefully, I’m not on the photos/images” and at the same time “Hopefully I am in them because then there’s evidence.” “Thankfully, one of the many has been caught, but the level of penalties will be too low.”*
- *I think he’ll either be acquitted anyway or get a totally ridiculous penalty because that’s unfortunately way too often the case. It makes me furious that my abuser will not be indicted. And sometimes I’m also scared that it could nevertheless be one of my abusers and I could soon be contacted by the police and then have to testify and the prosecution authorities could see the abuse images.*
- *I am afraid that police will find material of me and will become public. At the same time I hope that the people responsible for everything will get caught and I won't have to live in fear anymore.*
- *Then I'm only afraid that imagery of me has been found and it will be disclosed.*
- *I'm not any more. But prior to when my own court cases were conducted, that could get me pretty panicky. I was always afraid that sooner or later somebody would come knocking at my door and say 'I know your secret; I've seen the pictures'. And I was afraid I'd then promptly lapse into utter paralysis because childish fears would again get the best of me.*
- *In one way I want to shut myself off to it. In another way it feels very just that people are convicted of it. I can get myself very agitated and angry over the fact that they (almost always) receive far too low sentences in my opinion. If only people were aware of what a horrible crime it is!!!!!! (how badly it has destroyed me). I do always react vigilantly: Could this be somebody who has also seen me? Could the police have recognized me? In the past I was always afraid the police would come to the door and take me away.*
- *Enraged! Grief-stricken. And fear that personal images will turn up during investigations, especially in places like the media. Somewhere in the distance I'm also 'glad' that someone like that gets the punishment they deserve*
- *I'm always wondering if the person has seen me, has pictures of me*
- *Two months ago a man from the same town I was victimized in was charged. I ended up researching it to see if it could be one of my abusers. If it's a random person I wonder if they have pictures of me. It makes me feel better at that moment knowing that police are arresting people and are continuing to try and do something but at the same time I feel sad knowing for every one person they catch, thousands more are out there.*



I. WHAT SURVIVORS WANTED OTHERS TO KNOW

Respondents were asked a series of questions which asked them what it is they wanted others to know about their experience; in particular professionals involved in the medical profession, justice system, media, and victim services. The responses provided by respondents were mostly positive and encouraged people who may come into contact with other survivors to be patient, to listen to survivors, to respect the privacy of survivors and to try and empathize with survivors. A recurring theme in all the responses to the different questions was that respondents wanted people to be understanding, and supportive.

Responses received to questions in this section often contained multiple themes. As such, responses are grouped under their primary theme, but may contain other themes under the same question.

Due to the amount of detail provided in responses to questions in this section, some of the responses were included in other sections of this report.

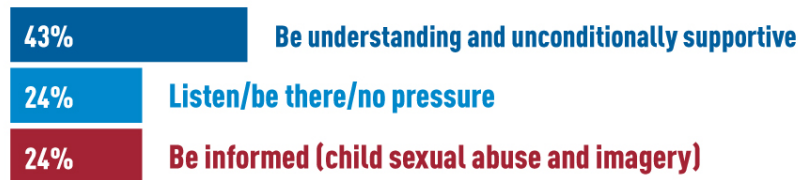
Family members

Sixty-three respondents provided a response to the question of what they wanted their family members to know regarding the abuse. Respondents provided detailed information to help family members understand what they, as survivors, had experienced and some respondents provided information targeted at the perpetrators of the abuse. This was because a large number of respondents had been abused by one or more family members — 82% of offenders in the multiple offender category were parents or extended family members. Two respondents indicated there was nothing they wanted family members to know or understand. Both respondents had been abused by family members (intrafamilial abuse).

Figure 152: What family members need to know

WHAT FAMILY MEMBERS OF VICTIMS NEED TO KNOW (N=63)

Multiple Responses per Respondent



Less common were: Be patient (healing is a process) (19%); Be responsive to child's needs (17%); Talk about it (13%); Not your fault (13%); Believe (11%); Get child professional help (10%); Pay attention to warning signs and intervene (10%); Be safe place for child (8%); Work on family relationships (5%); Report concerns even if it is a relative (3%); Nothing (Intra-familial abuse); and Other (11%).



The following responses have been grouped under the primary theme noted within the response but may also reflect other themes and ideas:

Be understanding and unconditionally supportive. Examples of what respondents said are set out below:

- *Listen and be there. Just be there.*
- *Support them unconditionally.*
- *Ensure peace, and calm, warmth, love and security.*
- *First and foremost: believe your child. Focus also on the child as a strong human being. Show respect, not only compassion.*
- *Don't judge.*
- *Please be patient. Once material is made, the victim is victimized over and over again, through the availability of it. Your boundaries are not being violated once, but every time somebody watches it.*
- *Keep talking.*
- *Every victim will respond differently, but it is important to know that with every click on the internet of the material, somebody crosses that line of your personal space. No matter if it happened last week or years ago. There are ways to cope, but what helps most is giving the victim the space to deal with it, whether that takes a year or a decade.*
- *Always maintain your bonds with a child. Be responsive to their needs, care for them lovingly.*
- *To be understanding and supportive of the victims. There is so much being exposed and so many people against them already that you need to be there for them. They (the family) may not understand how everything happened but they need to at least be a safe place for the victim to go when the victim is feeling alone and lost.*
- *That they must stand up for those affected and take a stand against the perpetrators. That it can take a lot of patience until the person concerned gets better.*
- *Understand that anxiety and shame are severe.*
- *If you're a family member, support a victim, be a confidential support person, if a child has a trusted support person that slightly lessens the damage. Acknowledge it. Intervene. Press charges against the perpetrator.*
- *Have patience. Be aware that absent demeanor today has nothing to do with you, and that yesterday's agitated mood was not your fault, and that the survivor (I prefer that to victim) also realizes that. Wait until a quiet moment when both of you can take responsibility for yourselves, and then talk about what effects that has on you. Don't be a therapist, be a friend. An equal footing is the key to that.*
- *It's not the child's fault, not even a little. Overcome the loneliness, listen, be patient and kind. Their trust has been betrayed; this lies deep; don't be insulted or hurt if they put your trust to the test. Explicitly say things that should go without saying such as I know it's not your fault, I don't*



think you're dirty. Let them know you're there and will keep listening. Take good heed of their body, don't let them neglect it, take ailments to the doctor, make sure they eat properly; set a clear example. Be cautious with punishments; don't betray trust.

- *For non-perpetrators I'd like to say believe victims and support them in every way, even if that means that a family has to fall apart because a partner or parent is a perpetrator of child pornography production.*
- *That children shouldn't be born to be abused, tortured or sold; that victims possibly depend on special support for their entire life; that it would be important that they - as members of the family - provide support as well because other means of support are not sufficient; that the victim's entire life was influenced and that they shouldn't hold it against them if the victim does not act "normally".*
- *Everything from these questions. Family members should be more supportive and/or family must understand how important they are.*
- *It's not our choice or fault.*
- *Stop siding with the abuser - cut that person out of your life - not the victim.*
- *When we tell you about what happened, it's not to blame you or make you feel sorry for us. Please listen with an open heart.*
- *Understanding of what has occurred when you were filmed and the effect it had on your life...that it will never truly leave. Importance of validating those feelings and giving unconditional love.*

Listen/be there/no pressure. Some examples of what respondents said are set out below:

- *I'd like to ask family members of victims to talk with one another and with the victims - to the extent that victims want that. And seek help for yourselves.*
- *Talk about it. Don't smother it in silence. Give the victim room to talk about it if they want to or need to.*
- *Start talking to one another. Seek help. Believe the victim. Don't condemn it. Further denial means denying someone's personhood. Ask what a victim of child pornography needs and be prepared to let the victim take the lead down that path.*
- *Air your emotions as much as possible out of the child's sight. Give the child (or meanwhile adult) enough room to talk about it but don't press them. Don't hesitate to ask occasional questions like: do you still have to think about that sometimes? Don't start burdening the other person with your feelings of disgust, anger or grief but try to be engaged and to have room for what the victim is feeling without sinking into your own emotions. Seek help for those feelings yourself.*
- *Provide help where can, have respect and be there when they need you. Walking alongside them is sometimes enough already.*



- *Have a listening ear, believe the story on the face of it and seek and help seek evidence.*
- *Everything at the proper time. It is good not to pressure anyone.*

Be informed about child sexual abuse and trauma. Examples of what respondents said are set out below:

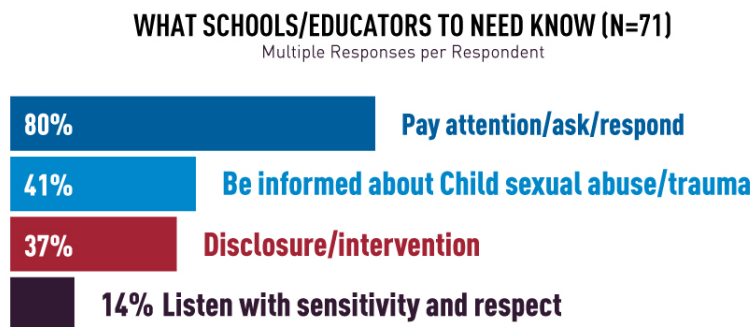
- *People who look the other way rather than intervening when others are in trouble, enablers, people who hide or keep things secret and people who sweep things under the carpet are at the end accomplices.*
- *Knowing what it means to be a victim, what PTSD means, what it means to live with it and what it does to you.*
- *Don't look away and ignore it, but help.*
- *How they were groomed by the offender.*
- *Please do not say that our lives are ruined. You are taking away control over our lives: we want to be the ones to choose our paths. We may very well live meaningful, productive lives despite the obstacles that continue to be set in our paths.*
- *How their reactions can influence and impact our recovery.*
- *That children never asked for it. That even if the child seems smiling or not crying or is 'playing along'--this is part of the abuse and/or part of surviving the abuse. That being exploited this way isn't about being promiscuous, or 'liking sex' or wanting any of this. That it is ABUSE, start to finish. That it changes people, and that it is not 'just a picture' ...*



Schools and educators

Seventy-one respondents stated what they wanted educators to know about their experience and what educators could do to better detect signs of sexual abuse. Most (80%) of the 71 respondents stated that they wanted educators to pay close attention to a student's behaviour as different behaviours can be signs that a child is being sexually abused.

Figure 153: What schools and educators need to know



Less common statements included: Plan for school success and connection (11%); Educate children and parents (10%); and Consult professionals and refer students (10%).

The following responses have been grouped under the primary theme noted within the response but may also reflect other themes and ideas:

Pay attention/ask/respond. Most respondents indicated that they want educators to pay close attention to students and behaviours that may manifest in a case of sexual abuse. Some examples are detailed below:

- *Take a good look at children with socially adapted behavior. Children who can't keep up and who lag behind in development. Keep probing what things don't tally and pay close attention to reactions and take action at every suspicion.*
- *In how many different ways children can express the wish for help, schools must hire more personnel so that teacher have the time to pay attention to the children. That a lot is achieved by saying the children can talk to you openly. That children do not want attention when they do not behave in a normal way.*
- *Not every family that seems to be committed to and care for their child really is. You should not only give special attention children who disturb the class, but also those children who are particularly quiet and over-adapted.*
- *Believe victims and their strength to carry on and encourage that*



- *At school they were aware something “fishy” was going on with me; they saw I was worse and worse off every month. A teacher who notices something like that nowadays can ask the pupil if they wouldn’t like to talk to the school’s counsellor. That’s a good thing, but it didn’t exist at the time I was going to school. So if I could make a recommendation for the current situation I’d say especially: don’t economize on guidance counsellors*
- *If you don’t trust something ask how things are going even if you might not be able to help. The very fact that someone asks something indicated that you’re not alone and that there are people that care about you*
- *See. Notice. Report. Start talking and help a child. A teacher in my past had indications and went to talk to my parents instead of me. That did me no good I received no help and things merely go worse.*
- *Don’t treat all victims like victims. We all want to be a normal person*
- *To look closer and listen more attentively without judging prematurely why a child may be strange*
- *You should take a closer look, notice and understand children, notice when they change, have the courage to talk to the children, take the time*
- *If a child never pays attention and can never concentrate, investigate then whether something might be wrong.*
- *I’d like to ask school s and educators to be extremely alert, and to create and open culture in which suspicions can be discussed and considered- one in which people encourage one another to be alert and to actively protect children.*
- *Be alert for indications from children: fear of physical contact, problems in physical education instruction, disruptive behavior or even highly conformist behavior. If you have suspicions of abuse, speak to the child about it. Don’t stay silent. Don’t leave it to fate. Work with the child to take the necessary steps.*
- *Grades don’t show signs, kids do. It does not matter how good the grades are, if a child shows signals of abuse, please, please follow up!*
- *I was absent or was called in sick a whole lot. Teachers found me obnoxious and catching up was impossible because I skipped more than half of the school hours. Report it even if a hundred good explanations have been given every child has the right to an education.*
- *Be more alert to the indications and don’t just think about the school’s reputation*
- *Just take a good look around you! You DO have kids in your class who are being abused or have been. And yes, if you are teaching older kids, there ARE people in your class who have decided to start abusing others. The world is not a beautiful and good and honest – not for everybody. And if the family is involved in it, then you are probably the only person who can effectively change something with regard to the situation. So look at pupils with THOSE eyes, and not only with education ones.*
- *Look, Listen, Feel. Keep eyes and ears open. Don't Judge*



- *Keep an eye on your colleagues, not all teachers can be trusted with children.*
- *Holy mackerel, aren't they busy enough already? Educators want to teach. Okay. Some children can keep achieving relatively well, yet suddenly be very withdrawn, and they sometimes can't concentrate well. Like me. But should a teacher then immediately start thinking of sexual abuse?*
- *Keep an eye on the reticent pupils; act on indications and suspicions, however vague!!!!*
- *Be more alert and don't be afraid of burning your hands.*
- *Be alert to indications and ask.*
- *Believe children on the basis of their stories. A child may not have told the truth in that one story, but there is definitely something seriously wrong with the child and that needs time and attention to emerge. Provide safety and opportunities to speak with a teacher/counsellor, if need be via letters or drawings if talking is too difficult.*
- *That they are mandated reporters and all parents should know this. That children sometimes show signs that are easy to spot -- bruises, broken bones, etc. That some symptoms are more subtle -- fear of holidays or full moons, fear of blood, fear of authority figures. That abused children may have many absences, may have trouble concentrating or following directions, may have poor relationships with peers. Or may look "too good to be true".*
- *I'm not a bad kid. My behaviour comes from my experience. Believe in me. Stick with me. I'm smarter than you think. But give me rules, I need those too. You might be the one who saves my life - by that one positive comment in the right moment.*
- *Some children are carrying tightly bound secrets against their chests. Some act out; others withdraw. You have no idea what is happening to them behind closed doors, so please extend compassion.*
- *Be mindful of who's in the life of students. Students facing abuse are not always the ones that act out or do poorly.*
- *They need to do more proactive reporting and identifying children who are being abused. I feel like they turn a blind eye. Teacher take actions - like locking the bathrooms instead of figuring out which kid is smearing poop on the walls. That's a cry for help. Work to identify that child and get him help vs. prevent the outburst.*

Be informed about child sexual abuse/trauma. Some respondents stated that educators need to be better informed about sexual abuse and the trauma it can cause. Examples are detailed below:

- *Inform yourself about what all can happen, what trauma is, deal with the topic in a more sensitive way and understand why it's so hard to talk what's behind this and especially to not go like a bull at a gate.*
- *Better training wouldn't hurt*
- *Often they are unaware of the signs of sexual abuse in children. They too should be thoroughly trained and knowledgeable.*



- *There is little point in asking children direct questions. That child will deny things. Such a child has a whole lot of reasons for that. The first is that the child is at school and hence far removed from the abuse and maltreatment. They have arithmetic and grammar on their minds and can only do that if they don't know all the other things for that moment.*
- *Educate yourself about what goes on in the thought of a victim. Make no assumptions.*
- *Give teachers and educators courses for recognizing behaviours of children that suffer abuse. If I look back at my childhood and youth I had so many obvious behaviours that were associated with abuse. But they were not recognized. It would have spared me so much suffering if there had been just 1 doctor that saw what was really happening or if there had been just 1 teacher that had looked past the end of their nose. I might not have been a well-behaved child, for understandable reasons. And I think that might have been why teachers didn't want to invest as much in me as in the teachers' pets. If I hadn't been abused and had so many problems I might have also simply been a teachers' pet. And I might have just received the attention I needed and they might have figured out that I was in a very difficult situation. Children definitely do show in their behaviour that something is wrong. But if that is strange or aggressive behaviour then you quickly get regarded as a weird or obnoxious child. Those are the very children that should receive extra attention. In my opinion teachers ought to routinely learn this during their teacher training.*
- *Be knowledgeable about the signs and symptoms of possible child sexual abuses and do not hesitate to actbe aware and be alert Promote educational programs which teach children about secrecy and protecting themselves from. Vulnerable situations.*
- *How traumatized children aren't always the trouble makers and how children can show difficulty in all kinds of ways (including being needy, 'spaced out', not listening, being a perfectionist, procrastinating, etc).*
- *Again, more training on trauma, complex trauma, and signs of abuse / exploitation.*
- *More about origins and consequences and we cannot be 'fixed' quickly. How so many of the treatments feel like being programmed yet again.*

Disclosure/intervention. A number of respondents indicated that educators need to pay close attention to students and behaviours that may lead to disclosure of sexual abuse. Examples are detailed below:

- *Examine indications in children and act on them. Ask targeted questions and keep probing if a child gives evasive answers.*
- *If you as a teacher suspect that something is going on at home. Raise the alarm wither with the parents themselves or with the family doctor or the child abuse reporting centre or even the police. A child in desperate plight and to look away and ignore it is indefensible. Children to not*



raise alarms themselves. Are often under forced secrecy and can't seek help themselves if they do ask for help take it seriously and intervene.

- *I'd like to ask teachers not to cry shame about drawings made by little children. All children draw things about their own lives, including small children who are being sexually abused. Those can be powerful drawings. If such a drawing really has to be assessed, then assess that drawing on the basis of drawing skills or of an eye for detail or of the child's observational talents. Look for something that the child can be complimented on; otherwise you're the first person after the perpetrator(s) who robs the child of a mode of expression.*

For such cases schools ought to have a budget for engaging a good play therapist for several hours, who can use play techniques based on the drawing to investigate what is going on and whether child protection services need to be brought in.

Another thing I'd like to say to teachers is: Pay attention to the songs. Children adapt children's songs with no problem to their own situations. As a seven-year-old, I myself unconsciously blended several children's songs together and thereby disclosed my situation. But I'd done it wrong, was held up to ridicule before the class and received an unsatisfactory for singing.

I'd like to ask teachers to never say that what a child sings is wrong if they don't understand it.

But if it worries them, then I'd once again recommend that the school engage a play therapist to check out whether something is wrong. Children cannot draw or sing incorrectly. Full stop

I'd also like to explain to teachers that there is little point in asking children direct questions. That child will deny things. Such a child has a whole lot of reasons for that. The first is that the child is at school and hence far removed from the abuse and the maltreatment. They have arithmetic or grammar on their minds and can only do that if they don't know all the other things for the moment. The second reason is: shame. The third reason is: loyalty. The fourth reason is: threats. So if teachers get denying answers from a child that they have asked direct questions because they were worried about that child. Don't feel reassured!

- *If you don't trust something, ask how things are going. even if you might not be able to help, the very fact that someone asks something indicates that you're not alone and that there are people that care about you*
- *If a child is sitting there daydreaming again, won't take part in swimming or PE, doesn't play with other children, behaves in a standoffish manner, and reacts 'strangely' to teasing... think twice. It's not necessarily evidence of abuse, but it could be.*
- *Keep an eye out for signs and indications from children. If in doubt always consult a professional. Cheerful children may also be experiencing a lot of distress at home. A child which is being abused is not by definition taciturn and gloomy, but can also be hyperactive and clownish. Or very nondescript.*
- *Watch behaviour and listen trust your instincts and report.*
- *When in doubt: sound the alarm.*
- *Keep looking for those signs. My teacher was my savior.*



- *That children who being sexually abused are right in front of them and to be on the lookout for the signs that they should be educated on. Speak up if you notice something. Don't be afraid to ask a child some questions if you suspect something. Then, tell the principle and tell the police if needed.*
- *Don't be afraid to ask questions. In case of suspicion, take the time, give the child space to come and talk to you. Don't start solving the problem immediately. Do not take any action without the consent of the child. Even if the child does not react. Feeling your willingness to listen will have a healing effect, even years later.*

Listen with sensitivity and respect. Respondents also stated that school personnel should be listening to what students have to say and be sensitive to what they have been through. Examples include:

- *Even if the child does not react. Feeling your willingness to listen will have a healing effect, even years later.*
- *Very important: at all ages, there should be professionals who listen attentively, inquire, but do not demand – daycare center, school, doctors (very difficult, often do not have control over their horniness) they're important persons in positions of trust. Trustworthy people outside of family and neighborhood. Sufficient therapists, good counselling centers, no long waiting times, nice places to tank up on energy (with overnight) – children's homes, women's shelters the question that's really tough again and again: am I wrong or the others, are my needs right, appropriate ...? Making it clear to "big" people that it is not the children, the girls, the victims who are to blame, who are responsible. There is still a lot of consensus about that with us – no matter where you listen – thus: public relations work!!!*

Mental health professionals

The graph below shows the distribution of what survivors would like therapists/counsellors/treatment providers to know/understand. In general, respondents wanted therapists to understand that survivors are unique individuals who deserve to be listened to, believed and supported, not treated all the same or with skepticism. The responses suggest that therapists should develop skills around listening, being patient, acknowledging what they do not know and building trust. Many of these are likely already within the skill sets of most therapists, so it is also a matter of applying their training and acting professionally.



Figure 154: What therapists need to know



Less common statements included: Be human/show emotion (9%); and Don't show emotion/keep professional boundaries (1%).

Understand uniqueness of experience. Below are some examples of responses that highlighted the fact that survivors have had very different experiences (especially compared to individuals who have not been abuse but also in relation to other survivors), and therapists ought to keep this in mind when providing services:

- *I don't want them to pretend to understand what I have been through because they have no concept of the experience. They can try but they will never truly understand unless they've been in my shoes. Also, they shouldn't continually ask questions when the person being counseled is uninterested or not comfortable with sharing.*
- *That each client is an individual; that there is no such thing as "one" concept. That we, as traumatized victims, are seriously hurt and that our trust was fundamentally destroyed. It will take a long time, which must be available. Honesty and authenticity is the most important aspect in the relationship.*
- *That every patient deals with the events differently and that it is important that the patient finds this way.*
- *That child sexual abuse imagery can be just as devastating as hands-on sexual abuse, and may affect survivors both in similar and unique ways than survivors of more traditional forms of abuse.*
- *First of all: Be aware that feeling guilty was the better option for me as compared to shame. Better to perform self-injury on myself and to be livid with rage against my body than to acknowledge having been a spineless child at the arbitrary mercy of others. I hated that powerless child.*
Secondly: Be aware that children that get sexually abused sometimes have a bodily reaction of sexual arousal. In my case that was recorded on film. Take that into account.



Thirdly: If you want to do something meaningful for a child like I once was, then dispense with your self-declared quasi expertise and your predisposed judgments. NEVER again say 'I know what you've been through'. The child has been through worse things than your worst nightmares. Watch an episode of SVU sometime. Taking to heart the words of Olivia Benson wouldn't be a bad investment. You might just learn something from it.

- *How humanly degrading it was.*
- *Accept the person sitting across from you as he /she is. Don't project*
- *Sometimes victims decide that disclosing to friends and family is the right choice for them, respect that and focus on helping the victim find peace and healing in their situation. Realize perpetrators are close to home, often family and so things aren't cut and dry*
- *How important partnership working with a client is it is a voyage of discovery together with the therapist facilitating it.*

Therapists must be patient. Patience was a common theme and is expressed in the examples below:

- *That being a victim has a lot of ups and downs and that with progress also comes draw back. The saying one step forward and two steps back comes into play quite often. There are just so many conflicting feelings and memories that take a victim back to the feeling of fear and anxiety. Patience is definitely the key.*
- *That you cannot just talk about the trauma that there are "programs" that do not allow talking that the body is punished for breaking the ban on talking through psychosomatic pains, that it is hard to make a statement on whether you still have contact with perpetrator because you have so much amnesia and you are not aware of it due to dissociation"*
- *I think it's important to give patients space for their feelings. Negative and life-negating feelings should get their space, too. When I expressed negative feelings, I often experience that therapists and counselors immediately wanted to counter this with something positive. I think that's a shame because even negative things should be allowed to have their space. Furthermore, they take away patients' chances to discover something positive in their life on their own. In my case, the pushing away of negative feelings by therapists makes me cling even more strongly and desperately to the negative feelings because it is so necessary to finally see the suffering. But when I can let everything out, I can focus on my own again on the positive aspects of my life.*
- *That's difficult. Don't push too much. Let the client choose his/her own moment to share things. Don't keep saying 'Oh, how awful', but just accept the things for what they are and try to start helping from there. Something like that, I think.*
- *I really don't know...everything needs to be done fast, preferably by ways they know as if every person is the same, many different problems 'can be fixed' with EMDR, they don't have time to listen, my psychologist has said so many things that we were going to do, but until this day nothing happened or half, or less than that have more room and time for your clients.*



- *Contain your own emotions when you hear something awful. Dare to ask questions; continue to do that even if no answer is immediately forthcoming. It might take up to a year to manage to answer. Don't assume that someone will simply change/ improve through the therapy. Sometimes the improvement is so small that you don't see it straightaway, sometimes the improvement lies purely in remaining in contact. Give the person the time that he/she needs; it won't come until it can be tolerated. Pushing or getting irritated cause set back. The therapist's detachment may be precisely what helps. Don't become a friend; professional engagement is more than enough but also maintain an appropriate distance to keep it safe. Boundaries should be clear.*
- *Be patient, not everybody will immediately disclose everything at once. It took me years to tell my story to my former therapist [woman]. if she had pushed me to tell more or faster I would have clammed up I think. Show patience and understanding.*
- *Be patient, distrust lies deep. The amount of stress is enormous, and so is the insecurity.*
- *Allow time, listen, don't send people away because it's too complex.*
- *That confronting this ugly reality is not easy and to approach it very gently. Don't get frustrated if the client is not making much progress.*
- *Patience. Be patient. Don't push.*
- *Take the time, don't push it. Realize how important your position is. Simply to know that there is someone who is involved can somewhat brighten up the mood of a difficult week.*

Survivors need to be heard/believed. Below are some examples of responses that touched on the need to believe survivors and listen to their experiences:

- *Be aware that people are capable of doing extreme and atrocious things to one another, even if you would like to deny that. Not being believed is often just as painful as the abuse itself.*
- *That it's strange that children can't be treated for mental health problems until they are 18. That listening for hidden indications is one of the most important qualities that every mental health practitioner should have. In fact there should already be a special focus on that in their training. That it is better to listen too often to someone feigning illness than to fail one time to listen to serious problems. That you, in your role as a confidential counsellor, do not have the right to play judge and jury if no immediate danger threatens.*
- *Listen, don't push your opinions every one is different and not every treatment is the same. If your patient wants to rant and rave. let them and then tell them how to fix it, not how to fix it before listening to what they want*
- *That no one makes up such spine-chilling stories! That one feels guilty. That one was/is needy. How the family works Which physical problems are present What the friendships look like What is the leisure time behavior like The eating habits*
- *Just be a listening ear. Help in seeking evidence.*



- *We don't make it up. CSA and making images of us as children is very very damaging to the whole of our lives listen listen listen and believe then healing happens.*

Therapists should provide hope/safety/trust. A number of respondents expressed wanting therapists to know the importance of providing a sense of hope. Examples include:

- *In the beginning of a therapeutic contact, considerable time, care and dedication needs to be invested in building trust and a safe space. Be keenly aware that you must gain the client's trust and that trust is very fragile. Be aware that the client will be sharing only the 'safe' things about the abuse. More extreme issues will often be concealed for a long time due to anxiety, shame.*
- *That we are merely children who are vulnerable and cannot express this at times.*
- *Learn to withstand powerlessness. Only then can you continue to stand alongside your clients while they go through the hell of re-experiencing and make you their companion in it. Overcome the obstacles that restrain you from accepting that powerlessness. It will make you an (even) more competent therapist. If you've learned to withstand your powerlessness, then learn to see how infinitely strong human beings are. Cherish the hope that assumes your client will be alive and with you again this week. Develop trust and confidence in the resilience of your client. If you've developed confidence in the resilience of human beings, then discover how inner wisdom is present in every human being. Dare to encounter that wisdom, dare to invite it to take part in the conversation/the therapy. Dare to let go, dare to take the client's inner wisdom as a guideline. You will walk down unfamiliar paths, enter unexplored territory. And when you find yourself in that unexplored territory and arrive at a point where even you just no longer have a clue - dare to say that out loud, audible to yourself, audible to your client. No longer knowing is so much more endurable together than alone. Accompany your client down the unfamiliar path she/he is treading. It will be worth every step.*
- *Building trust takes a whole lot of time; there are often things I don't say right away. At the same time it's so important to look beyond the lovely mask. For the pornography I always had to pretend; I can't suddenly just abandon my survival mechanisms - I'll always act like I'm doing better than I really am.*
- *There is no trust. None. That requires years of intensive contact. They don't understand that an hour a week is insufficient. And that holiday leave and sick leave aren't helpful and that trust has to grow again after that. That the things someone tell are often only the tip of the iceberg.*
- *That more than anything, we need to know there are good people in this world, and that they do want to help.*
- *Be keenly aware of how you're coming across to the victim. I was always very sensitive to that. Tranquility, and always give them the feeling that there is hope, that a damaged person can work on themselves. Safety is so important. Mention regularly how you ensure it. Mention that the conversations remain behind closed doors. That might be written in the regulations, but I*



needed to hear it occasionally. What I also valued highly was that men were banned from the entire ward. Only the psychologist was a man.

- *Be receptive to the client's story, show patience, listen attentively and compassionately. Don't know everything better and treat her as she wants to be treated and not according to a fixed treatment protocol.*
- *Listen to what the client has to say rather than wanting to solve everything. Along with that, provide safety wherever possible; put your arm around a person if they want that (ask first if it's okay) and accept no if the client doesn't speak because the intrusive memories are too intense. The story will come out someday, but sometimes it takes a while.*
- *I need to be able to express myself without being labelled. I need guidance to increase my self-esteem...suggest for life skills. Guidance to become a better parent.*
- *That we need emotional and legal guidance*
- *Clients can be hyper-vigilant, obsessive, and exceedingly vulnerable. They require ongoing assurance. They may resent the fact that therapy is a financial transaction and will look for signs that you authentically care. If you show any indication that you are questioning the validity of their story, they will immediately withdraw. They may also fear the impact of their abuse disclosure on you: I was very protective of my counsellor and feared that I might have a negative impact on her life.*

Need more well-trained therapists. The following responses indicated a need for more knowledge and specialized training on the part of therapists, particularly regarding sexual abuse imagery:

- *As much as they can, learn about childhood trauma, its various forms and different treatment approaches. I would like them to know how important it is to see their clients as equals in common humanity, deserving respect and caring. I would also like them to know that their skills will be useful no matter how extreme the abuse -- they have not suddenly disappeared.*
- *First, I would like therapists to know that those harmed by abuse can be competent, skilled, mental health professionals. I think providers all-too-often see victims as "others" and don't support our dreams or potential as much as they would were one's wounds due to physical illness or injury. Second, please be mindful of your body posture, your facial expressions, and your words...please don't respond to details of our abuse with shock, dismay, horror, or pain...not at first. Ease into those feelings if your client is clearly disassociated from their feelings of pain. I am disassociated from those feelings and so seeing someone else have those feelings immediately really throws me off and makes me feel like what I just shared is freakish or problematic...and for an adult survivor of abuse, it's a short step from "the details I shared are freakish" to "I am freakish". Establish safety and trust and little by little, explore the disassociation and calmly identify how those details made you feel (after asking the client if you can share with them how it made you feel)...do it all in bits and pieces. This is just for clients like me who have endured severe, chronic, and extreme abuse...I don't think all survivors need this*



kind of response and fully believe this approach would be harmful for some survivors, but for those on the more extreme end of things....I think this would help our internal feelings of being damaged and being freakish and different than everyone else. Also, I think providers really need to commit to advanced training in trauma. If you're going to work with survivors of hands-on abuse and exploitation, you ought to understand the neuropsychology of trauma, the different kinds of trauma (chronic, complex, etc), the impact of trauma on the body (chronic disease, inflammation, etc), and have an understanding of intersectionality...not just with identity and marginalized identity, but also how the experience of other difficult life challenges (poverty, disability, etc) intersect with the abuse and its impact. I think there needs to be some sort of ethical requirement that providers not work with clients of this nature without having undergone advanced training. Lastly, we are survivors, yes...but we were also victims. Almost everywhere, I see an approach that pushes us into identifying as survivors, without helping us connect with and heal our identity as victim.

- *Female abusers exist- and their victims need specific help. Anti-male rhetoric does not help in fact it hinders the experience of those victimized by women.*
- *How crucial their role is in helping people manage during therapy and between sessions--how meaningful the RELATIONSHIP they form with their clients (and the appropriateness of it, of course) is, and how it can literally make the difference between repeating trauma or flooding, and managing and pacing (things that were not available at the time...).*

Medical professionals

Sixty-five respondents provided information about what they wanted medical professionals to know. Although “medical professionals” related to physical health professionals and excluded mental health professionals, some respondents interpreted the question to mean both. Therefore, some responses are targeted at both medical and mental health professionals.



Figure 155: What medical professionals need to know



Other statements respondents made included: Consider sensitivity to touching (17%); Be informed about impact of child sexual abuse images (11%); and Help with coping strategies (9%).

The following responses have been grouped under the primary theme noted within the response but may also reflect other themes and ideas:

Be informed (child sexual abuse and trauma). Respondents wanted medical professionals to be educated about the trauma victims may experience. Examples of the responses included:

- *Basic knowledge about traumatization. That they should take patients seriously when they report on symptoms and to not believe in all cases that it is psychological. That they take more time/must pay attention to special points for the patients concerned when the patients mention some to them (waiting times...).*
- *That you cannot deal with us who lived through this like with other people who haven't lived through it. It is so difficult to cope with it. It would be so important that even general physicians had at least some basic knowledge about this topic. More understanding for victims when they find themselves in difficult circumstances.*
- *People who are traumatized are still quite ordinary people. They are not suddenly feeble-minded or some such. They deserve the same respect as everyone else.*
- *If in a medical file there is a known history of sexual abuse/child porn, devote attention to that. Nobody ever invites me to have a medical examination or takes my history into account, whilst it has so much impact on my medical problems.....which I leave unmentioned out of shame....*
- *I'm seeking help for my trauma, for something that other people did to me. I've no need for rules about healthy sandwich fillings or advice about yoga. I need to be treated according to my own age, both physical and emotional age. And no, I'm not always logical or coherent or honest - but neither was my life! And yes, I sometimes want to die, do you mind?? I certainly won't put an end to it straightaway, but sometimes the pain is just really too much for me!*



- *Be mindful of triggers. If traumatized people indicate that they have problems with something (ticking clock, letting somebody enter their home) take that seriously; try to ask for a solution rather than giving your own. You can't understand it, but you can accept it.*
- *That a lot of victims have difficulties to accept their body and that it is not easy to describe symptoms "correctly" that we are not hypochondriac when there is no physical cause or if it is not directly obvious. That our psyche and body belong together and therapy cannot solve everything by itself. That it takes a lot of effort to be treated for self-harm.*
- *We are vulnerable children inside even though we are adults.*
- *When a woman is reluctant to get a pap smear (even into her twenties and thirties), there is a good reason. When a woman panics or nearly passes out in a dental office, there is a good reason. Please extend compassion.*
- *There needs to be more training on trauma and complex trauma for medical professionals. There also needs to be greater sensitivity to child porn survivors when it comes to evidentiary exams and the role that photos of injury play in the trauma of those exams for survivors of child porn.*
- *It's not easy to talk about this. I always mention that I was abused sexually but not about the pictures/child porn. Last month I finally told my doctor after he didn't believe that I had PTSD. When I explained the abuse contained photographs etc... he asked me why I hadn't told him before. I answered "How does one bring up the topic of child pornography and I feared you wouldn't believe me. I don't think I could have taken not being believed. I wish gynecologists would better understand and not treat us as 'mental' as one gynecologist did when she couldn't do an exam".*
- *Most people want to talk but are totally blocked. Look together for methods to be able to tell a story (writing, painting, drawing, acting it out).*
- *Make sure there is a second health professional present for any physical exam, document particulars of such as well as behavioral changes...be specific, contact the appropriate people.....all important role when it comes to lay charges.....you could be the key to letting these peeps away with the crime.*
- *Much more needs to be done to inform and explain the psychological consequences even to physicians. For the most part, general practitioners have no idea about the psychological stress after forced sexual experiences. More sensitivity on the part of authorities with respect to this topic.*

Listen with sensitivity and respect. Respondents also highlighted the need for medical professionals to listen to victims. Some of the responses are outlined below:

- *That it is very hard for us to talk about this type of thing. Patience and caring are important.*
- *To be more considerate.*
- *Listen well to the patients.*



- *Keep respect and maintain care.*
- *Don't judge people on the basis of self-harm scars. Self-harm is a sign of severe stress and not of feigned illness.*
- *More empathetic skills.*
- *Listen despite your work pressure.*
- *Take people seriously, keep asking, don't assume that what someone tells you is the full truth; it may just as well be a tip of the iceberg.*
- *I would like medical professionals to understand how the stress of an ongoing trauma can affect the body and be able to make recommendations to victims to manage/minimize their stress. I would also like it if they did not jump to conclusions about victims' health concerns and their causes, but to really listen to victims.*
- *She didn't ask for it, it's not her fault, nothing she did caused the abuse, respect her because making her feel ashamed is likely what is keeping someone in your personal quiet about the abuse they're facing.*
- *No means no. If it is not vital, the statement of the concerned person should be taken into account even if things seem strange.*

Pay attention; ask about concerns. Some respondents pointed out the need to be patient. Examples include:

- *It would have been hard to tell with me because I was always trying to be happy. But in a lot of cases there are signs to watch for. Don't just believe what you're told by the parents. Be more careful. Want to do your job. Don't look past things. These things happen so don't look past it.*
- *Be aware and be patient with people who seem unwilling, more scared that others or in any other way 'not normal/as expected', don't be afraid to ask, and if you get answered, follow up, guide, anything so people don't get silent again.*
- *Listen particularly to what is not being said.*
- *Check further...if there's a big mystery and you have the feeling that something just might be very very wrong then it is wrong. your intuition say much more than you think.*
- *If you've got suspicions, sound all alarm bells that exist. Don't wait, don't engage in endless consultations and don't let it lie because you're too busy. Take action.*
- *Be alert for injuries when a child comes in.*
- *Stay alert.*
- *You will be important to us - I will give birth and it will trigger many flashbacks - so will my annual Pap smear. My depression cannot be cured with just a pill - but it helps. The multiple bladder infections mean something. I will resist anything that makes me feel out of control of my own situation- to the detriment of my own health sometimes.*



Take seriously and explain physiological impacts. A number of respondents highlighted the need to understand the physical impacts of the imagery and the need to be taken seriously. Some examples are set out below:

- *For many physical ailments, no physical causes can be found. But the ailments are real and should always be taken seriously.*
- *The physical consequences also need to be investigated.*
- *Physical impact of CSA.*
- *Take me seriously and as a person in my own right who is strong enough.*
- *That child abuse is a large risk factor for many seemingly unrelated conditions—cancer, diabetes, eating disorders, addictions, autoimmune diseases, osteoarthritis, chronic pain syndrome. That their patients may go into flashback, as many settings and procedures are triggers. That if they can find a course on phobic patients or adults who were abused as children and that gives CEU's they should take it: it will make everybody's life easier.*

Explain procedures in detail/take time. Some respondents highlighted the need for medical professionals to fully explain medical procedures. Some examples are set out below:

- *They could allow for the traumas by explaining thoroughly what is going to be done and why and not doing things unexpectedly or without prior warning. In the case of dentists, they should make arrangements that if a patient holds up his/her hand that they will stop what they are doing in the client's mouth.*
- *That pain perception and how one speaks about their body and pain and issues with it, can be altered by early abuse (and nerve damage, and dissociation ...). That ANY medical appointment can be triggering for someone who had been abused (especially for those who'd been photographed/videoed, as those all too often include 'simulation' of medical settings). That it is better to go slow and keep checking in. To not shame people for delaying treatment for things they couldn't manage before. To collaborate with the therapists AND the client about what would work best.*

Child protection workers

Seventy-three respondents provided information about what they thought child protection workers and child welfare societies need to know to provide survivors with adequate services and protection.

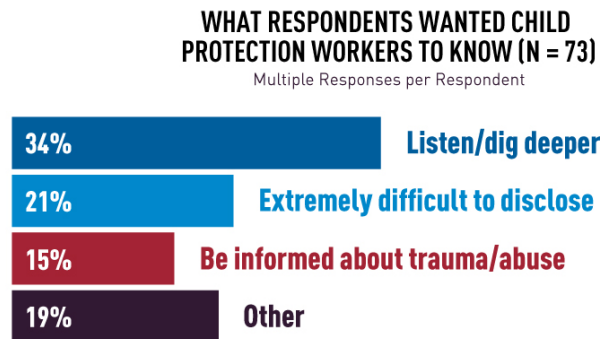
Respondents emphasized the need for child protection workers to listen to what survivors had to say and to understand the difficulties associated with disclosing sexual abuse, especially when dealing with trauma related illnesses. The responses to this question were relevant for different areas and have been grouped accordingly.



Disclosure and intervention

The responses below were particularly relevant to the issues surrounding disclosure and intervention.

Figure 156: What child protection workers need to know



Those categorized as “other” included: Doing a good job; nothing to say; believe us; foster families may not be safe and need more experienced workers.

Less common statements included: Take action/protection plan (11%); Treat as individuals (7%); Connect to services (8%); Protect victims/inform victims (7%); Not involved/need new system (7%); Be sensitive/discreet (7%); and Having help makes a difference (5%).

Listen/dig deeper. General themes from respondents include to pay attention, inquire deeper if they had concerns, and to take concerns seriously. See examples below:

- *Don't be afraid to keep probing. NEVER assume things will turn out all right, that they perhaps won't be so bad after all.*
- *I would like to ask them to pay honest attention to their intuition, and to act judiciously according to that intuition. Make safety of the child paramount in every decision.*
- *If it is going okay once, it doesn't mean that it is always okay.*
- *Indications of child maltreatment, neglect, abuse, violence, pick up on them, the perpetrators obfuscate everything, and they succeed nicely, but children cannot ask for help themselves, what I wrote above a paediatrician had already seen through it. Why does it take till I'm [age] before somebody pics up on trauma again? My brother and I should have been place out of the home. ..*
- *Intervene more quickly if suspicions are raised. If it's suspected that photo material has been created then contact the responsible authorities and keep after it*
- *Listen to the children/teens and don't follow you own rules.*
- *Believe the child*
- *But the child you now see in front of you (not on the piece of evidence and not on your computer screen, but on the other side of your desk) that is a child that needs listening eyes (sic)*
- *In the midst of everything, dare to be present.*



- *I don't know. Child protection was blind in my case. understandable maybe, after all I didn't admit it. but in retrospect I did show the symptoms associated with it which they didn't recognise*
- *Be gentle and patient, refer back to earlier conversations, don't hesitate to keep asking, be aware that someone who has gone through this has no trust and self-confidence and feels shame and guilt.*
- *Try being more alert to indications that children emit.*
- *To believe the children and to know they have many fears. That they are attached to their abusers (Stockholm syndrome) and if removed from their homes they have experienced a loss. That it is normal to test foster parents and act out. And most important of all, some foster parents are abusive and/or exploit children and find the foster care system an easy access to children.*
- *Know all the facts first*
- *You are likely only seeing glimpses of the truth and would be horrified if you knew what is really going on in children's lives.*
- *Listen to the kids. Even if they retract, do the investigation.*

Extremely difficult to disclose. Some respondents highlighted the difficulty victims have disclosing abuse. See examples below:

- *Very difficult to disclose- if made to victimize others, scared going to jail, don't always have the vocabulary to be able to tell.*
- *It may be difficult for a child and youth to articulate what is going on or to understand that what is happening in sexual abuse until later in life.*
- *Have patience, because talking about experiences like there is very very difficult. Some things will probably never be told.*
- *How difficult it is for a child to disclose. How WRONG it is to expect a child to protect themselves. ONLY ADULTS can protect children, so they need to be taught what to look for, rather than have a system that relies on children to protect themselves or to tell someone (who?).*
- *Be aware that many victims will not dare/want to speak about these experiences because they themselves have been forced into a perpetrators rather than victims.*
- *Some kids are too scared to tell the truth about who is guilty of doing things.*
- *Children are extremely loyal in the very situations where they are being abused. It is very difficult for children like that to break free of the perpetrators. Only later do they realize they are free. The perpetrators have riveted the children to themselves both physically and psychologically. I was deathly afraid a) that someone would figure it out; b) that I would have to leave, that was unthinkable I'd rather have been dead because I thought it would be even worse somewhere else, they had deceived me into believing that nobody could be trusted only them. Whereas they couldn't be trusted. So what horrible monsters must have ordinary people then? Those were my perceptions as a child.*



- *Take children at their word, because young children DON'T lie, even if they say that a whole lot of animals have been murdered and that there is blood on the altar. Children can tell misleading stories in order to test out whether the people they're dealing with are trustworthy. We told our psychiatrist that dad sometimes hit us in order to check out whether that would get back to my parents. Because if that were to get back to my parents then I wouldn't broach the subject of the abuse and the child pornography. Victims of abuse keep their cards close to their chest; they need certainty that they are safe.*
- *...children may appear attached to abusive caregivers because these may be the only people they HAVE to attach to, and/or because they are too scared to say anything different or show allegiance to anyone but the abusers ... and that not all abuse children are 'problem kids'-many get by under the radar but are no less in need of help.*
- *That predators are very good at emotional manipulation. A child may want to tell you about abuse, but doesn't have the courage or tools necessary.*
- *Kids will deny it because they are ashamed. Doesn't mean the perpetrator or family are bad people but do need interference.*

Be informed about trauma/abuse. A few respondents indicated that child welfare workers need to be educated on the effects of child sexual abuse. Examples are set out below:

- *They should know where they can get information on traumatization and where they can get help when they have too much to cope with. They should know that their work is sometimes a lot more important than that of a therapist, when they can be there longer, or more often for the clients that the therapists.*
- *Social workers should at least be generally informed about post-traumatic stress disorders, too.*
- *Know what trauma means, which form it has, what it does to people and how you have to deal with these persons.*
- *Do extra training on recognize child abuse.*
- *The child protection services removed us from home three times on the basis of family supervision orders and placed us back at home three times.[age] After which of course I got pregnant from one of my perpetrators at age 13.*
- *That ritual violence exists; that multiple personalities exist; that one can deal with individuals of multiple personalities just the same as with other individuals; that it is possible and may be helpful to lead a relatively independent life in an own apartment if there is enough out-patient support; that situations which cannot be overcome independently don't mean that this person needs to be certified and institutionalized; that leaving a cult takes energy and time and that it takes people who are prepared to provide that.*



General

Respondents also provided information related to other issues such as how to assist a child who is in the care of child welfare.

Connect me to services/be involved. Some respondents indicated that the child welfare system should help victims with financial, as well as emotional issues. See examples below:

- *They should understand the importance of financial stability/help needed after the tragedy occurs.*
- *They should deal with the psychological symptoms of victims since this influences the entire life. Whoever lived through this is marked for the rest of [their] life. In light of the abuse it is extremely difficult to live a normal life.*
- *That the victim tells the truth and this should never be in doubt.*
- *Listen to the kids. Even if they retract, do the investigation.*
- *When in doubt: intervene.*
- *Financial security and/or a lack of it triggers strong existential fears in victims and it is really important to get support with these matters.*

Not involved/ need a new system /many kids not on radar. Some respondents indicated that there is a need to overhaul the child welfare system. See examples below:

- *Most children that get abused remain out of sight of the child protection services.*
- *Shut down this organization and implement new independent child protectors.*
- *Focus especially on the socially well-adapted children. These slip through so as not to attract attention. Afraid to have to tell what happen at home, on the street, in their surroundings, in their family. Often they are so anxious that they don't raise their head above the masses and very dutifully do as asked.*
- *Children may appear attached to abusive caregivers because these may be the only people they HAVE to attach to, and/or because they are too scared to say anything different or show allegiance to anyone but the abusers and that not all abused children are "problem kids." Many get by under the radar but are no less in need of help.*

Having help makes a difference. Some respondents indicated that having help from caseworkers was of assistance. Examples include:

- *Even a little help can mean a lot.*
- *A lot of things that are easy for people are huge hurdles for us victims.*
- *Keep on supporting us...hard job but need to persevere until society is aware of the magnitude of the problem.*



Law enforcement

Respondents wanted members of law enforcement to treat them and their case with sensitivity, and to recognize the complications that can arise when interviewing a child, or an adult who was sexually abused as a child.

The responses for this section have been sorted according to the main themes. The purpose of the bold text is to highlight the particular part of the response that expresses the indicated theme.

Sensitivity. Being treated with sensitivity by police was important to many of the respondents. For example:

- **Don't show images in court.** *I would also like them to know not to show the images, even if sanitized, to the victim or their parents. There are other ways to get a positive identification for court.*
- **Court process is traumatizing.** *That children don't know if they are the ones in trouble and that going through the trauma of having to see their own photos again and having to go to court to put that abuser in prison is trauma in its own. I had to go to court to identify one of my abusers and to speak up about the abuse that went on. It was traumatizing to have to see that person all over again and state what he did. I can't believe they put me in that position at such a young age. I understand why they had to do it but they really need a new system so the victim isn't put back into a situation where they feel like they can't speak up.*
- **More training is needed.** *I would like police officers to know that there is a systemic problem in the way law enforcement deals with victims. There needs to be an overhaul in the protocol and practices for these cases, one that requires officers (and their superiors) to have an understanding of how to engage with victims respectfully, warmly, and kindly...and from a place of trust and belief, rather than immediate suspicion.*
- **Care about the victims.** *If there could be a way to seek out officers who truly want to work these cases that would make a huge difference. To have officers who want to be there, who care about the victims, who TRUST the victims, who know how to engage with those victims...that would result, I'm sure, in a lot more successful cases. Lastly, I would like police to know that the way police dealt with me and my case felt more painful than the abuse itself. I'm sure that would be difficult for them to understand, but let me simplify it: I never expected my dad to protect me. He was a monster my whole life and I never expected him to be something else. He was someone who required me to walk on eggshells at all times. But police, they were people I was told to trust...people I was raised to believe would protect me. I expected that goodness. But, in all my experiences with police as a victim, I have been treated coldly and at times with suspicion. I respected police and they let me down. I thought they would be there to help me and put the bad guy away...and they didn't, and they didn't fight hard enough to make that happen. Work harder on these cases...because what happens to us is worse than murder. Our pain doesn't end like a murder victim's does. Our pain and our wounds are forever. Recognize that and work harder, be nicer. Be better.*



- *You might be the point of contact for a child without knowing it - **be kind***
- *We get that time is important, but patience is too. **Be patient.** I felt pressured to give details. I needed time to process everything. I wasn't ready for that conversation. My abuser was a male (stepfather), the officer who interviewed me was also male. And that really made it hard for me to say it out loud.*
- *That child abuse exists, in all its forms. That the children are not making it up. **That children have been lied to and have many fears about the police — that they will be jailed, that the police will talk mean to them or hit them, etc.** It is helpful to acknowledge these fears and to let the child know it is not their fault.*
- *It does not mean one has nothing to say if one does not say anything. A statement is often only possible in a real safe environment.*
- *Also tell a child that lack of evidence lantern [sic] be a factor and that you basically then become a kind of liar. Also prepare a child beforehand that when they go to the court the whole family from father's side may also be attending. And that all those people may look at you suspiciously. Or in other words, prepare a child for the ugly elements too.*
- *My experiences with child porn are old; 30 years ago. The police in the 80s and 90s wouldn't believe this existed. Now the situation is somewhat better. But signs of abuse in children are still being overlooked. Because people are afraid to report and sometimes I hear that still nothing has happened after many reports and that a child is not safe. That really must improve*

How to interview. Some responses for police were related to the process of obtaining information from the survivor:

- *That children don't always speak in clear narrative about things that they couldn't quite verbalize to themselves to begin with ... that the words they may use could be confusing but these can reflect how abusers framed things (e.g., "You're going to a party"; when in fact it is to be abused, so a child may say "I was in a party" but they may be trying to tell about other things); that it takes time for children/teens to feel safe enough to disclose; that details may fill in over time; that suspending disbelief is more helpful than probing.*
- *Your interrogation rooms made me feel like I was the criminal.*

Lawyers

In general, responses to this question were varied but expressed the wish that lawyers be specialized and cognizant of a victim's needs. The specific ways in which a lawyer can be cognizant of a survivor's needs can be gleaned from the responses below. One respondent specifically addressed defence lawyers; that response is noted separately below.

Prosecutors and personal lawyers. The following are examples of the messages respondents had for prosecutors and personal lawyers:



- *Be patient and understand that victims need time to open up, may change their stories, small details can be difficult to recall, etc.*
- *Explain legal terms to victims.*
- *Be sensitive to victims' feelings—become informed about trauma and its impacts.*
- *Dig deeper than the surface and remember that perpetrators can be excellent manipulators.*
- *Understand that the impact on victims is lifelong (i.e., that victims have a life sentence).*
- *Understand the value of restitution.*
- *Be attuned to what your victim needs (e.g., not every victim needs a role model).*
- *Victims need to feel safe and may require actual protective measures (e.g., witness protection programs, restraining orders).*
- *Be honest about the expected legal outcome.*
- *Consider the impact of the victim not receiving the desired outcome (including if the sentence is too low), especially when making plea deals.*
- *Protect victims' privacy.*
- *Relationships with perpetrators are often multi layered.*
- *It's very hard in court and going through is very painful.*
- *That the child is telling the truth. That children, even if they are composed with the lawyer may totally freak out in a courtroom and not be able to give useful testimony. That the justice system (especially family court) is heavily biased against victims of abuse.*
- ***There is no "perfect" victim.*** *If the case isn't the big case you wanted it to be, but you can get the bad guy for a lesser charge...that might seem like an annoying process that demands too much of your time and too much paperwork...but that annoying process could be the difference of someone living their life feeling worthless and repeatedly struggling with depression, PTSD, etc...or someone feeling like they have worth and what happened to them was wrong, and that validation will give them confidence and move their healing forward...not backwards. Please do all you can to get the bad guys, even if it doesn't seem like much to you...it could mean everything to us.*
- *Believe in what your client tells you...don't hold counsel for the opposition and listen to the slander that the perpetrator may bring to you. Look at the physical evidence and the circumstantial. Don't be so quick to plea bargain....victims are tougher than you think and may benefit from testifying.*
- *Understand that victims may face financial challenges — do cases pro bono whenever possible and assist victims with obtaining restitution.*
- *That they have to make it clear to the persons affected that they are well protected themselves. That they must be honest towards their clients even if that means saying the prospect of a lawsuit is not good*
- *Every victim is different, don't think every victim needs a role model, sometimes their own strength is their role model*



- *Lawyers need to be very patient with victims and not ask too much of them. Even writing a victim impact statement is very difficult and not every victim may be able to do it.*
- *It is real difficult to provide so much information about the particularities of the abuse if it lasts for a long time and with so many different people.*
- *That we need help. We need representation. Life isn't easy going for us, therefore neither is money. So financial help is paramount in survival and sanity.*
- *If clients are unable to tell their story, ask whether they can write it down. Be aware how difficult it is to provide facts and details. The shame is very deep. And some things that have happened can scarcely be cast into words.*
- *You should know how to effectively protect your clients (e.g., through witness protection programs or no-go zones) and how this can be effectively enforced in court.*
- *The lawyers I had were specialized in this type of cases. And I believe I can be pretty glad about that, because in addition to the legal matters she provided good guidance and support. Even if it was just by treating me to a cup of coffee somewhere in a nice café after a court session.*
- *Don't charge any fees in cases that involve child abuse. An abused child usually has no money to pay.*
- *I understand that the legal profession is a job, and that the work "just has to be done," including in cases involving sexual abuse. I would like to ask them to be extremely careful in the way they act towards victims.*
- *Focus on the rights of the child, not the parents... Realize that the impact is lifelong.*
- *The fact alone that you want to represent the rights of the victim is a positive experience. Allow time and let a victim take the time to weigh things up. Justice seems quite attractive but it's a difficult journey to get there...what lies in wait after that point.... and what if it don't result in a conviction?*
- *That the perpetrators are good talkers and hold positions of power, manipulators as none other. As a lawyer you have to fight relentlessly for the victim, not least because it's often discounted as.....there's no evidence.... many perpetrators are never nabbed or punished. As a victim you've got a lifetime sentence.*
- *I'm the victim's lawyer and not the devil's advocate. Don't make deals; don't score victories just because it looks nice on your CV. A victim has a life sentence, a perpetrator won't get that here in any case, so be realistic and don't consider a few years, or a fine, to be a triumph.*
- *Justice, and the judicial process, should be healing to the victims. Keep that in mind at all times.*
- *Allow time for victims of sexual traumas, more time than for other kinds of victims, because talking is almost impossible for victims of sexual traumas, and the stories will not come until a lot a whole lot of time and trust has been invested; that has to do with trust and the brain. Sometimes I couldn't say a word until a long time had passed, and although a story did come out then, I often shrank back and simply couldn't. the stories of child porn also didn't emerge in me until a longer time had passed, even though the images and nightmares, were constantly*



present, but I couldn't put words on them, it was too horrific and I was deathly deathly scared. Deathly scared of being murdered. It felt like I would be murdered NOW. As if that was still reality. I think it would be good for lawyers to know these types of things.

- *Transparent, sincere and candor. That makes for preventing disappointment. Knowing who you can turn to instead of that every lawyer says that doesn't come under my area of law and refers you on after you've told part of your story. Spreading story around results in a huge amount of unease, referral results in a big group over which I have no control any more what they do with information.*
- *Remain calm, set limits but take seriously.*
- *If the abuse has gone on for years, then you often can't remember the details that well. Can you yourself remember what you did on a specific school day twelve years ago?*

Defence lawyers. One respondent specifically addressed defence lawyers (many of the responses above would also have relevance for a defence lawyer), asking that they think before they defend the perpetrators in these cases and do so with an awareness of how victims are impacted:

- *We have to tell our story more than 100 times. It makes us angry, scared and depressed and sometimes suicidal. Think before you go defend that predator that there is a human there to that has no rights and you predator who is paying you do. Treat the victim as a victim. Yes you have to defend the best you can but please not at cost of a life.*

Judges

45% of respondents answered the question, “What would you like judges to know?”.¹⁰⁶ The most common point made by the respondents was that judges need a better understanding of the ongoing nature of the trauma associated with child abuse imagery. The respondents also stated that the judges need to know more about how children respond to this type of offence and how this can affect their testimony in court. Related to the overall view respondents had of the judicial system, respondents stated the need for judges to:

- Give higher sentences to offenders particularly given the type and length of abuse suffered by the victims
- Be more critical of offenders, especially when there is little corroborating evidence in the case as this does not mean the child is not credible
- Be aware that the absence of images does not mean that a child is not telling the truth that images were taken and likely distributed
- Ensure the safety of victims especially in circumstances where offender is part of an organized ring of offenders

¹⁰⁶ Less than 16 had gone to court and received a verdict in their case.



- Understand the lifelong impact on survivors

Examples of some of the answers that show the themes noted above are:

- *Provide more room for the victim to tell in their own words what things were like because by doing so you will give the child back their right to speak.*
- *Perpetrators should get heavier punishments given that victims have life sentences and because there's not always evidence. The proof that the victim has disorders like PTSD/DID should already say a lot. If evidence like pornography or whatever does exist, then it should be definitely be included. And the unequal status of the victim who is defenseless and fumbles for words due to things like dissociation should also be taken into account!*
- *There are no winners. The longest sentence is always for the victim.*
- *...I did get an impression that the police and prosecutors were aware of more than I could understand/comprehend. What I also don't get is why my lawyer made a comment...to the effect that "You're 99.99% sure to win," whereas it took a long time after that before the final verdict was published. ...I'd never had any contact with the justice system before this. Generally speaking I know very little about the world of courts. During the legal proceedings, all kinds of things happen that I had/have no knowledge of, that I had no control over or voice in. At the same time, they were dealing with something that involved me.*
- *Don't allow the defendant to raze the victim to the ground. Provide protection to the victim whenever possible and necessary, including outside the courtroom, especially if there are suspicions that an organized ring lurks behind the affair. Ensure that a child is not sent from foster family to foster family or emergency accommodation without the abuse ever stopping, especially if an organized ring is suspected.*
- *Perpetrators always have so many rights, from the right to speak to the right to remain silent, the right to privacy and even the right to appropriate care (i.e., therapies, detention under hospital order). What about the same treatment for victims? Furthermore, I find it insufferable that so many perpetrators are walking around free. In my estimation, sexual abuse (in particular by fathers) is punished far too lightly, and often no punishment is even forthcoming at all — whereas I would have rather been murdered than to be systematically raped and abused by my father. My father can walk around free. I have a life sentence.*
- *It would be good for judges to know what kind of impact these traumas have on the entire lives, psychological, emotional and physical of people that go through this misery. It ravages their total life and I think a judge could compare it with murder. You will nevermore be the child, the woman, the man that you could once have become. That will never happen. And I think that the severity of a sentence could be adapted to fit that.*
- *Unfortunately they can't do anything about the legislation and validity of burden of proof.*



- *Pay attention to non-verbal behaviour. If in doubt ask further questions and if you get no answer ask what the reason is for not answering. Could be that there is a clear answer but that it can't be given at this point in time due to the stress.*
- *People with dissociative identity disorders make contradictory statements owing to the circumstances. These contradictions are partially created in a targeted manner by the perpetrators during abuse. In addition, the witnesses concerned should be questioned in camera and without the perpetrators, because otherwise, they have the possibility of triggering conditioned behavioral patterns, and in this way, cause the entire proceedings to fail.*
- *If no imagery was found straightaway, that [does not mean] none exists. Perpetrators like these are often very sly in concealing their acts. Don't require victims to look at the imagery if they are not capable of doing so.*
- *Be aware how painful it is if a perpetrator is sentenced to [a short sentence] whilst the victim always has a life sentence.*
- *[A short sentence] for eight years of abuse is not exactly a motivation to embark on a two-year legal procedure.*
- *Always take victims seriously. Believe what they say, telling awful things is not a hobby*

Some respondents provided information relevant for judges, in response to different questions in the survey. For example:

- *During the most important session, I also unexpectedly encountered understanding. At one point during my testimony, things got to be too much for me emotionally for a moment. The judge gave me the opportunity to have a sip of water and catch my breath. I hadn't really expected that to happen: I had wanted to keep a "stiff upper lip" at all costs and saw it as a failure that I couldn't hold back the tears for a moment. But the judge's gesture left me with a positive impression... After the last court session, I did have email contact with the lawyers, but I've never had any more contact with any of the other people, including the judge and the lawyers of the adversarial party.*
- *I don't think judges understand us because all the legal stuff they have to do. We are messed up for life even if some of us have more or less images. We still went through it and we should all be looked at as the same because it was a scary terrifying and depressing thing we all went through. They all don't understand that I try to make it out alive everyday every hour. I have to take it hour by hour without breaking down and wanting to cry.*
- *I remember when I was older [teens], the abuse had not stopped, but abuse related to imagery had. That I was asked if I would maybe prefer to live in a foster family, but I was so loyal. I wish an adult had intervened. I was a child and could not make those choices.*
- *Judges are okay as long as they are well informed.*



- *That children are frightened by the courtroom, by officers in uniform, by the judge's robe and gavel. That they are telling the truth, as well as they can understand it given their age. That they have been threatened, even with death, if they tell. That the law is not designed to deal with child victims and that precedent is, on the whole, to dismiss the case or rule for the abuser.*
- *For the victims that do bring their experiences forward, believe them and ask for their opinions in sentencing.*
- *Unless you have been abused yourself, you will never (and I mean never) understand what it has taken a victim to stand before you. Please honour this courage.*

Victims services

There were some similar themes that came out of the responses to the question, *What respondents wanted victims services workers to know?*; however, it is important to recognize the framework of victim services differs from country to country. The overall feeling expressed by survey respondents was that victim services workers need to be better trained in the area child sexual abuse, child sexual abuse imagery and the impacts on respondents.

Many of the responses contained multiple themes, and as such, the examples below are categorized according to the primary theme in that response.

Education about offence. Some respondents felt that victim services workers needed to be better trained in child sexual abuse and child sexual abuse imagery and the associated trauma in order to provide adequate services to respondents. Examples of these responses are:

- *That child sexual abuse images affect survivors just as greatly as survivors of more traditional forms of abuse.*
- *You should know there are also organized groups of abusers who systematically train children from the cradle in order to have them at their disposal on a life-long basis. You should not continually say one is safe and that fear is just an old feeling when you don't really know that. In the case of continually recurring, intensive breakdowns/collapses even though everything seems to be going very well, considerations should be made that the abuse is still going on.*
- *Know what trauma means, which forms it has, what it does to people and how you have to deal with these persons.*
- *Nobody makes up such crap!! That you cannot tell everything at once, that we need breaks, that we fall silent when someone doubts [or] does not believe us. That we appear more normal than we are. That nothing is simply okay – you have to ask attentively and empathically. [Ask] whether we are safe now...who is allowed to know, with whom should we be careful... where we live and with whom.*
- *A victim definitely won't trust you automatically. And talking will be nearly impossible, because the victim is so terribly afraid. Moreover, as I notice from my fellow survivors, often there is still*



no language available for the worst things, so a victim definitely won't start in about that. So don't presume you know everything after you've talked to somebody, there can still be a world of misery down below.

- *Put your help on the strongest possible footing. Do as many training courses as possible to make sure you know what you're dealing with and are aware how you come across.*
- *Learn about the effects of trauma-related issues, stand by people — from disclosure and aftercare.*
- *Better training. It's very difficult for them and I really think that it is too much and too complex for them. So they have to listen and take care for good help in the follow up.*
- *I wish there were support groups or ways to reach out. The regular mental health way doesn't work as they aren't trained to deal with this nor do they appear to want to.*

Be responsive/ listen to clients. A number of respondents wanted victim services workers to be more communicative with clients and to listen to what clients have to say. These participants also stated that they wanted victim services workers to believe their stories, as well as being more sensitive to their needs. Examples of these sentiments are set out below:

- *That they have to be flexible. That they should believe their clients even when they talk about things about which they have never heard.*
- *Look at and listen to victim and treat us as individuals not as partly incest victims.*
- *Listen sincerely and genuinely.*
- *The core issues and that they can't and won't learn most of it out of a book - they need to speak to adult survivors if they want to protect children.*
- *I'm not pathetic, but I am traumatized. Treat me like a human being, in keeping with my own age. Take rational and emotional, as well as physical age into account. A young adult with no family who has suffered abuse her whole life up to now cannot fully size up a lot of things herself.*
- *To treat with care and compassion to listen to what's not said as well as to what is said. Healing takes a long time.*
- *That it is all very overwhelming for the victim and that they be highly sensitive to the victims feelings.*

More support. Some respondents who answered this question want victim services workers to provide victim with more support. The support was described as:

- *No experience there, but given the fact they are volunteers, maybe just the thought that they can stand beside someone as a person in order to get that person the help that's needed, to follow up when people think they don't need help.*



- *You're nowhere near finished after a couple of consultations, sound out the victim well and go deeper into things!*
- *Victims need your voice to speak for them when they are too afraid or your encouragement when they are ready to testify. Invaluable to the court process.*
- *Your compassion is essential. The victim you are supporting is facing a formidable foe.*
- *Victims sometimes need help with the day-to-day stuff just to keep safe and keep in therapy (and it doesn't need to mean hospitalization), and that court proceedings of ANY kind can be massively destabilizing.*

Media

Sixty-two of all the survey respondents provided a response that was included in the analysis for this question. The graph below shows the distribution of what survey respondents would like members of the media to know/understand.

Figure 157: What the media needs to know



Other examples not included above: Report from/with victim's perspective (15%); Careful reporting to not interfere with court proceedings (6%); Disclosure/intervention (6%); Report on satanic ritual abuse (5%); Don't give offender public attention (3%); and Provide links to resources for help (2%).

The following responses have been grouped under the primary theme noted within the response but may also reflect other themes and ideas:

Educate accurately about child sexual abuse issues/consequences. The following are examples of responses from those who would like members of the media to educate the public accurately about child sexual abuse issues and consequences:

- *Make the public more aware of the long term effects child abuse images have on the victims.*



- *Provide a clearer picture of this phenomenon and give victims an opportunity to vent [their experiences].*
- *Don't make it a topic to profit off of. Make it a subject to educate and scare of the people who are involved with child porn so they don't do it.*
- *That this is so widespread and yet ignored. Spend more time on real matters and less time on the Kardashians.*
- *Clarify, don't make a taboo topic out of it, inform yourself and explain it descriptively, sensitively and simply so that all people understand what abuse, trauma and the consequences mean, so that it's no longer a hushed up topic.*
- *I'd like to ask people working in the media to devote more attention to breaking the taboo - to get the media to break the secret of sexual abuse.*
- *Look further than what you know and see. Know that every image has an origin. Investigate ritual abuse.*
- *In general, I would say: Don't be too uptight in your reactions. We seem to have drifted into a society where, so to speak, even a nude child is 'indecent'. Forget that! There's a fundamental difference between corporeality, sex and abuse (admittedly I've had to grow old myself to understand that). Those kinds of constraints imposed by society and media generate prudery, and that's exactly what made me feel extra guilty as a victim. Be precise and comprehensive in news coverage and public debates. Most people are NOT paedophiles and are NOT makers of child pornography. To me as a victim, that message would have been far more important than seeing one vice case after the other in the news.*
- *Bring the consequences of abuse into public notice, as well as how people who suspect something can raise alarm because it's hear see and be silent and nobody does anything. Community education. And also for the children themselves, who then think I'll ring the child helpline or perhaps go talk to somebody that they trust!*
- *Try to explain more about what the consequences are.*
- *Not to call it child pornography - which is victim blaming and assumes consent.*
- *Fear is instilled in us through stories of children being placed out of the home for no reason. That is dreadful, of course, but that causes the child protection services to veer in the wrong direction and not place any children away from home any more, including those whose homes were dangerous. It's good to elucidate both sides in the media, but do it level-headedly.*
- *I'm grateful that the [broadcasting corporation] devoted a whole day to this subject. I hope the [country] media will remain alert and will realize that child pornography is a loathsome reality and that children are under threat.*
- *Publish more about it, make it more ordinary instead of something weird that rarely happens. More recognition, so it will attract attention, victims will receive help.*
- *That there has been a concerted effort to make the media believe that extreme abuse doesn't exist and that abuse in general is much less frequent than believed. That it is a minor problem in*



society. That “moral panic”, “false memories”, “parental alienation syndrome” and similar ideas are disinformation planted by supporters of abusers. That child abuse affects all classes and races. Middle class, white, males have access to more resources than those less fortunate. And that wealthy or well-know people have support from others in their position and are aided in procuring children, abusing them, and escaping detection.

- *You can make a huge difference by educating the public, exposing each case one by one, until we see a change in our laws, attitudes, and sentencing. Public education is the only way to expose the veil of secrecy around this issue.*
- *Treat victims with respect, be kind, Give honest portrayal of what the victim shares.*
- *When you report graphic or titillating material, you are not only re-victimizing child victims or adult survivors but giving pedophiles reading material. Please leave grieving families alone. Please use the opportunity to educate rather than sensationalize.*
- *That most abuse is by someone trusted (or supposed to be trusted) by the victim. Don't glamorize rape and abuse. Stop making Law & Order SVU. It's gross.*
- *... and that all too often the media portrays stereotypes, rather than the actual range of behaviors and realities people have.*
- *It's embarrassing. Truth is vital we don't make this stuff up.*

Report from/with victim's perspective. The following are examples of responses from those who would like members of the media to report with victim sensitivity/empathy:

- *We need media people who can report with empathy and sensitivity about such topics and without sensationalizing or pressuring the victims.*
- *That their reporting can re-traumatize those affected when they do not work carefully. Which words and photos they can use which are not hurtful/abusive. That their reporting is not any good when they continuously only report on individual cases.*
- *Wait for the facts, do not speculate, don't blow things up just to get attention, it may cause police to hurry and miss out on things, going for quick conviction of things like that. Don't chase victims, as well as possible suspects, because when things do not lead to conviction suspects may act on it. So try to be objective, fill in the blanks when the facts are presented, be cautious with comparing one case to another.*
- *Self-harm is a serious problem and a symptom of severe stress. No jokes should be made about it. All too often self-harm gets branded in the media as faking. But when an animal almost bites or scratches itself to death, do you call that faking behaviour?"*
- *Should viewing figures be achieved at the expense of the dignity of vulnerable people? How could you present news or background information in ways that do justice to victims and are sensitive to how this subject affects them and their fellow victims? Tap into your own creativity here, because it should definitely be possible.*



- *You give space to recent victims, to perpetrators, to victims who didn't survive. Would you mind now creating space for the survivors that struggle every day with their trauma symptoms and depressions?? Oh yes, and we are not sensations or news, we are people!*
- *Be sensitive to the victim. Understand your telling their story makes them feel exposed as well.*
- *I would love to remind members of the media when they are putting a story together that they are telling the story of real people's lives. People who have feelings, and are already going through the hardest moments of their life. When it comes to survivors of child sexual abuse imagery we have already had the most intimate parts of ourselves recorded and often shared via photos and videos. We don't need those details shared in newspaper stories as well.*
- *Headlines and exposure are neither helpful for the victims nor for the prosecution.*
- *We all fight to be normal, we all fight to make things better, and sometimes it takes a lot more for some people than it does others, but every victim has problems, but no matter what we want to feel loved, not fake, not because you have something someone wants, but because someone sees how strong you can be.*
- *That they should be real careful how they report about child sexual abuse images, child pornography investigations and arrests, and that it would be a wonderful idea if they provided trigger warnings and links to help resources like distress lines, victim's services etc. Media is today my number one cause of triggers.*
- *Behind the news story there are children, parents, and little brothers and sisters. A little circumspection can often be a worthy thing.*
- *It's not a lousy true-story B film; it's the lives of real people that have been permanently damaged. By continuing to document people like [name of filming company] etc. they gain a cult status in certain circles. The respect and interests should lie with the victims and not with providing a podium to perpetrators.*
- *The fact that we can put things into words doesn't necessarily mean we can also listen to those same things. Keep that in mind when you interview somebody.*

Protect identity of victims and families. The following are examples of responses from those who would like members of the media to protect the identity of victims and their families:

- *I would like them to better protect the identity and privacy of victims, to label them as victims of a crime rather than, "child porn star" etc., and to make the public more aware of the long term effects child abuse images have on the victims.*
- *A victim must be protected at all times!! No pictures or images. Respect the rights of the child. If the topic appears in the media, keep it neutral.*
- *Don't seek sensation. Always publish things in full cooperation and solely with the oversight and permission of people involved in abuse. No unexpected tricks. Anonymous really means anonymous and not shaded or photographed from the back but still recognizable to acquaintances.*



- *You should respect the victim's private sphere and not give the perpetrators a big stage like that.*
- *Everything should be anonymous, but with information about age, social environment, do not contact us with knowledge about neighbors, colleagues, etc.*
- *Openly censure it and don't preclude victims from being informants, as in my case.*
- *Be very discrete when you get information about somebody. Some things are not what they seem to be. Also, sometimes a story can do so much harm, please keep in mind that privacy for a victim does not only contain of not mentioning a name!*
- *Perhaps you could devote more attention to victims of child porn. Respectful attention. At the same time, I find it extremely irritating that perpetrators almost always appear in the media with an abbreviated surname, as a privacy safeguard. Why are victims always reported with their full names? I hope that you people will be willing to treat victims with just as much respect as you do perpetrators, including in cases where it's not yet proven who is a perpetrator or a victim. I also believe that most things like this never even come to your ears, because I, for example, have been walking round for years with my secret and am too ashamed to talk about it. In addition, I come from a strict protestant background, so I don't want to wash my dirty linen in public either. I hope you'll trace down people like me and present their stories with due respect, so that this issue will finally receive attention in the media. Child pornography is not a popular topic and victims have the right to be heard and to tell their stories. That will also make it clear to people what kind of misery is being caused and how lives are being devastated.*

Members of the public

Sixty-eight of all the survey respondents provided a response that was included in the analysis for this question. The table below shows the distribution of what survey respondents would like members of the public to know/understand.



Figure 158: What members of the public need to know

WHAT WOULD YOU LIKE THE PUBLIC TO KNOW/UNDERSTAND? (N=68)

Multiple Responses per Respondent



Less common were: Messaging to deter offenders (4%) and More resources for victims (3%).

The following responses have been grouped under the primary theme noted within the response but may also reflect other themes and ideas:

Education and awareness. The following are examples of responses from those who would like members of the public to have a better understanding of the issue through increased education and awareness:

- *Understand the devastating affects it can have on a family and how they shouldn't ever engage in it.*
- *I would like the public to understand how serious and long lasting the effects of child abuse images are so that they will take them seriously and be so intolerant of people producing them or distributing them. I would like them to know how widespread it is. How to protect their kids from it happening to them or how to help them if it does. I would like them to understand how to recognize signs of it and who to report things to.*
- *Realize that youths are also highly affected, including boys. They should also understand that a lot of regular porn with adults has themes similar to child abuse and can be highly triggering to survivors.*
- *The public should know that when a child is abused it's very hard for them to heal. They don't have the life lessons to teach them responses and they surely don't have a very loud voice. It's a very hard topic but we need to make sure people are talking about it. It's easy to tell a child the difference between a "good touch"; and a "bad touch" but they also need a safe place to go and tell their stories without dismissal or judgment. A lot of the times these children are betrayed by people who they love and are supposed to love them, we need to make sure they do not feel like they are being punished after they come forward.*
- *Abuse and violence is much more widespread in our society than we may assume*



- *There certainly is still a lot of educational work required. A lot of people do not want to hear or know about this issue. As long as these things happen in faraway countries, people can deal with it quite well but not when it happens in their own country (i.e. in front of their own door step)*
- *That abuse isn't something that only happens in the lower, less-well-to-do classes. That women can abuse children, too. That it doesn't do any good to abandon those affected. That "trauma" is not something you should make jokes about in everyday life. That it is disgusting to put the blame on those affected.*
- *That there is ritual violence and people with dissociative identity disorder do not lie, but have experienced the absolute worst. They must finally acknowledge that this does exist.*
- *Even if somebody is a man of faith or a very friendly good man their true nature can still be very different.*
- *I'd like to see even more public awareness on this issue.*
- *I think society has become more aware of these things. The same time, times change. A picture or video is easily made and once on the internet will never disappear. I think education might be also very important in these things!*
- *It happens more often than you think.*
- *In our society another society is active. With its own network and own system. Children are bought and sold there and many of the ones that survive later take on another role in that system. Victims turn into perpetrators and due to their brainwashing they don't even see what they might be doing wrong. Life proceeds there the way it must.*
- *It happens. Everywhere. At all levels of society.*
- *Pornography has become quite normal in society. That leads to a blurring of norms. Child pornography is not normal. It degrades human beings and devastates their lives. It has devastated my life and it has degraded me. I don't know how to live with myself. My life is not a life; my burden of suffering is too great. I hope that society is conscious of the severity of the impact of child abuse and child pornography. People take to the streets in masses if someone moves into the neighbourhood who has sexually assaulted a few boys (with all respect for the victims!), whilst fathers can rape their daughters for decades without anyone really getting upset. As long as nobody comes to endanger your own children - isn't that how it is? I'm angry about this and feel expelled from society and the community. Not heard, not seen and not helped.*
- *Realize that it happens everywhere in your own surroundings too where you are right now. If there's no victim there, then maybe a perpetrator, maybe no perpetrator but then a viewer of that kind of imagery, maybe no viewer but then an administrator of the sites in question, maybe no administrator but .. In that way many people unfortunately have their contribution in this industry.*
- *That abuse, even extreme abuse, occurs in their own back yards.*



- *Sexual child abuse does exist. Please do not bury your heads in the sand and as awful as it is for you to hear, please do not change the channel!! It is rampant in our society. Pay attention to your Family, your Neighbours, your fellow parishioners. It's everywhere. Educate yourself on the subject. If you are a professional mandated to report abuse, do it!!*
- *It's not as simple as it may seem.*
- *Behind closed doors, unimaginable acts are occurring to children. Babies, toddlers, and preschoolers are being raped and even tortured. As much as you might like to normalize pornography, and support so-called 'freedom of speech,' pornography (which may initially appear benign) is a destructive agent. Please spend your time standing up for victims rather than playing into the hands of perpetrators. Please be open to seeing how much we are suffering and take actions that will protect us.*
- *That child sexual abuse is rampant, that all too often it is not the 'stranger danger' but people the child knows and needs to rely on and therefore may not disclose abuse from, and that child sexual abuse imagery is a massive business with many ties to crime cartels, terrorism, trafficking, and other yucky things where one needs to address not only the supply, but also the demand...*
- *The prevalence of sexual predators and child porn - and how to recognize signs of abuse / exploitation in children and adolescents, as well as who to call and what to do if suspected.*
- *This is real, it happens, in homes right next door- it does not exclude by socioeconomic status, geographical location or gender. Everyone must have a voice. Especially for those who don't*
- *That there are many of us who were and are victimized and that we are not to be feared. I wish people realized how strong I am.*

Pay attention and get involved. The following are examples of responses from those who would like members of the public to pay attention and get involved:

- *This is right in your backyard, these bastards are everywhere. Take special care of your children; do not let them be a statistic like me. I do not believe it can be understood by anyone not having experienced it.*
- *We think that people should look at those who are sitting at their own door step but one runs against walls; no one wants to know about it.*
- *Please look at the problem and don't look away all the time even if it is not pleasant and you don't really want to hear or know about it. We need more protective institutions, assistance and people who support us.*
- *Be aware that things like this exist and are not just weird stories far removed from your own world. It might be about people you know, even if you're unaware of it. Don't judge people hastily: you don't know what burdens they bear. The impact of abuse and child pornography is immense. It is lifelong.*



- *You haven't the faintest idea how devastating it is if your child falls into the hands of a lunatic like that. You are totally ignorant of how damaging it is to have to grow up with experiences like these. Just as I have no idea what it's like to have to grow up doing child labour, or to be forced to fight as a child soldier in an African warlord's army. Hence, understand above all that you. Be alert with regard to both protecting and empowering children. Children have the future. Cherish them without crushing them!"*
- *Our homes are much less safe than we think and our children have less protection than we hope. We mustn't be too quick to presume that parents are safe. It is very difficult but if something is amiss we still need to ask questions and have the courage to report.*
- *Keep an eye on the children around you. Get involved if you think something is fishy!*
- *Behind closed doors, unimaginable acts are occurring to children. Babies, toddlers, and preschoolers are being raped and even tortured. As much as you might like to normalize pornography, and support so-called 'freedom of speech,' pornography (which may initially appear benign) is a destructive agent. Please spend your time standing up for victims rather than playing into the hands of perpetrators. Please be open to seeing how much we are suffering--and take actions that will protect us.*
- *That sexual predators are walking around you all the time. Stop thinking that pedophiles make themselves known. Stop thinking that extreme cases can never happen "in my neighborhood". Stop thinking that parents or other family can never abuse their own, because statistically, the offender is someone the child knows 99% of the time. I want the public to understand that some parents are sexually abusing their own children almost all time.*

Victim support/sensitivity and respect. The following are examples of responses from those who would like members of the public to offer support to victims with sensitivity and respect:

- *I would also like the public to have more compassion for victims and their families.*
- *What the public needs to know and understand is that these are VICTIMS not CRIMINALS. They need to be more compassionate to the family that is going through this tragedy. They need to be more supportive and understanding and most of all leave them alone, the last thing the family needs is a spotlight on them.*
- *More understanding and warmth towards people that have been devastated by abuse. These victims are so vulnerable, and they often withdraw from the community because they have great trouble dealing with the stress and anxiety and grief and trust in others. Show understanding, not once, not twice... but every time again.*
- *Break the silence!!!! If there are so many people who have experienced violence, why do we hear nothing about them? Why don't we meet together to talk about how we're doing and how we cope with things like intrusive memories? Why don't we struggle together for a better life? Why don't we encourage one another? We must stop being silent, pretending nothing is wrong;*



only if we all join together and break the silence will anything ever change. And furthermore: yes, it is indeed your father, your mother, your uncle, your aunt, your grandfather, your grandmother, your brother, your sister, your boyfriend, your girlfriend and your neighbour. They ARE the victims and they ARE the perpetrators. It's not somebody far away, it's somebody close by; it bears on your life too. And pornography is not as harmless as you think because that sexy woman is me, [age] years old and I didn't enjoy and delight in it at all, it was horrific. Are you still getting off on it? And if I later become your wife? What about then?

- *People that are survivors need to live with this every day. Some days are harder than other days. Be supportive if you see anxious people.*
- *Do not use social media to share your opinion if you can't oversee consequences, sentiments are misleading, emotions/empathy a more genuine source for any reaction at all. Don't judge, opinions can be expressed without judging. Do not make things (grow) bigger than they are, do not compare or stress cases/failures/anger certainly not when there's no relation between them (like the amount of refugees and number of rapes...). Don't be afraid to say you're sorry when you were wrong about something. There's no law saying you must spread your (personal) point of view, experience, opinion, etc. Know when to stay silent.*
- *If you're taking part in a conversation about child pornography, be sensitive about what you say and encourage others to do the same.*
- *If you would like to contribute to social change that moves towards a society where there is leeway to speak about taboos such as child abuse and child pornography, then be pleased about every small step in that direction. Change that proceeds slowly is often sustainable as well.*
- *When child pornography is uncovered and people fly into hysteria that is not helpful for the victims. The children will project the anger, disgust and emotions onto themselves because they are/were part of the things being targeted in those reactions. Reacting in that way will make the silence of children about their victimization for child porn even more intractable than it already was as a result of their own perceptions of shame and contagious feeling of disgust.*
- *Be careful when expressing opinions and/or prejudices. People are getting hurt, unintentionally.*



J. SURVIVOR TO SURVIVOR

Survivors were asked “What would you like people who have not disclosed being victimized through child sexual abuse imagery to know/understand?”. This section provides an overview of the information shared in response to that question with the following quote encompassing the essence of what the bulk of survivors related:

Did you ever have a moment as a child when you really wanted to say no?

Did you ever have a moment as a child when you wanted to say you were scared

Could you feel nothing any longer because you'd grown numb?

Could you now - as an adult - take that child into your arms and say that what happened was not okay?

That it should never have happened and that everything that happened is allowed to be told.

No secrets any more.

Having no secrets any more means that you can start coming out into the open.

For survivors who have not yet told someone about their experience

There were fifty-seven respondents who provided advice and information intended for those survivors who have not told someone about the sexual abuse they endured. The responses provided were overwhelmingly positive and shared ideas to help survivors to cope and move forward. Responses have been organized into themes as set out below.

Talking helps

Survivors indicated that discussing the abuse with another person is beneficial, and provided some advice about how to decide to whom and at what point talking may be helpful to the survivor. Examples reflecting this general theme are set out below, and have been divided into smaller sections to help guide the reader through the sub-themes that emerged under this heading:

- *People DO care. People DO understand*
- *Talking helps!! Sharing is healing*
- *Try to start talking about it after all, it helps.*
- *Don't feel any shame, it wasn't your fault, go seek help!*
- *Learning to live with the broken secret is unimaginably bearable.*
- *It is so important to talk, talking is the beginning towards recovery*
- *Try to talk, you are welcome in this world, there is also a place for you.*
- *Talk about it, because living with this secret, is like poison that will slowly kill you.*
- *That it is difficult to disclose, that there is help, and how to access it*
- *Take someone into your confidence come out with it.*
- *Talking is not a mandatory component of recovery. But it is certainly allowed. Don't let anxiety and shame keep you from talking, however difficult that may be. Talking also means standing*



face to face with your pain. So don't be hard on yourself, but show understanding for yourself - as much as you can possibly muster. And if you don't want to talk, or not yet, be aware that that's also okay. It's your life, your recovery; it's the path you are treading, in your own way and in your own time. You've got the right to be here and you've got what it takes - in this respect too.

- *There's no reason to feel ashamed. The guilt and disgust, all of that belongs to the abusers. There may be persons who react stupidly when you tell them about this, but these people are then no real loss. There are people who will believe you and who can help you come to better grips with what was experienced.*

Figuring out who you can or should tell:

- *They will cross your path the right person to share it*
- *Try to talk about it with someone you trust.*
- *Try to tell it to somebody you trust, or to write..... sharing is healing.*
- *Look for somebody you can trust and start talking. It is devastating; this is not a load that you can [bear] alone.*
- *Tell, please. There are so many of us in different ages so there is always someone who listens. With the Internet in full use there are sites where you can anonymous tell your story. Better is to make an appointment with a good specialized psychologist or psychiatrist in child/teen sexual abuse and child pornography.*
- *Please share it with somebody. Otherwise the perpetrators will always have a way in your life. There is a way out. That path is different for everybody, but you can find your way together with somebody. And if that person doesn't work, keep searching. There is somebody willing to walk that path with you.*
- *This is a secret that will make you sick if you keep it to yourself. There are people who can help and want to help you. A lot of what you have experienced, you will be a lot to heal from. There may be some parts of it that are always hard, but with counseling and support, you can learn to cope with these better so that they don't affect your life so much. This is too big to try to cope with on your own.*
- *I don't know; I do understand their silence; I did the same myself. once you are ready for it yourself, tell it to a therapist; perhaps you can then start working towards recovery*
- *A mental health agency can truly make your life more bearable.*



Talking is power:

- *Speak up.*
- *You have to stand up for yourself; I promise no one else will do it for you. Though if I could, I would.*
- *Trust yourself and your instincts; don't give up to fight for your autonomous life.*
- *I hope you will find someone that you can trust and in whom you are not afraid to confide. Staying silent does not help. It robs you of your voice and it intensifies your suffering. Talking helps. You have the right to be a human being. You deserve that.*
- *And yet as long as you stay in the labyrinth, you'll probably never quite feel this or understand this. So my final advice is: TALK! Even if it's [to] a counsellor who has agreed to do nothing without your permission. The longer I kept my silence, the longer the perpetrator's power over my life endured. You seize back that power by talking, because the vast majority of people won't tolerate anybody treating children like that (fortunately).*
- *Talk about what's on your mind, what has happened. The more you keep silent, the more power the perpetrators will have and will continue to hold. You set yourself free if you talk about what happened. It is not your fault!*

Talk only on your own terms:

- *Uncover it! But don't get pushed. The right moment is when it feels right for you. The more you can tell about what happened (with professional help) the more you can leave the memories behind. I was able to improve my quality of life immensely by dealing with it.*
- *What I believe is so important to remember when you feel hesitant to tell someone your story is that you may not be ready or it might not be the right time. Listen to your heart and tell your story when you feel safe and comfortable. Wait for that right person who will support you and help you.*
- *I just want them to know that they aren't alone and they can choose whether or not they want to share it with anybody. Nobody has the right to know what has happened to you.*
- *You will really and truly get more breathing space at the moment you share something. You determine the pace as well as what things are said.*

Talking is a release:

- *A time will come when you'll be able to talk about it; only then will it feel like a relief all that foul internal anguish that's allowed to escape and will gush forth like lava out of a volcano. I feel you too are entitled to that moment, at your own time because you deserve it.*

Connect with other survivors

Some respondents stated that survivors can benefit from getting involved in their communities and forming relationships with people who can offer them support. Examples are set out below:



- *You're not the only one! That's the first thing that occurs to me. And after that I have so much to say that I can't get it on paper. The nuisance is that I do FEEL what I want to say, but can't really put it well into words. The contact with fellow victims of the same perpetrator had a highly curative effect on me. I came to understand that I was NOT guilty, in spite of the way he inveigled me. It was that constant menace that I lived with all those years. To me it was like being in a labyrinth, until I ran into a 'buddy' in that labyrinth. We showed each other pictures the perpetrator had taken of us (fully clothed) and related to each other the stories behind those pictures.*
- *Get involved together, get involved in society, in politics, don't remain silent*
- *Try and get in touch with fellow victims that know what's going through people's heads.*
- *If nothing else talk to a fellow victim.*
- *Be cautious about whom you disclose it to. Start with the person you 'feel good' about. Hence, not with the person who you think actually ought to be informed about it. My best experiences [have been] with fellow victims.*

It was not your fault, and you are not alone

Some respondents wanted other survivors to know that they are not alone. Examples include:

- *It was NOT your fault. You shouldn't be ashamed of anything. You can break your silence if you wish, but you don't have to. It's up to you what you do. Just be aware that you're not alone. And, hmm, perhaps an online forum for victims of sexual violence could be something for you?*
- *Your pain and suffering is valued and what happened to you was a crime. It is not your fault and no bare no responsibility. There is help out there and there are resources for you, when you are ready. Due to the nature of this crime, it is difficult for us to receive justice in the judicial system against our abusers, however I feel that the greatest justice we could gain for ourselves is to heal and re-claim our lives. In the future there will be more awareness and resources for this issue, you just wait and see. Help is on its way; you just need to let it know where you are.*
- *There really are people that believe you. You are not a bad person. This was against your will. It is NOT your fault! You are NOT guilty...*
- *There is nothing you can do about it; you have nothing to be ashamed of. It happens more often and to more people than you think and you do not stand alone.*
- *You're not the only one. There is an unbelievable amount of imagery and therefore many many children that have been affected by this. You're not the only one, you're not the only one. And I too would want to have the courage to talk about it so that I myself would also know that I'm not the only one.*



There are benefits to telling someone who can help it stop

The common theme that arose from these responses was that there are people who care and are able to assist the victim in stopping the abuse. Some examples include:

- *Disclosing is the best thing you could do. What is happening to you is wrong and it needs to stop. Tell when that person (offender) is not around but when you think they can be found. Tell someone who you don't think will tell him.*
- *No matter how hard it is, how many boundaries there are, how many bans that are in the mind, how many inner parts say you must remain silent, have the courage to go to a counseling center, to a therapist and try to tell about what is going on. I know how much effort that takes, and that it's "forbidden" when the perpetrators are pursued, but what is happening/happened to you is atrocious and there are wonderful people who really help, who really believe you and you can get out of this group of abusers.*

Seek help

Some respondents wanted those who have not told anyone about their experience to seek assistance from medical professionals or friends. See examples detailed below:

- *Look for the right kind of help. Very good help does exist; you just have to find out how to access it. It is important to articulate your needs for help as clearly and coherently as possible, so that the doctor will understand how severe your problems are. Trust in the future; there are so many opportunities in this country. And do NOT seek help in the alternative milieu. Those people might mean everything well, but they offer no safety and no real understanding. Often they're basically just self-absorbed, just interested in what they can make off of you.*
- *Be brave and seek out help.*
- *Look for good-quality and reliable therapy. Are few and far between but keep searching.*

Telling police

A few respondents provided advice about how a survivor should disclose, to whom and whether or not another person should be present.

- *We can only advise: be careful whether you file a complaint or not. We would advise that you find a counseling centre first or something similar and an absolutely trustworthy person who will take your side and then decide to take the next steps. Get advice, get help from counseling centres.*
- *That they should talk to someone about this when they want to, maybe anonymously or with someone who has a duty of confidentiality. That they should not file a complaint until they have thought about the consequences. That they are not alone.*



- *...Even when it's really hard, when it's a very long road and can hurt like hell, due to memories, anything and everything is better than the abuse that's taking place. You don't have to be alone and all of the therapists, counseling centers or helplines are obligated to maintain confidentiality, which means it is secure and is not disclosed to the outside world. And just because you confide in someone, you don't have to file a complaint and the abuser doesn't have to know or find out that you're getting help. But a life and getting along with the past alone is hardly possible. Have confidence in yourselves. It must come to an end that you're being violated so much and everyone has the right to a good, violence-free life and that will come at some point in time.*

General advice

- *Gather courage to look for a good therapist. Talk to fellow victims...Be very friendly [to] yourselves. Pay attention to limits of strength and performance. Don't go to the doctor alone. Have someone go with you to the counseling center Try out several counselors. Be careful with your friendships, don't tolerate anything...*
- *...People that have nothing to do with it, but see it as a meal ticket have the prerogative here in the [name of country]...*
- *Don't [talk] unless asked and make sure someone will be there for you as long as you need it. Denial can be a blessing...*
- *It's NOT the victim that needs to feel shame; it's the perpetrator who should feel shame!*
- *Follow your own feelings. Do what seems best to you. Telling it to family members wasn't a good idea in my case.*
- *Talking has consequences; the secret gets disclosed and that feels risky. You need good support, a trusted person.*
- *Watch out whom you are telling about it. It may happen that you will be locked up in a psychiatric ward against your will and pumped full of medication if you are telling about your violent experiences and honestly say how you are feeling about it.*

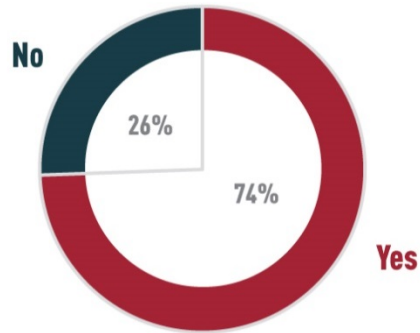
Interest in a network of survivors

Respondents were asked, "If a network of survivors of child sexual abuse imagery existed, would you be interested in connecting with this type of resource?". 74% of respondents, who provided a response to this question, indicated that they would be interested in a network for survivors. The Canadian Centre recognizes the importance that such a network can make in helping survivors heal and will examine ways in which it can facilitate a world-wide network for survivors in the near future.



Figure 159: Interest in a network of survivors

INTEREST IN A NETWORK OF SURVIVORS (N = 90)





K. CONCLUSION

Addressing the issue of child sexual abuse needs to become an international priority. All components, from the social aspects to the technological ones, must be considered when developing effective strategies and solutions. We know that more needs to be done to identify and support victims of child sexual abuse, to identify and prosecute offenders, and to reduce the availability of child sexual abuse material on the Internet. There is an urgent need to shift the way in which we view this problem. Child sexual abuse occurs in secrecy – in homes and communities around the world.

Due to the horrifying and seemingly incredible nature of child sexual abuse, disbelief and skepticism remain common responses from those confronted with disclosures of child sexual abuse. Perhaps it is easier to dismiss such accounts as made-up stories, coerced testimonies, or the result of mental health problems (as many professionals have done in the past), than to accept the possibility that some people are capable of inflicting unspeakable physical and mental trauma on children. Wanting something to be true because it is easier for one to accept or to comprehend, however, does not (and will not) change the fact that such people do exist and that child sexual abuse – and its capture in images and videos – is a reality experienced by too many children.

The Canadian Centre and the International Working Group would like to acknowledge the 150 survivors whose sexual abuse was recorded who came forward to share their unique experiences through the survey. Their collective voice of shared experiences has provided valuable insight into the daily struggles faced by this population and the significant impact that the creation and distribution of child sexual abuse images has on their lives. The critically important information from the survey points to the urgent need for countries around the world to confront and identify additional solutions that will effect meaningful change for survivors going forward. Advancing the knowledge of those working in sectors such as education, medicine, law enforcement, and the justice system is vital if we hope to find concrete ways to ensure children are better protected from sexual abuse and exploitation.

The purpose of this report is to provide a summary of the data that has been received and analyzed to date. Given the importance of the issues raised by the survey, the information shared by survivors so far, and to ensure that all survivors who wish to contribute their voice to the data are able to do so, the Canadian Centre has decided that the online survey will remain open for the foreseeable future. We are committed to learning from those victimized in this way and believe that the collective voice of survivors around the world is essential to effecting real change.

“Pictures/videos are supposed to capture the memories you want to relive again and again. As I look back at some of the photos from my childhood my only memory now is what I had to do to make that moment special, what other videos/photos were taken. If I must summarize it, it’s as if I never have real ‘freedom’, never uninhibited, never without fear. The result is that I never sleep well, that everything is complicated and that I can get stirred up by the stupidest things. If I’m somewhere and somebody looks at me, I’m always afraid that it’s because people know it, or



recognize me." – Survivor, in response to the question "How does the child sexual abuse imagery impact you differently from the abuse itself?"



APPENDIX A: Legend for Medical Terms

In the Survivors' Survey, there are a number of medical terms mentioned by participants in response to therapeutic questions. Simplified descriptions of the terms are provided below. Fulsome explanations can be found within the DSM-5 or online.

Note some of the terms used are actual diagnosis; others are more symptoms or are components of diagnosis. Some are diagnosis that represent a major mental illness and have a physiological origin and are treated through medication, others are about personality disruption, typically a product of primarily environment/life experiences and potentially some biochemical component.

Trauma and Stressor Related Disorders – These include a range of disorders that are a result of exposure to a traumatic or stressful event(s). This includes Post Traumatic Stress Disorder (PTSD). For PTSD the person has had exposure (experienced, witnessed, learned about) a traumatic event(s) and has a number of symptoms related to this (e.g. re-occurring intrusive distressing memories, flashbacks, reactions to stimuli that activate the memory of the trauma event, avoidance of distressing memories, thoughts, feelings or potential triggers, hypervigilance). Never heard of CPTSD.

Dissociative Disorders – These are disorders in which the individual experiences a disruption of their normal consciousness, memory, identity, emotion, perception, body representation, motor control and behaviour. Dissociative Identity Disorder is when a person experiences two or more distinct personality states. When participants use the term multiple personality disorder, the correct diagnostic term is Dissociative Identity Disorder.

Depressive Disorders – These disorders are focused around depressed, flat mood, lack of interest in and pleasure for most things. The most severe form is Major Depressive Disorder and includes this along with other possible symptoms such as significant weight loss or gain, sleep disruption, loss of energy, feeling worthless, poor concentration, recurrent thoughts of death and/or suicidal ideation. Dysthymia, also known as Persistent Depressive Disorder, includes these characteristics having existed over a two-year period, which distinguishes it from Major Depressive Disorder as it is long lasting.

Anxiety Disorders – This is a group of disorders that are oriented to excessive fears and anxieties that impair functioning. Anxiety Disorders include specific phobias, Social Anxiety Disorder (social phobia), Panic Disorder, Agoraphobia (fears of being in public spaces, open and closed places, being in a crowd, being alone outside of home) and Generalized Anxiety Disorder.

Feeding and Eating Disorders – These disorders include various forms of persistent disturbances in eating and eating related behaviour that impairs physical health or psychological functioning. Specific disorders include Pica, Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.

Personality Disorders – This is a group of disorders characterized by lasting maladaptive patterns of behaviour, cognition and inner experience, exhibited across many contexts. These patterns develop early, are inflexible and are associated with significant distress or disability. There are three clusters listed in the DSM-5 with Personality Disorders: Cluster A (the "odd, eccentric" cluster); Cluster B (the "dramatic, emotional, erratic" cluster); and Cluster C (the "anxious, fearful" cluster). Borderline Personality Disorder is a Cluster B Personality Disorder. Someone can be diagnosed with BPD and have features of psychosis.



Bipolar Disorder – A person experiences shifts in mood from periods of significant depression (feeling low, unmotivated, worthless and hopeless) to periods of manic or hypomanic mood states (very elevated in mood, high energy, very goal directed, inflated self-esteem, excessive involvement in activities that may be harmful to them).

Sleep-Wake Disorders –This includes a number of disorders or disorder groups that capture disrupted sleep patterns in which there are problems and complaints about the quality, timing, amount of sleep a person has and results in daytime distress and impairment.

NOS - NOS means not otherwise specified. It is used when there are symptoms that allow for a general diagnosis of a disorder but do not allow for a specific diagnosis. NOS is not a diagnosis per se. It cannot be categorized unless it is connected to a specific disorder (e.g., Depressive Disorder - NOS). NOS no longer exists in the DSM-5. What used to be NOS is now recorded as Other Specified Personality Disorder or Unspecified Personality Disorder