
IMPROVING THE RESPONSE TO Victims of Child Pornography

Section 4: Adult Survivor Online Survey



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Survey Methods

Purpose

The purpose of the online survey with adult survivors of child pornography (CP) production was similar to the purpose of the telephone interviews with parents of children and adolescents: to understand a) the impact the images have had on victims, b) victims' experiences with counseling (i.e. were the images discussed, what was helpful, what was bothersome), c) experiences with the judicial system (i.e. prosecution, restitution, notification, and victim compensation), and d) what helped or did not help from service providers such as law enforcement and victim advocates. By surveying adult survivors, we also hoped to gain a better understanding of the long-term impact of being depicted in CP.

Method

Several victim service organizations and support groups with a focus on adult survivors of child sexual abuse agreed to send email invitations to listserv members and/or post invitations on their websites. These invitations included a link to the survey as well as a brief overview and basic consent language informing potential participants that their responses would be voluntary and anonymous. Members of the Advisory Board and professionals from other organizations (child advocacy centers, rape crisis centers, etc.) with connections to the researchers also distributed invitations. In addition, parents who participated in the Parent Telephone Interviews and had children age 18 or older who had been photographed in CP were offered information about the Adult Survivor Online Survey; parents could choose whether to pass this information on to their children. The adult survivor survey was accessible through Qualtrics Research Suite, a secure web-based survey data collection system. Since this was an anonymous survey, we have no way to determine a total response rate and no data were collected that could link participants to their recruitment sources. The survey took an estimated 15 minutes to complete. All procedures and instruments were approved by the University of New Hampshire's Institutional Review Board. The survey was open from January 9, 2013, to September 30, 2013.

Sample

A total of 339 participants started the survey, meaning they read the first page, including the purpose of the study, nature of the questions, and consent language, and then clicked the "Start Survey" button at the bottom of the screen. Of these participants, 190 indicated they had been depicted in CP as children or adolescents. The final sample consisted of 133 participants who answered "yes" to this question and completed the survey.

Many respondents had suffered prolonged abuse that started when they were age 9 or younger and that happened 10 or more years ago. Many were photographed before the internet and digital technology were widely used. Most cases were not reported to authorities. For these reasons, the sample of adult survivors may represent a different set of experiences compared to the other respondents that were surveyed or interviewed for this project.

Data Collection

The survey consisted of closed and open-ended questions and took approximately 15 minutes to complete. No incentive was given to participate, but participants were informed that they would be contributing to knowledge about the needs of victims and their families and how to help them. Further, we informed participants that people who have answered similar types of questions in other surveys said they appreciated being able to give information that could help others. No identifying information was collected from participants. Participants could skip any question by leaving it blank or selecting a “Skip Question” option.

Eligibility

To be eligible to participate, respondents had to answer yes to the question: “Just to confirm, are you an adult (age 18 or older) who was pictured in child pornography? Child pornography refers to images (pictures or videos) of minors age 17 or younger that depict explicit sexual acts, focus on genitals or show nudity in a sexual context. The perpetrator may have created the images or may have convinced the child to create them.” Respondents that selected “No” or “Skip Question” were automatically taken to the end of the survey.

Instrument Design

The online survey was developed based on CCRC researchers’ experience with previous studies on similar topics, along with feedback from other study partners. Skip patterns were tested through practice runs of the survey before it was made available to potential participants.

When participants clicked on the survey link in their invitation emails or on webpage invitations, they were brought to the online survey. The first page provided detailed information about the study, including its purpose, the nature of the questions, and consent information. The consent information stated the survey was voluntary and responses would be anonymous and confidential, combined with the answers of other participants, and used for statistical purposes only. The first page also offered online resources and a telephone hotline for survivors of child abuse, should the survey bring up any difficult feelings. The primary researcher’s contact information was also provided. After reading this information, participants clicked the “Start Survey” button at the bottom of the page to begin the survey.

The survey was divided into the following sections:

- **Preliminary Screening Section:** We first asked participants, “Just to confirm, are you an adult (age 18 or older) who was pictured in child pornography? Child pornography refers to images (pictures or videos) of minors age 17 or younger that depict explicit sexual acts, focus on genitals or show nudity in a sexual context. The perpetrator may have created the images or may have convinced the child to create them.”
- **Services and Needs Section:** This section included a series of questions regarding participants’ experiences with services such as mental health counseling and support groups. Participants were also asked, “Since this crime occurred, have you ever wanted any type of help to deal with the images and their efforts on your life that you did not get?” If so, they were asked to describe the type of help they wanted. All participants were also asked to share any advice for others who have been photographed in CP and are deciding whether to seek counseling about it.
- **Interactions with Court Section:** This section began with the question, “Have these images of you ever been treated as evidence in any criminal investigations or court proceedings?” If so, participants were asked a series of questions regarding what they did and did not appreciate about how the images were handled by authorities, whether or not they had a victim advocate or other support person and, if so, their experiences with that person. They were then asked to provide advice for others who are going through a court case involving images treated as evidence.
- **Legal Remedies Section:** If participants indicated their images had ever been treated as evidence, this section addressed their experiences with a variety of legal remedies, including restitution, victim compensation, civil suits against perpetrators who produced or possessed the images, and victim notification.
- **Characteristics of the Incident Section:** This section asked general questions about the crime. If there was more than one perpetrator, participants were asked to answer about the main perpetrator. If there was more than one crime, they were asked to answer about the most recent one. These questions included their age (or age range) at the time of the crime, relationship to the perpetrator, length of time the crime went on, how much time has passed since the crime ended, and whether anyone else knew about the crime. If participants indicated that someone else knew, they were asked how that other person found out (i.e. they told that person or it was disclosed another way) and whether the crime had been reported to the police or a child welfare agency. If it was reported, they were asked if the report resulted in an investigation and, if so, whether the perpetrator was arrested, charged, and convicted.
- **Impact Section:** This section addressed the impact of the crime on the victim. Participants were asked what was hardest to handle about the abuse and whether the images caused specific difficulties that were different from problems caused by other aspects of the crime. Using a 4-point scale, we then asked participants how often (never, rarely, sometimes, or all the time) they experienced certain reactions to the images during the crime and investigation (if any). We then asked whether any of their reactions to the images had changed over time and, if so, how. We also asked them to describe anything about the images they particularly worry about. We then ended this section by asking if the images had been shared or given to other people, as far as they know, including whether the images had been distributed on the internet.

- **End Section:** In the final section, we asked participants, “Is there anything you changed or did on your own that you believe helped you to address the abuse and its effect on your life?” We then asked if participants had anything else they would like us to know that they believe would improve how professionals work with victims of CP. This section also included the Trauma Symptom Checklist – 40 Item version (TSC-40), which used a 4-point scale ranging from “Never” to “Often,” to assess the extent to which participants reported a wide range of trauma-related symptoms, such as anxiety attacks, sexual problems, waking up in the middle of the night, and trouble getting along with others. This section concluded with several demographic questions (see Table 4-1), we thanked the participants for their time, and we once again provided the phone number for a national child abuse hotline in case they wished to talk to someone about any feelings the survey may have brought up.
 - Approximately two weeks after the survey was initially made available, we added a few questions at the end to gauge participants’ reactions to the survey (26 of the 133 participants completed the survey before these questions were added). Adult survivors were asked how important they believed it was to participate in this type of research, whether they would still have agreed to participate in the survey knowing now what the questions would be, whether they were upset by the survey and, if so, to what extent. An open ended question was also added to give participants a chance to share any additional thoughts or suggestions. These additional questions were also reviewed and approved by the University of New Hampshire IRB before being added.

Data Cleaning and Coding

Data were downloaded directly from the Qualtrics system into a SPSS data set for cleaning, coding, and analysis. CCRC researchers cleaned the data and, where needed, coded open-ended responses. Participants who did not answer “yes” to the screening question (see Eligibility section) and did not complete the survey were excluded, leaving a final sample of 133 participants.

Participants

In the final sample of 133 participants, 64% was female, 33% was male, and 2% was transgender or other (see Table 4-1). Participants ranged in age from 18 to 75, with most age 35 or older (63%). The majority of participants were Non-Hispanic (94%) and White (89%). About half the sample was married or living with a partner (51%), but one-third of participants were single, never married. Over half were college graduates (64%). Participants reported a wide range of experiences with child pornography production, as described later in our findings.

Table 4-1. Characteristics of Adult Survivor Online Survey Participants

Personal characteristics	n = 133 % (n)
<u>Gender</u>	
Male	33 (44)
Female	64 (85)
Transgender or other	2 (3)
Skipped	1(1)
<u>Age</u>	
18 to 24	15 (20)
25 to 34	19 (27)
35 to 44	26 (37)
45 to 54	20 (29)
55 or older	17 (23)
Skipped	1 (2)
<u>Marital status</u>	
Married or living with a partner	51 (68)
Separated or divorced	13 (18)
Widowed	1 (2)
None of the above (single, never married)	33 (44)
Skipped	1 (1)
<u>Education level</u>	
Some high school or less	4 (5)
High school graduate or G.E.D.	5 (6)
Some college or technical school	29 (38)
College graduate	38 (50)
Post-college degree	26 (34)
<u>Hispanic or Latino</u>	
Yes	4 (5)
No	94 (125)
Skipped	2 (3)
<u>Race</u>	
White or Caucasian	89 (118)
Black or African American	2 (3)
American Indian or Alaska Native	2 (3)
Something else	1 (2)
Skipped	5 (7)

Findings from Adult Survivor Online Survey

Executive Summary of Findings

- The adult survivors of child pornography (CP) production in this convenience sample had a wide range of experiences with sexual abuse, but most suffered prolonged abuse that started when they were age 9 or younger and that happened 10 or more years ago. Most cases were not reported to authorities.
- Many of the respondents were photographed before the internet and digital technology were widely used, so their experiences may differ from those of more recent victims.
- The majority of adult survivors did not refer to being depicted in child pornography when asked what upset them the most or was hardest to handle about the crime they suffered. Rather, they described impacts of being sexually abused, frustration with the criminal justice system, distress about the destruction of family relationships, and lasting personal and psychological problems that resulted. About half answered no when asked if the images caused problems that were different from other aspects of the crime.
- However, about one-third of respondents said the images were the most difficult aspect of what happened, citing anxiety about whether images still exist, knowing that images cannot be recovered, fear of who might see images and disgust about people using them for sexual purposes.
- About half of respondents had specific difficulties related to being depicted in child pornography, including avoiding being photographed, fear of being recognized, shame that images showed them smiling or responding physically to sexual abuse, and worry that images might be used to abuse other children in the present.
- Although some respondents currently had significant anxieties and distress about the images, most reported that, over time, they had healed emotionally (e.g., less shame, anxiety, preoccupation), achieved greater understanding of the crime, and felt less concern that images would surface or they would be recognized.
- Most respondents had received mental health counseling but only about one-third said a counselor specifically addressed the images. Respondents appreciated counselors that validated their concerns about images, affirmed the crime was not their fault, and helped them find techniques to diminish trauma symptoms such as guided imagery and EMDR.
- Many respondents encountered barriers to receiving therapy such as lack of financial resources, lack of a consistent therapist, and inability to find a therapist trained in responding to trauma.
- In addition to therapy, respondents stated it helped them to cut off contact with abusers or unsupportive family members, to volunteer and advocate for victims, and to disclose their histories to trusted friends and family members.

- Few respondents had applied for victim compensation, received restitution from perpetrators or retained a civil attorney to sue perpetrators for damages.
- Respondents also noted the need for therapists who understand male victims and those who understand victims' desires to find ways to confirm whether their images have been distributed online.
- Respondents generally reported positive experiences with the survey. Almost 90% believed that this type of research was more than a little or very important. Less than one-third were at all upset by the survey and less than 1 in 5 found the questions to be more than a little or very upsetting. Virtually all respondents said "knowing know what was in the survey" they would still agree to participate; none said no and 5 answered "Don't know."

Overview

A convenience sample of adults who, as children, were depicted in sexually explicit photographs or videos (i.e., child pornography) completed an anonymous online survey. We wanted to understand the impact of being depicted in child pornography, including respondents' reactions, their experiences with mental health counseling, opinions about helpful and unhelpful responses from mental health service providers and encounters with the judicial system (e.g., participating in prosecutions, receiving victim compensation and restitution, responding to notification laws). Participants received links to the online survey because they were affiliated with or visited the websites of certain victim advocacy or support groups, or they received a link from another participant. The sample included 133 participants. Because the survey reached only selected groups of individuals, their responses do not represent the experiences of all adult survivors who were depicted in sexually explicit images as children, but rather a subgroup who were using the internet to advocate for victims, seek support or other related reasons during the time the survey was conducted and who agreed to participate. Our findings are not generalizable to the larger group of all adult survivors of child pornography production, but portray the experiences of this specific group. That being said, no survey we are aware of has asked adult survivors of child pornography production these types of questions.

Sample Characteristics

Sixty-four percent of the sample was female, 33% was male, and 2% was transsexual or other (see Table 4-2). Participants ranged in age from 18 to 75, with most age 35 or older (63%). About half the sample was married or living with a partner (51%) and over half were college graduates (64%). The majority was non-Hispanic and White (94% and 89% respectively).

Table 4-2. Characteristics of Respondents

Personal characteristics	n = 133 % (n)
<u>Gender</u>	
Male	33 (44)
Female	64 (85)
Trans-sexual or other	2 (3)
Skipped [†]	1(1)
<u>Age</u>	
18 to 24	15 (20)
25 to 34	19 (26)
35 to 44	26 (35)
45 to 54	20 (27)
55 or older	17 (23)
Skipped	1 (2)
<u>Marital status</u>	
Married or living with a partner	51 (68)
Separated or divorced	13 (18)
Widowed	1 (2)
None of the above	33 (44)
Skipped	1 (1)
<u>Education level</u>	
Some high school or less	4 (5)
High school graduate or G.E.D.	5 (6)
Some college or technical school	29 (38)
College graduate	38 (50)
Post-college degree	26 (34)
<u>Hispanic or Latino/a</u>	
Yes	4 (5)
No	94 (125)
Skipped	2 (3)
<u>Race</u>	
White or Caucasian	89 (118)
Black or African American	2 (3)
American Indian or Alaska Native	2 (3)
Other	1 (2)
Skipped	5 (7)

[†]A "skip question" option was available for all survey questions.

Characteristics of Crimes Suffered by Respondents

Many respondents were victims of long-term sexual abuse that included the production of child pornography, often beginning when they were quite young (see Table 4-3). Most participants (72%) were age nine or younger when they were first photographed. About half (52%) were photographed by family members. Almost all (93%) suffered contact child sexual abuse in addition to be photographed

and for most the crime occurred over substantial periods of time; in 80% of cases the crimes went on for six months or more. Most participants (83%) said the crime happened more than 10 years ago. Only about 1 in 4 crimes were reported to the police or a child welfare agency (23%). In 17% of crimes, police or child welfare authorities knew or found out about the images. Few perpetrators were convicted (11%). Close to half of respondents (48%) said their images were illegally shared or given to other people, but almost as many (45%) said they did not know whether images were illegally shared. In 14% of cases, images were distributed on the internet, but again, many respondents (31%) did not know.

Table 4-3. Characteristics of Crimes Involving Production of CP

Crime characteristics	n = 133 % (n)
<u>Age when images were first created</u>	
2 or younger	22 (29)
3 to 5	23 (30)
6 to 9	27 (36)
10 to 12	11 (15)
13 to 15	9 (12)
16 or 17	5 (7)
Don't Know	1 (2)
Skipped	1 (2)
<u>Relationship to perpetrator</u>	
Family member	52 (69)
Acquaintance	41 (54)
Met on internet	1 (1)
Someone else	4 (5)
Don't know	2 (3)
Skipped	1 (1)
<u>R was sexually molested during the crime</u>	
Yes	93 (124)
No	4 (5)
Don't know	3 (4)
<u>How long the crime went on</u>	
One day or less	7 (10)
More than a day to six months	5 (7)
More than six months to one year	6 (8)
More than one year	74 (99)
Don't know	5 (7)
Skipped	1 (2)
<u>How long ago the crime happened</u>	
Between one and five years ago	9 (12)
Between five and ten years ago	7 (9)
More than ten years ago	83 (110)
Don't know	1 (1)
Skipped	1 (1)
<u>Does anyone else know about the crime?</u>	

Yes	86 (114)
No	6 (8)
Don't Know	7 (10)
Skipped	1 (1)
<u>Crime was reported to police or child welfare agency</u>	
Yes	23 (31)
No	61 (81)
Skipped	1 (2)
Not applicable (no one else knows about the crime)	14 (19)
<u>Police or child welfare agency knew/found out about the images</u>	
Yes	17 (22)
No	7 (9)
Not applicable (crime not reported to police or child welfare agency)	77 (102)
<u>There was a police investigation</u>	
Yes	17 (23)
No	6 (8)
Not applicable (crime not reported to police or child welfare agency)	77 (102)
<u>The perpetrator was arrested or charged</u>	
Yes	12 (16)
No	5 (6)
Skipped	1 (1)
Not applicable (no police investigation)	83 (110)
<u>Perpetrator was convicted</u>	
Yes	11 (14)
No	1 (2)
Not applicable (perpetrator not arrested or charged)	88 (117)
<u>Images were illegally shared or given to other people</u>	
Yes	48 (64)
No	6 (8)
Don't know	45 (60)
Skipped	1 (1)
<u>Images were distributed on the internet</u>	
Yes	14 (19)
No	3 (4)
Don't know	31 (41)
Not applicable (images not shared or given to other people)	52 (69)

R = Respondent Note: This is not a nationally representative sample and our results characterize this group of respondents only and not adult survivors of child pornography production overall.

Most Upsetting or Hardest to Handle Aspect of the Crime

We asked an open-ended question to capture the most upsetting aspects of the crimes respondents endured, focusing on the crime overall. We asked, “Thinking of everything that happened to you as part of this crime, what upset you the most or has been hardest to handle?”

In response, almost two-thirds of respondents described experiences related to the sexual abuse without specifically mentioning being depicted in child pornography (see Table 4-4). These responses about what was most upsetting or hardest to handle included:

- Guilt, shame, and humiliation about contact sexual abuse
- Anger and frustration with the criminal justice system because officials failed to believe or respond to allegations of sexual abuse, treated victims insensitively or disrespectfully, or were lenient in charging or sentencing perpetrators
- Sadness, bitterness and anger over the destruction of family relationships when family members perpetrated or facilitated the sexual abuse or failed to protect or refused to believe victims
- Distress because of lasting problems with relationships (e.g., lack of trust) and sexual problems (e.g., numbness, inability to enjoy sex or intimacy, sexual compulsions)
- Psychological problems associated with contact sexual abuse such as symptoms of post-traumatic stress disorder (e.g., flashbacks, numbness, intrusive thoughts, nightmares), dissociation, anxiety, fear, somatic symptoms, depression

However, the remaining respondents, over one-third, directly commented about the impact of being depicted in images in response to the question, “what upset you the most or has been hardest to handle [about the crime].” Respondents who cited the images as one of the most upsetting or hardest to handle aspect of the crime had a variety of concerns.

- Knowledge that the images are “out there” and cannot be recovered
- Anxiety about whether the images still exist
- Fear that family members, friends, or acquaintances might see images
- Fear of being recognized or approached by strangers who have viewed images
- Disgust that people may masturbate to the pictures or use them to exploit other children

Impact of the Images and Reactions to the Images in the Past and Present

One of the main objectives of the Adult Survivor Online Survey was to better understand the extent to which being depicted in images might exacerbate the effects of contact sexual abuse and to understand whether and how reactions to the images changed over time. To this end, we asked respondents a

series of questions about the distinct impact of being photographed compared to other aspects of the crime.

First we asked, “Have the images that were taken caused specific problems or difficulties that were different from the problems caused by the other things that may have happened to you during this crime?” About half of respondents answered yes to this question. We asked these respondents to “please describe specific problems or difficulties related to the images.” Some respondents reiterated problems or difficulties that were mentioned in the previous question, such as fears about who would see images or being recognized. Other specific problems or difficulties cited included:

- Avoiding being photographed or videotaped, discomfort at being filmed
- Avoiding other reminders, for example certain types of clothing or locations, movies that show sex
- Desire to hide and not be seen, agoraphobia, fear that being in the public eye or becoming known in the community could lead to exposure via the images
- Shame about images that show them smiling or responding physically to sexual abuse
- Lasting impact of being taught to perform for the camera, including excessive concern about physical appearance, confusion about appropriate conduct with sexual partners, posing for boyfriends as an adult

Second, we asked respondents directly about certain reactions they may have had as children during the crime. The survey question read, “Children who have been depicted in sexual images have a lot of different reactions to the images. *During the crime and investigation (if any)*, how often did you have any of the following reactions? Please enter whether you experienced these reactions never, rarely, sometimes, or all the time.”

About half or more of participants said they had the following reactions *all the time* during the crime and investigation (if any):

- 74% felt ashamed, guilty, or humiliated
- 54% worried that people who saw the images would think they were a willing participant
- 51% felt it was their fault the images were created
- 48% worried about friends or other people they knew seeing the images
- 48% worried that people who saw the images would recognize them in public

About half or more said they had the following reactions either *all the time* or *sometimes* during the crime and investigation (if any):

- 67% refused to talk to anyone about the images
- 49% denied there were any images
- 49% felt embarrassed about police, social workers, or people in the court system seeing the images

At the same time, many respondents stated that they thought “the images were not a big deal compared to other things that happened during the crimes” either sometimes (45%) or all the time (22%). About one-third thought at least sometimes that “people believed what happened because of what the pictures showed” (18% sometimes, 18% all the time).

Third, we asked participants “Have any of your reactions to the images changed over time?” The majority (almost two-thirds) of respondents said yes. We asked those respondents to describe how their reactions had changed. Some of these reactions included:

- A sense of emotional healing
 - “Over time, I have come to be less ashamed.” “I’ve gotten less anxious about them.”¹⁷
 - “I have been through a lot of therapy and now don’t think about them.”
 - “I feel less ashamed and less at fault. I used to feel great shame and fear about being photographed, where I am ok with that now.”
- Changing how they viewed what happened
 - “Understanding more that I wasn’t a willing participant.”
 - “It went from something I did not understand was happening and became something I know is wrong.”
- Perception of images has changed/less concern about being recognized as time has passed
 - “As I came to realize that the pictures might never have made it to the public, I felt better about myself.”
 - “As I have aged, it is less likely that I will be recognized.”

A few participants mentioned that they “dwell on it less” now, and some said they have taken steps to help others. Some participants, however, mentioned that they feel sadder now than they used to or feel that their childhood was stolen. One person mentioned that at the time the pictures were taken they barely noticed the cameras but that now they worry all the time about the pictures.

Finally we asked an open-ended question “Is there anything about the images that you particularly worry about? Please describe this.” Many respondents mentioned worries about being recognized, images being used for sexual purposes or to abuse other children, and more general distress about people viewing images of their body. Some examples of worries included:

¹⁷ Throughout, some quotations are slightly paraphrased to correct grammar and remove possibly identifying information.

- “That someday, someone I know, who is hooked on pornography, will see some of my films. I do not believe that they would ever recognize it as me, but to know that someone I know would be looking at the crimes done against my body and my psyche is very sad, that those images are still being used today to harm others is especially sad.”
- “Sometimes knowing the images could still be out there makes me feel separate from my body, like my body is a possession for others to have at any time.”
- “I worry about someone I know seeing them. I still worry about getting in trouble for them if I ‘get caught.’ I worry about where they are today and who has them. I worry about telling someone new about them, and that person not believing me.”
- “To some part of me it’s like it keeps part of me trapped in that, knowing those images are out there and there are people enjoying them – it’s like it replicates the abuse over and over. And that I can’t do anything about that.”

Table 4-4. Impact and Reactions to Images

	n = 133 % (n)
<u>Images have caused specific problems or difficulties</u>	
Yes	47 (63)
No	35 (47)
Skipped	17 (23)
<u>Thinking the images were not a big deal compared to other things</u>	
Never	17 (22)
Rarely	9 (12)
Sometimes	45 (60)
All the time	22 (29)
Skipped	7 (10)
<u>Thinking that people believed what happened because of the pictures</u>	
Never	26 (35)
Rarely	11 (15)
Sometimes	18 (24)
All the time	18 (24)
Skipped	25 (33)
Missing*	1 (2)
<u>Refusing to talk to police or counselors about the images</u>	
Never	19 (26)
Rarely	7 (10)
Sometimes	20 (27)
All the time	31 (41)
Skipped	19 (26)
Missing	2 (3)
<u>Refusing to talk to anyone about the images</u>	
Never	15 (20)
Rarely	9 (12)

Sometimes	31 (41)
All the time	36 (48)
Skipped	8 (11)
Missing	1 (1)
<u>Denying there were any images</u>	
Never	33 (44)
Rarely	11 (14)
Sometimes	27 (36)
All the time	22 (29)
Skipped	7 (10)
<u>Feeling ashamed, guilty or humiliated</u>	
Never	2 (3)
Rarely	1 (2)
Sometimes	17 (23)
All the time	74 (98)
Skipped	5 (7)
<u>Feeling it was your fault the images were created</u>	
Never	8 (11)
Rarely	5 (7)
Sometimes	29 (39)
All the time	51 (68)
Skipped	6 (8)
<u>Feeling embarrassed about police, social workers, etc. seeing the images</u>	
Never	11 (15)
Rarely	2 (3)
Sometimes	8 (11)
All the time	41 (55)
Skipped	35 (46)
Missing	2 (3)
<u>Worrying that people would think you were a willing participant</u>	
Never	10 (13)
Rarely	7 (9)
Sometimes	19 (26)
All the time	54 (72)
Skipped	8 (11)
Missing	1 (2)
<u>Worrying that people would recognize you in public</u>	
Never	11 (15)
Rarely	5 (7)
Sometimes	25 (33)
All the time	48 (64)
Skipped	9 (12)
Missing	1 (2)
<u>Worrying about friends or other people you knew seeing the images</u>	
Never	11 (15)
Rarely	5 (7)

Sometimes	26 (35)
All the time	48 (64)
Skipped	8 (11)
Missing	1 (1)
<u>Refusing to be photographed or videoed by family or friends</u>	
Never	13 (18)
Rarely	8 (11)
Sometimes	41 (54)
All the time	29 (38)
Skipped	7 (9)
Missing	2 (3)
<u>Reactions to the images changed over time</u>	
Yes	62 (82)
No	29 (38)
Skipped	10 (13)

Note: This is not a nationally representative sample and our results characterize this group of respondents only and not adult survivors of child pornography production overall.

♦ Missing data indicates the question was left blank; this is different from “Skipped” (the respondent chose the “skip question” option as his or her response) and “Not Applicable” (the question did not pertain to the respondent due to his or her answer to a previous question).

Experiences with Mental Health Counseling & Support Groups

One of the concerns regarding therapy for victims of child pornography production is the extent to which victims receive counseling that addresses the possible impact of being depicted in sexual images and whether, and how, counselors are helping clients cope with the existence of images. The following summarizes participants’ experiences with counseling, support groups, and online discussion groups.

Individual Mental Health Counseling

The great majority of participants (83%) had received “individual mental health therapy or professional counseling that addressed [the] crime and its effects” (see Table 4-5). However, only about one-third of respondents said that any of the counselors they saw “specifically talked to [them] about the images created during the crime.” We asked these respondents if there was “anything a counselor did or said that particularly helped you to cope with the images?” and most said yes. Helpful things counselors did included:

- Validating concerns about the images
 - “My therapist validated my concerns about the nature of the explicit photo. It helped a lot in accepting that what happened to me was real and wrong.”
 - “Reassurance that the images were real and that I was not fantasizing about it.”
- Affirming it was not the respondent’s fault
 - “Her constant reassurance helped me take the blame from myself and onto my abuser.”

- “We worked on lies that I was taught about myself.”
- “Believing me.” “Comforting me.” “Just reaffirming that it was not my fault.”
- Helping the respondent find techniques to diminish trauma symptoms
 - “Learning about the basics of trauma specific memory and attachment and the chance to process the trauma with specific techniques like screening or EMDR.”

Table 4-5. Experiences with Mental Health Counseling and Support Groups

	n = 133 % (n)
<u>Received individual mental health counseling</u>	
Yes	83 (110)
No	16 (21)
Skipped	1 (2)
<u>Counselors specifically talked about the images</u>	
Yes	32 (42)
No	50 (67)
Skipped	1 (2)
Not applicable (did not receive mental health counseling)	17 (22)
<u>Counselor did something particularly helpful for coping with images</u>	
Yes	23 (31)
No	6 (8)
Skipped	1 (2)
Not applicable (counselor did not specifically address the images)	69 (92)
<u>Counselor did/said something that bothered R or R really did not like</u>	
Yes	12 (16)
No	17 (22)
Skipped	2 (3)
Not applicable (counselor did not specifically address the images)	69 (92)
<u>Attended support groups where R could discuss images</u>	
Yes	24 (32)
No	75 (100)
Skipped	1 (1)
<u>Found online discussion group/site to discuss images</u>	
Yes	36 (48)
No	62 (83)
Skipped	1 (2)
<u>R has wanted additional help to deal with the images and their effects</u>	
Yes	68 (91)
No	23(30)
Skipped	7(10)
Missing	1 (2)

R = Respondent

Note: This is not a nationally representative sample and our results characterize this group of respondents only and not adult survivors of child pornography production overall.

We also asked respondents who had mental health therapy that included talking about images if there was “anything a counselor did or said about the images that bothered you or that you really didn’t like?” About 1 in 10 of all respondents, over one-third of those who discussed images with a therapist, said yes. Bothersome things counselors did or said included:

- Telling respondents not to think about it
 - “That it’s in the past and just forget about it.”
 - “There’s nothing you can do about them.”
 - “That I shouldn’t think about it.”
- Seeming reluctant to talk about it
 - “Most counselors do not want to talk about it. They skip through [it] or show disbelief.”
 - “Some counselors have ignored the issue when I brought it up, or seemed to deliberately avoid the topic.”
- Approaching it awkwardly, saying the wrong thing
 - “[Counselor] told me ‘it is unlikely the images have been widely circulated.’ Unlikely was less than nothing to me. I needed to know for certain who had seen them.”
 - “A therapist once asked if I was scared that people were still masturbating to the images. It’s not anything I can do anything about and it felt horrible and disgusting to have it brought up like that.”

Support Groups and Online Discussion Groups

About 1 in 4 of participants had been to a support group where they felt comfortable discussing the images. Many reported that their experiences with these support groups validated them, allowed them to see that others had similar experiences and could relate and empathize. As one participant described, “The support group was a success for me, considering all attendees came from and had different experiences involving abuse. It was eye opening to see, understand and realize I was not alone.”

On the other hand, some participants had attended support groups geared toward survivors of contact child sexual abuse that were not accommodating to persons dealing with the trauma of being photographed for child pornography. Some respondents described group members who were bothered by the severity of the abuse the respondent had suffered. As one participant described, “I’ve never been in a group where other members have experienced this. Talking about it with people who hadn’t been there was relatively unhelpful.” A few people mentioned that the therapists running the group would be unprepared or uneducated on the topic and react in inappropriate or ineffective ways.

About one-third of participants (36%) had found an online discussion group where they felt comfortable discussing the images. Many people liked the anonymity of online support groups because it allowed them to talk freely about their experiences. Most found the connection to others who had similar experiences validating and appreciated the support from nonjudgmental sources. As one participant

described, “To be able to speak my truth in an environment that is accepting and nonjudgmental, to an audience that truly understands, has been a great help in my healing journey.” Some people mentioned that it was not helpful when online support groups were not monitored or moderated, sometimes allowing for cruel or aggressive exchanges between group members and that survivors risked being “re-traumatized” by one another.

Need for Additional Help Dealing with the Images and Their Effects

Over two-thirds of participants wanted some “type of help to deal with the images and their effects ... that [they] did not get.” These included:

- Therapy; additional therapy; money to pay for therapy; a consistent therapist; a therapist with specific training in dealing with abuse, child pornography production, and resulting PTSD
- A support group, an online support group, or meeting people who shared similar experiences
- Legal action, support from law enforcement
- Learning if images still exist, where they are, who has access, and whether images are online
- Help with the effects these experiences have had on their present day sexuality

Experiences with the Judicial System

We also asked questions about respondents’ experiences with the criminal and civil judicial systems, for example about whether images were used as evidence, whether respondents had received victim compensation, how they handled their rights under victim notification laws, and whether they had sued perpetrators in civil court.

Few respondents had experience with the criminal or civil judicial systems (see Table 4-6). About 1 in 10 respondents had cases where images were treated as evidence in an investigation or in court. Very few had experience with victim advocates (n=3), restitution (n=2), or retaining a civil attorney (n=4). Few had applied for victim’s compensation (about 1 in 10) and only half of those (n=6) had received compensation. Suggestions for improving victim compensation included that it be more widespread and publicized, an option even when people have insurance, more accessible and quicker, and have fewer restrictions.

Victim Notification

Only 7% of respondents (n=9) had signed victim notification forms, with 5% (n=7) opting to be notified of prosecutions of person who possessed illegal images of them. Participants said they made this decision because they felt that being aware of what actions were being taken would help them remain safe, feel empowered and be in control. Three people had been notified of persons who possessed

images of them and all three had participated in prosecutions, with two serving as witnesses. When asked what they would tell other people who have to decide whether to be notified or not, five people said that being informed provides a sense of freedom and peace of mind, two people said that it really is up to the individual to do what feels right, and one person said that it only increases worries.

Table 4-6. Experiences with the Judicial System

	n = 133 % (n)
<u>Images were treated as evidence in a criminal investigation or court proceedings</u>	
Yes	9 (12)
No	87 (115)
Skipped	5 (5)
Missing	1 (1)
<u>R appreciated something about how the images were handled as evidence</u>	
Yes	4 (5)
No	5 (7)
Not applicable (images not treated as evidence)	91 (121)
<u>Something bothered R or could have been better when images were evidence</u>	
Yes	7 (9)
No	2 (3)
Not applicable (images not treated as evidence)	91 (121)
<u>R had a victim advocate/support person during investigation or proceedings</u>	
Yes	2 (3)
No	6 (8)
Skipped	1 (1)
Not applicable (images not treated as evidence)	91 (121)
<u>R appreciated something about how the advocate helped</u>	
Yes	2 (3)
No	0 (0)
Not applicable (no advocate)	98 (130)
<u>Advocate did something that bothered R or R really did not like</u>	
Yes	0
No	2 (3)
Not applicable (no advocate)	98 (130)
<u>Court ordered a perpetrator to pay restitution</u>	
Yes	1 (2)
No	97 (129)
Skipped	1 (2)
<u>R was able to collect restitution</u>	
Yes	1 (1)
No	1 (1)
Not applicable (court did not order restitution)	99 (131)
<u>R had problems obtaining restitution or suggestions for improving process</u>	

Yes	1 (1)
No	0 (0)
Skipped	1 (1)
Not applicable (court did not order restitution)	99 (131)
<u>R applied for assistance from a victim compensation fund</u>	
Yes	9 (12)
No	90 (120)
Skipped	1 (1)
<u>R received victim compensation</u>	
Yes	5 (6)
No	5 (6)
Not applicable (did not apply for compensation)	91 (121)
<u>R had suggestions for improving the victim compensation process</u>	
Yes	7 (10)
No	1 (1)
Skipped	1 (1)
Not applicable (did not apply for compensation)	91 (121)
<u>R retained a civil attorney to sue a perpetrator for damages</u>	
Yes	3 (4)
No	94 (125)
Skipped	2 (3)
Missing	1 (1)
<u>R had suggestions for improving the process of suing in civil court</u>	
Yes	0 (0)
No	3 (4)
Not applicable (did not retain civil attorney)	97 (129)
<u>R has signed a form under the victim notification law</u>	
Yes	7 (9)
No	91 (121)
Skipped	2 (3)
<u>R decided to be...</u>	
Notified	5 (7)
Not notified	1 (2)
Not applicable (did not sign victim notification form)	93 (124)
<u>R has been notified of prosecutions of people who possessed their images</u>	
Yes	2 (3)
No	3 (4)
Not applicable (did not choose to be notified)	95 (126)
<u>Number of notifications received</u>	
Two	1 (2)
Four	1 (1)
Not applicable (did not choose to be notified)	98 (130)
<u>R participated in any of these prosecutions</u>	
Yes	2 (3)
No	0 (0)

Not applicable (not notified of any prosecutions)	98 (130)
<u>Court ordered perpetrator who possessed images to pay restitution to R</u>	
Yes	0 (0)
No	2 (3)
Not applicable (not notified of any prosecutions)	98 (130)

R = Respondent

Note: This is not a nationally representative sample and our results characterize this group of respondents only and not adult survivors of child pornography production overall.

Current Trauma Symptoms

We included the 40-item version of the Trauma Symptom Checklist (TSC-40) to measure respondents' current levels of trauma symptoms. The TSC-40 asks respondents to select how often they have experienced a variety of trauma-related symptoms (i.e. flashbacks, headaches, sleep problems) within the past two months on a four-point scale ranging from "never" to "often." The survey was designed to be completely voluntary, so we also added a "Skip Question" option. The TSC-40 requires that all questions be answered in order to calculate a total score. Because we allowed respondents to skip items, this meant that a total score could not be calculated for almost 15% of respondents. However, we were able to calculate total scores for the remaining respondents and those scores ranged from 0 (no symptoms) to 116 (very high number of symptoms). The mean score was 69.2 (SD = 25.6).

The TSC-40 is designed to assess for the presence and frequency of trauma symptoms, not to make a diagnosis of PTSD, so there is no set score indicative of clinically-significant PTSD symptoms. Although we had no comparison group in this study, our results are comparable to the mean TSC-40 scores found in some samples of individuals with histories of childhood sexual abuse (Zlotnick et al. 1996; Gold et al. 1994), but higher than those found in some other samples (Elliott & Briere 1992; Whiffen, Benazon & Bradshaw 1997). Further research is needed to determine if survivors of CP production experience trauma symptoms at equal or higher levels compared to survivors of other forms of child sexual abuse, since our sample may not be representative of all survivors of CP production.

More generally, we found trends toward respondents indicating high rates of certain symptoms (see Appendix D for full results). Fifty-percent or more indicated that they experienced the following symptoms "often" during the past two months:

- Feeling isolated from others – 64%
- Insomnia (trouble getting to sleep) – 57%
- Restless sleep – 56%
- Sadness – 55%
- Not feeling rested in the morning – 55%
- Loneliness – 55%
- "Spacing out" (going away in your mind) – 54%

- Sexual problems – 51%

In addition, 70% or more indicated that they had experienced the following symptoms either “sometimes” or “often” during the past two months:

- “Flashbacks” (sudden, vivid, distracting memories) – 83%
- Feeling tense all the time – 76%
- Feelings of inferiority – 74%
- Anxiety attacks – 73%
- Waking up in the middle of the night – 73%
- Nightmares – 72%
- Feelings of guilt – 71%

What Was Most Helpful to Respondents

We asked three open-ended questions about what respondents found most helpful. First, we asked, “is there anything you changed or did on your own that you believe helped you to address the abuse and its effect on your life?” Most respondents (about three-quarters) said yes. We asked these respondents to describe what they did. Examples included:

- Attending counseling or therapy, attending a support group, receiving medication
 - “I let the counseling work”
 - “Continued with group therapy until I felt strong.”
- Refusing to let it control their life, forgiving themselves, moving on
 - “Accepted that no matter what, there’d be images of me out there, but stopped worrying because it’s very unlikely that anyone would ever know it’s me.”
 - “Taking responsibility for my own healing.”
- Standing up to abusers, cutting off contact with abusers
 - “I stopped every shred of contact with my family member [who] initiated the abuse.”
 - “Severed contact with abusive family and other abusers.”
- Reaching out to others, such as speaking about experiences, volunteering or advocating
 - “Helping other people”
 - “I volunteer with young people. I advocate politically around the issue of child abuse.”
- Disclosing to friends, parents and spouses
 - “I told and told and told and told and told and told.”
 - “I reached out to my husband and held nothing back.”

Second, we asked, “Please tell us any advice you have for others who have been photographed in sexually explicit images as a child and are deciding whether to seek counseling about it?” Nearly all participants urged others to seek counseling.

- “I think people tend to ignore the effects of sexually explicit images at first, since it is a touchless crime. However, I know that as I grew older and my understanding of how devastating those explicit images were, the more I was emotionally harmed by them. I would recommend that children undergo counseling that specifically addresses those crimes.”
- “The shame can feel unbearable but there is hope if only you can reach out and let someone help you. Look up therapists, call one and start your recovery today.”
- “Find someone who understands the lifespan effect of having the knowledge that your picture may well return to the internet or is still being passed around.”
- “We need others to walk along side of us in our sorrows. If the first counselor does not work out, there is no shame in seeking another counselor and keeping at it until the right fit is found.”
- “Counseling is the only way to cope with this traumatic invasion of your privacy and the loss of ownership over your body.”

Finally, we asked, “What else would you like us to know that you believe would improve how professionals work with victims of child pornography?” Many respondents emphasized how important it is for professionals to be trained in treating victims who have been depicted in child pornography and to believe victims who disclose being photographed. As one participant said, “It's hard enough to tell someone. It shouldn't take someone seeing the photos or films to believe me. I shouldn't have to feel like I have to prove myself to get help.”

Some noted continuing needs despite the many years that have passed since they were victimized, for example:

- “Realize that for some of us the abuse took place long before there were laws to deal with it let alone professionals... Even though decades had passed since the abuse I was still in need of a safe place to tell my secrets.”
- “I think that it is important to not just go ‘this happened a long time ago and probably no one has [the images] anymore.’ First of all, they don’t know that and also it is not helpful in the sense that the feelings about the images are not dependent on how much time passed. The...worry is real.”
- Some had admonishments for therapists. For example, “Stop... telling us to store the bad memories in a mental box. We need to face what happened not have a therapist tell us to keep doing what we’ve been doing for years as it is.”
- “More people need to be trained on how it affects males. I've met a lot who have training to help women and girls but are utterly clueless when it comes to men and boys. The number of

professionals who still seems to believe that boys 'can't' be abused or are always partially willing is astounding.”

- “There seemed to be plenty of help and belief for girls/women. But nothing for males.”
- “I don't believe therapists should be working with victims to 'not' feel certain ways about what happened. Acceptance is possible, but eliminating shame, disgust, sadness is not.”
- “Don't try to tell us our feelings of guilt are 'cognitive distortions.' ...Therapists seem to want to point out the irrationality of pre-teen kids feeling responsible for what they did... I'd rather feel guilty about things I did as a kid than recognize that I was powerless to protect anyone else, let alone myself, until I got older.”

Some had specific suggestions:

- “...form group therapy sessions for kids who are victims of child pornography. I wish I had the comfort of meeting other people who went through the same things... because I wouldn't have felt so alone in my suffering.”
- “It's ... more effective when professionals have either been victims or have had similar experiences dealing with sexual abuse or crimes of some magnitude.”
- “A comforting tone of voice goes a long way. ...Being gentle with the victim is important.”
- “There needs to be funding to help people to heal who are not able to prosecute the perpetrators. This funding needs to be for the survivor to choose what therapist or specialist they want to work with and not be limited to a specific agency.”
- “A way of identifying mental health professionals who are trained as trauma specialists, similar to a 'good housekeeping seal of approval' or a 'better business bureau' icon that is clearly displayed.”
- “People should be sensitive to the fact that children (after years of abuse) become to actually enjoy the abuse in a way because it is sometimes the only attention they get. And that without years of help, it's hard for children to find ways to make safe boundaries after that type of abuse.”
- “Encourage arts as healing.”
- “The counseling sessions helped but if it hadn't been for my connection with God I know I would never have made it! To have someone with a strong faith in God walk the journey with me would have been awesome!!! And even if God isn't a safe concept for a survivor to begin with it will help to have a strong available safe human connection.”
- “I wish there was a website that had resources for child pornography victims.”

Some respondents addressed other victims.

- “...While the people involved were slime, you have to learn how to appropriately trust people. Otherwise life sucks.”
- “Let future victims know that their life will get better, worry less, and take comfort knowing that of the very small number of people having seen their images, a good deal of them are on their side.”
- “It’s about finding things that can give us back that childlike joy. ...My healing has also been about adding in new things to my life, new experiences, new people, new home, new city.”

Several wished they could know if the images still existed or were being circulated online.

- “I wish there was a way to connect me to the images. I don’t know what happened to them or where they are now.”
- “We may be drawn to try to find images of our abuse - because we know it’s out there - but searching for such images would potentially mean being prosecuted for consumption of child pornography. We don’t want to consume it, it’s about trying to find proof about what happened.”
- “A database of faces, in which victims could potentially identify themselves.”

Respondents’ Experiences with the Survey

At the end of the online survey, we asked respondents to report on their experiences with the survey questions. We added these questions approximately two weeks after the survey was first opened, which meant that the 26 respondents who completed the survey in the first two weeks were not asked these questions. Of the 107 respondents who were asked these questions, almost 90% believed that this type of research was more than a little or very important. When asked, “Overall, did answering the questions in the survey upset you?” less than one-third of respondents said yes and less than 1 in 5 found the questions to be more than a little or very upsetting. Despite possibly being upset, virtually all respondents said yes when asked, “Knowing now what was in the survey, would you still have agreed to do it?” (None of the respondents answered “No” and five answered “Don’t Know.”)

We also added an open-ended question at the very end of the survey, which gave respondents an opportunity to share anything else they wanted to with the researchers. Some respondents used this space to clarify answers, offer additional information, or make suggestions for professionals and policies, but many used this space to thank the researchers for addressing this topic (see Table 4-7). Some of the answers included:

- “More like unsettling, not upsetting. Emotions came to the surface and I had to face my reality... Thanks for this questionnaire. Hope you will make the results known!!”
- “Thank you for doing this type of research. It is hard to be a survivor of this type of abuse.”
- “Please develop community guidelines for treating traumatized persons. Encourage the professions involved to become educated to understand trauma.”
- “Despite it being upsetting to answer, I am very very glad that this survey is being done and that I am able to take part in it- I want to do things to help stop these things and provide services to others who've gone through them. I'm very grateful you are doing it and I'm also glad (despite it being hard) at having some space where I could be ‘real’ about my feelings about this.”
- “I am so glad this issue is being taken more seriously now, and that it is more known how common this is.”

Table 4-7. Survey Experiences

	n = 107^a % (n)
<u>How important R think it is to participate in research like this</u>	
Not at all important	1 (1)
A little important	5 (5)
More than a little important	7 (8)
Very important	82 (88)
Don't know	5 (5)
<u>Knowing now what was in the survey, R would still agree to do it</u>	
Yes	94 (101)
No	0 (0)
Don't Know	5 (5)
Missing	1 (1)
<u>Answering the questions upset R</u>	
Yes	32 (34)
No	56 (60)
Don't know	11 (12)
Skipped	1 (1)
<u>How upsetting R found the questions to be</u>	
A little upsetting	12 (13)
More than a little upsetting	14 (15)
Very upsetting	5 (5)
Missing	1 (1)
Not applicable (not at all upsetting)	68 (73)

^a Questions added two weeks after survey first made available, 26 respondents had already completed the survey and thus did not complete these questions.

R = Respondent

Limitations

The findings of the Adult Survivor Online Survey are limited for several reasons. First, we surveyed a convenience sample of adult survivors. Participants received a link to the survey because they were affiliated with or visited the websites of certain victim advocacy or support groups, or they received the link from another participant. Because the survey reached a narrow range of individuals, their responses do not represent the experiences of all adult survivors who were depicted in CP as children, but rather a subgroup of individuals who used the internet to access advocacy sites or seek support or communicate during the time the survey was conducted and who agreed to participate. Many of the adult survivor respondents were photographed before the advent of the internet and electronic communications (the majority reported that the crime ended more than 10 years ago) so, as a group, their experiences could differ in some ways from those with more recent victimizations. In addition, a considerable number of respondents were victimized many years ago and the system and therapeutic responses and social attitudes regarding child pornography production they encountered may have changed. Finally, child pornography production is a heterogeneous crime in terms of age of victims (e.g., pre-pubescent children, adolescents), identity of perpetrators (e.g., family members, acquaintances, peers), duration of the crime, and additional sexual victimizations suffered (e.g., sexual abuse, online luring). Most of the adult survivors were photographed as young children and endured long term sexual abuse. Their experiences probably do not represent the entire spectrum of victims depicted in CP. For these reasons, the findings reported are not generalizable to the larger group of all adult survivors of child pornography production, but portray the experiences of this specific group. That being said, no survey we are aware of has asked adult survivors of child pornography production these types of questions.