
IMPROVING THE RESPONSE TO Victims of Child Pornography

Section 6: Mental Health Response to Victims



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The Mental Health Response to Victims Depicted in Child Pornography

The mental health response to child pornography is a significant component of the recovery of victims and non-offending family members. The results of the parent and child interviews, the survey of adult survivors, the online survey of mental health therapists and other professionals, and the telephone interviews with clinicians are parallel in many ways and suggest several recommendations. While each sample has limitations (e.g., small sample size, limited generalizability), together the results provide important insights for improving the mental health response to victims of child pornography.

This section will discuss our findings regarding the mental health impact of victimization in child pornography cases, the current response of clinicians, the mental health needs (and response to) non-offending parents, and the benefits of support groups.

The Mental Health Impact of Child Pornography on Victims

When considering the mental health needs of victims of child pornography, it is important to understand that, for many, the production and possible dissemination of images is only one part of a larger course of victimization. Some victims have suffered sexual abuse over a long period of time, some by more than one offender. Some victims have been trafficked. Some have been threatened and subjected to violence. Some were betrayed by trusted family members or romantic partners or retaliated against or rejected by family or friends when the crime was disclosed. Some have lived with guilt because they had recruited or abused other victims.

Notably, when adult survivor survey respondents were asked what had upset them most or had been hardest to handle about what happened to them as part of the crime, nearly two-thirds described experiences related to the sexual abuse without mentioning being depicted in child pornography. Rather, they described distress over the sexual abuse itself, anger and sadness over broken relationships, and frustration with the criminal justice system, among other reactions. Thus, the existence and potential distribution of images should be seen as one part of the abuse experience.

Part of the complex mental health needs of child pornography victims, however, does appear to be related to the images. Most clinicians interviewed (80 percent) had noticed differences in the presenting concerns of victims depicted in child pornography, compared to victims of other types of child sexual abuse. All of the clinicians who had treated 10 or more victims in the past five years had noticed such differences. These included less willingness to discuss the abuse due to higher levels of secrecy and lack of trust related to the abuse, as well as more severe symptoms, including anxiety and self-destructive behaviors. A sizeable minority of mental health practitioners responding to the online survey (35

percent) also said they noticed differences in trauma symptomatology when cases of child sexual abuse involved child pornography. They mentioned more severe symptoms of anxiety, depression, and PTSD. They also noticed greater shame, guilt, anger, and fear relating to the images.¹⁹

The majority of clinicians interviewed (63 percent) also noted particular challenges raised for the therapist by victims of child pornography). One of the most common challenges was the difficulty in helping clients fully process and move past the trauma, especially in cases involving online distribution of images, due to victims' lack of control of the image distribution and concerns about who may be accessing the images. Clinicians indicated that nearly all clients who had been depicted in child pornography feared wide distribution, even when distribution had not been confirmed or when distribution was thought to be limited to a small number of people. Clinicians also stated that anxiety, depression, and trauma symptoms tended to be worse when images had been distributed. In such cases, clinicians reported that clients had more difficulty establishing closure.

Adult survivors confirmed many of these concerns. When asked about the most upsetting aspects of the crime, more than one-third of adult survivor respondents specifically mentioned the impact of being depicted in images. Approximately half of adult survivor respondents said that at the time of the victimization, they worried about people that they knew seeing the images and that those who saw the images would recognize them in public. Just over half said they worried that people who saw the images would think they were willing participants. About one-half felt that it was their fault that images had been created. More than one-third indicated ongoing concerns about the images being in circulation and not recoverable or about those they knew seeing the images, or they expressed disgust that people may take pleasure in viewing their images or use the images to exploit other children. Close to one half of adult survivors did not know whether their images had been illegally shared. Many said they wished they could know whether their images still existed or were being circulated online.

Given these responses, it is surprising that about half the adult survivor respondents answered “no” when 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?” One possible explanation for these responses is that for many of these adult survivors, the capturing of images was one part of very severe, violent, and often prolonged abuse. Also, for many, the crime had happened before the development and pervasiveness of the internet. The proportion of more recent victims for whom distribution is a significant concern may be different.

¹⁹ Importantly, these differences in symptomatology reflect only the impressions of clinicians, rather than a careful assessment that could clearly relate certain elements of the abuse—including images—to specific symptoms. Further study is needed to determine the extent of such a difference.

Assessing for Child Pornography

The clinicians who participated in telephone interviews worked in different settings and took a variety of approaches to assessing for the existence of child pornography production in child sexual abuse cases. Some worked on multi-disciplinary teams, and came across cases involving child pornography after forensic interviews that included questions about the existence of images. Others either routinely assessed for images when working with child sexual abuse victims or asked clients about them based on case-specific circumstances, such as incidents that involved internet and cell phone use. Some clinicians did not have an organized approach to assessing for child pornography production. Similarly, the mental health providers who responded to the online survey varied in their approaches, with about one-third stating that they never or rarely assessed for images in cases of child sexual abuse. Also, clinicians who treated adult survivors may have approached this topic more slowly than those who worked with multidisciplinary teams who saw children involved in the child welfare system or whose cases were the subject of active criminal investigations and prosecutions.

Clearly, clinicians cannot respond to the mental health needs of victims depicted in child pornography if they do not effectively assess for the existence of images and if victims do not reveal that child pornography had been produced. Assessment for images involves more than simply asking a yes or no question. According to the clinicians we interviewed, victims generally were willing to disclose that they had been photographed, but how long it took them to disclose varied considerably. Some clinicians said most victims disclosed right away or early in treatment, others said their clients often waited until treatment was well underway, and others saw a mix of early or late in treatment disclosures. Further, a number of clinicians noted that disclosure did not necessarily mean that a client was ready to talk in detail about what happened. The many factors affecting clients' willingness to talk in-depth about being photographed included the clients' age and cognitive abilities, their stage of processing the abuse, their level of trust and rapport with the clinician, and the level of family support.

Clinicians interviewed or responding to the survey had advice for their peers to help victims to be more comfortable talking about the images, including:

- destigmatizing the production of images by letting the victim know the therapist is aware of the images and is willing to talk about them and answer questions
- normalizing child pornography production by telling victims that it is not unusual for pictures to be taken in incidents of sexual abuse
- adapting approaches to the victim's own pace and building trust with the victim
- providing education about abuse and its effects
- addressing the issue without accusation if the images have been substantiated but victims deny abuse

Access and Barriers to Mental Health Treatment

Access to mental health treatment is of primary importance to child victims and adult survivors, as well as non-offending family members. In our interviews with them, more than half the parents of child pornography production victims said that the counseling their child received was helpful. Adult survivors also noted the importance of receiving therapy. When asked whether they had taken action to address the abuse and its impact, most said they had sought therapy. And when asked for advice for other victims, nearly all adult survivor respondents urged others to seek counseling.

However, our research found that many victims and families encountered significant barriers when they sought treatment. Civil attorneys, victims, and law enforcement investigators all noted that it can be difficult to find appropriate therapists who are trained to respond to trauma and understand child pornography production and dissemination. Several adult survivor respondents talked about the frustration of working with therapists who were reluctant to talk about child pornography production, showed disbelief, or dismissed their concerns about images. Others stressed the need to find therapists who work with male victims. Some adult survivors could not find affordable treatment or avail themselves of victim compensation programs for crimes that had happened many years ago or were never reported to or pursued by law enforcement.

While practitioners who responded to the online survey stated that most parents of children depicted in child pornography followed through on referrals to treatment and continued treatment, many parents and teens said they had difficulties accessing treatment. One problem was inconvenience. Some parents stated that appointments could be scheduled only during times that forced children to miss school and parents to miss work. Some had to drive long distances. Others could not find affordable options for treatment for their child or family members affected by the crime, or they needed victim compensation to pay for it. In some cases, victims lacked options for long-term treatment. Law enforcement respondents also mentioned that crisis counseling was often unavailable to victims and families when they were reeling after initial disclosures of crimes.

While the parents who agreed to be interviewed as part of this project were supportive of counseling for their child, law enforcement survey respondents reported having seen a number of cases where families did not believe or support the victim or cooperate with the police. Thus, it is likely that some child and adolescent victims of child pornography who need mental health treatment are not receiving it because they lack supportive parents or caretakers.

Current Mental Health Treatment

Survey results and interview responses on mental health treatment for child pornography victims revealed a range of victim and family experiences and a variety of treatment approaches. Eighty-three percent of adult survivor survey respondents had received counseling that addressed the crime and its

effects. Most said that their counselor took some action that helped them cope with the images, such as validating concerns about the images, affirming the crime was not the survivor's fault, and helping the respondent cope with trauma symptoms. Approximately one-third of those who had received counseling also said they were bothered by or did not like some of the counselor's actions, such as telling the survivor not to think about the crime, seeming reluctant to talk about the crime, or just generally saying the wrong thing.

While parents and adult survivors stressed the importance of mental health counseling, their experiences were not uniformly good (although none of the parents noted shortcomings specifically related to the child pornography production). Some parents of children in these cases reported that their child's counseling was not at all or only a little helpful. When asked about the shortcomings of the counseling, some parents said the counselor could have done more to help their child recognize they were not to blame for the crime or to address other significant issues, such as substance abuse problems. Some wanted group therapy so their child could talk to others who had been through similar situations. More than half of the parents of victims depicted in child pornography said their child received medication (most often anti-depressants) to treat the effects of the abuse, but few said the medication had positive effects. While the sample size of parents interviewed was too small to draw definitive conclusions, these responses indicate a need for further study of parental satisfaction in child pornography cases in particular.

Clinicians indicated they were currently using a variety of treatment approaches, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing, play therapy, expressive therapies, other cognitive behavioral therapies, Dialectical Behavioral Therapy, and others (see page 149). Some clinicians noted that they were required by their agency to use certain treatment approaches.

Most clinicians (73%) said that they made modifications to standard treatments for victims of child pornography (above), including pacing of treatment, for example, adding elements related to lack of control over the images, or not using recording equipment. While these particular modifications may be specific to treatment of child pornography victims, many clinicians noted that they make modifications in treating other types of patients as well, based on individual characteristics.

Clinicians also described additional ways of promoting the well-being of these clients, which they often combined with standardized treatments. These included steps to ensure the client's safety, such as ensuring clients were in non-abusive homes and helping them achieve emotional control; providing psychoeducation such as reassuring clients that they were not alone and "destigmatizing" the victimization to reduce guilt and self-blame; helping clients develop coping skills; and involving caregivers in the client's treatment. Many of these approaches are commonly used in other types of child sexual abuse cases.

Need for Research and Training Relating to Mental Health Treatment

Clinicians interviewed generally said there is a need for more research and training about treatment approaches. They wanted to know what treatments are working for other clinicians; which approaches are most effective; what evidence-based treatments beyond TF-CBT are available, especially with more difficult clients; and how to prepare for future challenges. They also wanted to know how to help clients cope with the fear expressed by many victims that their images are being distributed. This might include discussing the risks of distribution. As noted earlier, research indicates that only a small percentage of CP images produced are disseminated.²⁰

Only one-third of the clinicians interviewed indicated that they had received any training specific to providing therapy to victims depicted in child pornography. Several who had received training noted that information about the investigatory and technology aspects of child pornography production and distribution was especially helpful. (Sixty percent of the mental health practitioners who responded to our online survey agreed that they needed more information about technical aspects of the internet to effectively help victims.) Others said that the training they had received was too general or did not include important components such as how to work with adult survivors of child pornography production. They also said they needed training on when to report related issues to authorities—especially in cases involving sexting, which may not have been reported to law enforcement. Their survey answers indicate the need for training on other problems faced by clinicians; for example, 31 percent admitted to feeling helpless or powerless when working with victims depicted in child pornography, and 17 percent admitted fearing to cause distress to victims if they bring up the images.

Some clinicians interviewed expressed an interest in more training or information about the justice system's response in child pornography cases. Most of those interviewed noted that when their clients were involved in a court case, the clients' symptoms increased and they needed additional emotional support. A more complete understanding of the process, and of any available protections available for victims in the criminal justice system, may help clinicians provide this support.

Mental Health Treatment of Parents

Treatment options for non-offending parents of child pornography victims, as well as the victims themselves, are important. Most mental health practitioners responding to our survey thought that parents of children depicted in child pornography felt more emotional distress than parents of other

²⁰ See "How Often Do Child Pornography Producers Distribute Images Online," *supra*, page 17. Additionally, in looking at a subset of identified children in its image database, NCMEC determined that only 12 percent had images that were actively traded (defined as being seen in five or more reports to the CyberTipline or in CRIS reviews). See Lauren Schuette, "Once the Shutter Snaps: The Continued Victimization from Child Sex Abuse Images," powerpoint presentation, accessed 2/6/14 at <http://childrensomaha.org/documents/Continuing%20Medical%20Education/POC%202013/Continued%20Victimization.pdf>.

child sexual abuse victims (23 percent agreed strongly, 47 percent agreed somewhat). About one-third agreed that parents in child pornography cases found it harder to provide emotional support for their child (10 percent strongly agreed, 23 percent agreed somewhat).

Parents of child pornography production victims, like parents of victims of other types of child sexual abuse, reported posttraumatic symptoms relating to the crime against their child. One in five parents was classified as having moderate to severe impact from the abuse. These ongoing impacts were particularly notable, given the passage of time since the abuse was first reported—more than a year for the vast majority of parents.²¹

About two-thirds of parents of victims of child pornography production had received counseling; all thought it was helpful. Most of these parents who were interviewed said that the counselor had specifically discussed the images with them; of those parents, most said the counselor did something very helpful such as addressing but not dwelling on the images, helping the parent to understand the behavior of sex offenders, and helping the parent to consider that the images, while now part of their child's life, also led to the child's rescue.

Approximately one-half of parents, however, thought the counselor could have done something better to help them. Many wanted additional help for themselves that they did not receive, such as a support group with other parents, financial assistance for therapy, and counseling related to the impact on the family.

Mental health respondents recommended making referrals for individual counseling (as well as family counseling) for caregivers. They also recommended addressing how caregivers can also experience trauma in these cases, especially if the caregiver has a personal history of child sexual abuse.

Support Groups

Support groups for child victims, parents, and adult survivors of child pornography are another important resource to promote recovery. Adult survivors and parents mentioned the need for group therapy sessions for kids, and some of the parents interviewed also mentioned that they would have liked to have a support group for themselves. Many adult survivors talked about the benefits they had found in participating in support groups, whether in person or online, with people who had similar experiences. Those benefits included validation, being able to tell their stories to a nonjudgmental group, and feeling that they were not alone. One survivor also noted the need for support groups for male victims, or at least groups that included males.

²¹ As part of the project's interview process, parents were asked questions that used the Impact of Event Scale to measure posttraumatic symptoms from the crime that parents had sustained in the past week.

About one-third of adult survivor respondents had found an online discussion group where they felt comfortable discussing the images. Many liked the anonymity of the online groups, although they also noted the importance of having online groups carefully moderated and in-person groups run by an experienced therapist. About one in four adult survivors had participated in a support group where they felt comfortable discussing the images. Benefits they cited included having their experiences validated, seeing that others had similar experiences, and having the opportunity to relate to and empathize with the other survivors.

Parents, teen victims, and adult survivors all had advice for other victims, which show the benefits of support group for similarly situated victims or family members. Parents wanted other families to know they will be able to get through the recovery. They stressed the importance of parents finding resources for the victim and the rest of the family, having patience, promoting family communication, and taking care of themselves. Teens advised others who have been sexually abused to tell someone right away and to tell the people they think they can trust so that they can get the help they need. They also mentioned becoming more active in clubs, sports, or arts; or changing their environment (e.g., changing schools or the people they spent time with). In addition, most teens interviewed, as well as adult survivors surveyed, were able to identify actions they had taken on their own to help address the crime and its effects.

Adult survivors urged other survivors to seek counseling and to keep looking until they find the right therapist. They also mentioned a range of concrete examples, such as forgiving themselves, attending therapy or a support group, standing up to the perpetrator, reaching out to others, disclosing to friends and family, and similar actions.

This type of information, encouragement, and sharing of insights by those who have undergone similar trauma is a unique form of healing that should be available to any victim, survivor, or parent. Support groups may be particularly valuable for those victims or parents without other supports.

Recommendations to Improve the Mental Health Response to Victims Depicted in Child Pornography

Reducing the Mental Health Impact of Child Pornography

Victims and therapists both that noted victims' fear that their images have been distributed has a negative effect on their mental health of victims, even though only a portion of CP images are widely distributed. Such fears can be reduced if victims have more accurate information about the actual likelihood of distribution. This can be accomplished by:

- Ensuring that in any investigation of child pornography, law enforcement thoroughly investigates the likelihood that CP images have been disseminated and communicates the results of investigations to victims and families, through the standardization of investigation and specialized law enforcement training. This effort should be led by the Office of Crime Control and Delinquency Prevention (OJJDP) through its efforts to train and support Internet Crimes Against Children (ICAC) task forces.
- Creating a mechanism to enable victims to request information from the National Center for Missing and Exploited Children (NCMEC) about any known dissemination of their CP images. This effort should involve both NCMEC and a group of stakeholders, including adult survivors, victim advocates, mental health providers, and criminal justice professionals.
- Supporting additional research on methods to identify CP and remove images from circulation. This effort should involve public and private experts in technology working in collaboration.

Improving the Mental Health Response to Victims of Child Pornography

Victims and professionals noted a need for more trained counselors, better identification of those counselors, and increased access to counseling. We recommend the following:

- State victim advocates and policymakers should examine and, if necessary, amend state victim compensation laws, regulations, and policies, to be sure that: victims of child pornography and their families are explicitly eligible for crime victim compensation—which is not always clear, especially when images do not include the sexual abuse of a child by others; benefits include long-term counseling for victims when necessary; benefits include counseling for nonoffending family members both to meet their own mental health needs relating to the crime and to improve their ability to support the direct victim; and claim deadlines recognize the recurring counseling needs of many CP victims.
- Existing training programs in the areas of traumatic stress, criminal justice, and victimization should increase and expand trainings regarding the treatment of CP victims (responding to complex trauma, working with male victims, assessing for CP production); reporting mandates (especially in cases of self-produced CP not previously reported); the technical aspects of CP production and dissemination; and supporting victims in the criminal justice process (including the rights, protections, and options of victims and coping with the media attention). This recommendation includes increasing the availability and use of existing trainings.
- A national mental health nonprofit should convene a cadre of mental health experts in traumatic stress to develop new guidance for mental health professionals responding to the complex mental health needs victims of CP crimes may have.
- A national mental health or victim assistance nonprofit should create a national referral list of qualified therapists for CP victims seeking services. In so doing, that nonprofit should work with national, state, and local organizations to include the therapist they have already identified.
- National and local victim service organizations should expand the availability of in-person and online support groups for victims and families, moderated by qualified victim service providers or therapists.

- Federal and private funders should support additional research on: the short and long term mental health impacts of CP on victims; identifiable differences in symptomatology and whether they are related to elements of the offense (content of the images, distribution of the images, etc.); effective treatment approaches for victims of child pornography; mental health implications for victims of ongoing victim notification in cases involving their images; and factors to consider in determining whether, when, and how to inform victims of CP images created when they were very young.