
IMPROVING THE RESPONSE TO Victims of Child Pornography



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Executive Summary

About This Project

With the exponential growth of the Internet and easy availability of digital cameras, society appears to be witnessing a dramatic increase in child pornography—the production, distribution, and possession of child sexual images—which has long been a concern to child advocates. While empirical information about child pornography production is scarce, recent years have witnessed a sharp increase in arrests for child pornography production: in 2009, U.S. law enforcement agencies made an estimated 1,910 arrests for crimes involving child pornography production, almost five times as many as in 2000 (Wolak et al. 2012a).

Working with limited information or research, victim advocates, law enforcement, and mental health professionals have struggled to identify and meet the special needs of the victims of child pornography. While much is known about the response to other victims of child sexual abuse, little is known about the added impact of that abuse when it is documented in images, or when those images are circulated. Victims of child sexual abuse, including victims of child pornography production, have many legal rights and protections, but questions remain about the applicability and implementation of those rights in cases limited to the dissemination or possession of child pornography. The Office for Victims of Crime funded this project as a first and significant step toward improving the responses to existing and future victims of child pornography.

The National Center for Victims of Crime, in partnership with the National Children's Alliance and the Crimes Against Children Research Center at the University of New Hampshire, undertook this work through a series of interconnected activities:

- Assembling a national advisory committee of stakeholders;¹
- Analyzing the legal rights of child pornography victims at the federal and state levels;
- Analyzing the needs of victims and their families, the response they receive, and suggestions for improvement, through surveys and interviews with victims, families, and the professionals who work with them; and

¹ A complete list of members is attached as Appendix A. We are extremely grateful to these knowledgeable partners for their input throughout the project, and look forward to continued collaboration in future efforts to address the needs of victims of child pornography.

- Exploring the existence of evidence-supported services and promising practices through a literature search and interviews with clinicians.

The findings from these activities led us to develop a series of recommendations on changes in policy and practice, additional trainings, and new research to improve the response to victims of child pornography.

Project Findings

Legal Rights of Victims of Child Pornography

From an analysis of the legal rights of child pornography (CP) victims in production, dissemination, and possession cases at the federal and state levels, and interviews with practitioners about how those rights are being implemented, we found a carefully considered response at the federal level with special systems to identify and afford rights to victims in multiple cases of child pornography involving their images. Victims in federal CP cases have clear rights to notification, to be heard, to protection, and to restitution. At the state level, where CP victims have similar legal rights, there is generally no system to identify and notify victims in cases involving only dissemination or possession of their images. Even in state cases involving the production of child pornography, rights to a speedy disposition of proceedings and to protection are uneven. At both the state and federal levels, we found that existing avenues to provide financial recompense to victims—victim compensation, restitution, and civil actions—are limited in their ability to provide substantial recovery.

Surveys and Interviews

Because to date there has been relatively little research on the response to CP victims,² the project team gathered data from a variety of perspectives—victims, their parents/caregivers, and the professionals who work with victims. These efforts included:

- An online survey of practitioners: law enforcement, prosecutors, mental health professionals, social workers, victim service providers, and others;
- Telephone interviews with families served by child advocacy centers, in cases of sexual abuse both with and without images;
- Telephone interviews of victims (13 and older) in cases of sexual abuse, both with and without images;
- An online survey of adult survivors of child pornography; and

² This general lack of prior research was confirmed by the project's literature review. Findings from that review are contained in the introductory chapter of the full report.

- Telephone interviews with mental health clinicians.

Due to the small sample size of the family interviews (13), these data should be considered exploratory. Similarly, we were able to reach only a very small number of child victims of sexual crimes (11), only three of whom indicated they were victims of child pornography. Thus, the responses from those child victims are not generalizable to the larger population, but instead reflect the views of this group.³

Online Survey of Law Enforcement Officers

More than 70 percent of the 245 law enforcement investigators completing the Law Enforcement section of the Practitioner Online Survey had more than five years' experience in law enforcement and had handled cases involving victims depicted in child pornography (CP). Their recent (past five years') experience with CP production ranged from one or two to ten or more cases. Most of these respondents were part of an Internet Crimes Against Children (ICAC) Task Force, and most had worked with a child advocacy center or multi-disciplinary team. Finding highlights include the following:

- **Training:** Almost all had received specialized training in investigating CP cases, and about 40 percent had training in working with victims of CP production. Most wanted additional training in responding to victims and families and regular training regarding technological advances relating to child pornography.
- **Concerns about Victims:** CP production cases that caused difficulties for law enforcement respondents included questioning non-disclosing victims about images, working with uncooperative adolescent victims in cases of youth-produced sexual images, and explaining the impact of online distribution of images to victims and their families.
- **Victim Notification:** About one in five investigators stated victim notification laws applied to their most recent case; about half of those victims had opted to be notified if their images were discovered as part of a child pornography possession or distribution case.
- **Distribution:** About 40 percent of respondents did not know whether online distribution of images had occurred in their most recent CP case.

³ For more about our recruitment efforts, see the methodology section regarding the parent and child interviews, p. 58.

Online Survey of Mental Health Professionals

The online survey involved a convenience sample⁴ of 42 mental health practitioners recruited through child-serving organizations such as child advocacy centers. Sixty percent had handled 5 or fewer cases in the last five years.⁵ Finding highlights include the following:

- **Experience with CP Victims:** About one-third had worked with victims whose images were distributed online. One-third had worked with a victim who was unwilling or reluctant to disclose images or abuse shown in images. One-third had noticed differences in trauma symptomatology in victims depicted in CP compared to victims of other types of child sexual abuse.
- **Training:** The majority had no training specific to working with victims of child pornography. Although most were comfortable talking to victims about images, they wanted more training, especially on the technical aspects of the internet.
- **Observations on Parents:** Most mental health practitioners felt that parents in CP cases—as compared to cases without child pornography production—were angrier toward perpetrators and felt more emotional distress. However, most respondents did not believe that parents had more difficulty supporting their children or following up on treatment, and many felt that parents were quicker to believe that the abuse happened when images existed. Almost two-thirds of respondents had encountered child and family strengths that helped to improve victim outcomes.
- **Notification or Restitution:** Most mental health practitioners had not seen cases involving notification or restitution. The few that had said the notification process was traumatic for victims.
- **Challenges in Working with CP Victims:** One-third of mental health respondents considered working with victims depicted in child pornography more difficult or emotionally challenging than working with other victims of child sexual abuse.

Parent Interviews

Working with two child advocacy centers and a parent support group, we recruited and interviewed 13 parents whose children were depicted in sexually explicit photographs or videos (i.e., child pornography production, which we abbreviate as CPP).⁶ Highlights of findings include the following:

⁴ A “convenience sample” is a non-probability sampling technique where subjects are accessed due to their convenience or availability. Such samples often are used to carry out research about populations that are difficult to reach. Research results derived from convenience samples apply only to the sample used in the research and cannot be generalized to a larger population.

⁵ Because most surveyed mental health practitioners worked on multidisciplinary teams responding to crimes against children, their responses reflect their own experiences but do not represent those of all mental health practitioners who work with victims depicted in child pornography.

⁶ For comparison purposes, we also interviewed parents of children who experienced sexual abuse but were not photographed for child pornography. However, the sample size was too small to analyze whether statistically

- **Impact of Crime on Children:** The majority of CPP victim parents reported changes in their child's social behavior after the abuse. A small number of parents said their child suffered from abuse-related problems (e.g., fighting and aggression, inappropriate sexual behavior, and eating problems) sometimes or often in the past month.
- **Priority Concerns:** When asked what was hardest to handle about their child's victimization, most CPP victim parents did not refer to the images, but rather to other aspects of the crime, such as a trusted person being the perpetrator, frustration with the criminal justice system, and feelings that they failed to protect their child. Most parents did not feel their children were very worried about the images, for a variety of reasons.
- **Child Counseling:** All CPP victim parents said their children received counseling, which most parents thought was helpful. Most had suggestions to improve counseling (e.g., providing counseling on issues other than sexual abuse, such as substance abuse, and more accessible, affordable and longer-term options for counseling).
- **Parent Counseling:** Most CPP victim parents went to counseling, which they all found helpful for learning coping skills and providing a non-judgmental environment. However, many parents wanted additional counseling, financial assistance for their counseling, and more convenient scheduling and locations.
- **Criminal Justice System:** Criminal charges were filed in most cases, and families had victim advocates whom most parents described as helpful. CPP parents' concerns about the criminal justice system included: lack of compensation when parents had to take time off from work, lack of help to deal with children's fears about testifying, a need for more explanation of court-system terms, and a need for greater sensitivity to child victims' mental health issues and developmental delays.
- **Handling of Images:** Nearly all CPP parents were comfortable with how law enforcement, social workers, and others talked about and handled images. Still, about half saw problems, including images not stored securely, lack of sensitivity by law enforcement during interactions with children and parents about images, and children being required to identify themselves in images.
- **Restitution, Compensation, and Notification:** Most CPP parents had heard of their children's right to restitution, and about half had received awards, with fewer actually having collected awarded money. About half had received victim compensation funds. One parent had retained an attorney for a civil suit. About one-third of families had made decisions regarding victim notification laws, and all of those had opted to be notified if their children's images were found in cases of CP possession or distribution.
- **Value of Research:** Nearly all respondents said that it was very important to participate in research like this and that, knowing the questions, they would still agree to participate.

significant differences existed between parents whose children were depicted in child pornography (n=13) and those whose children were not (n=33). Although these data should be considered exploratory due to the small sample size, no survey we are aware of has asked parents of child pornography production victims these types of questions.

Child Interviews

We conducted telephone interviews with a convenience sample⁷ of 11 girls ages 13 to 17 who had experienced sexual abuse, including three who (according to their parents) had been photographed in child pornography (CP), to get their opinions about helpful and unhelpful ways that professionals (e.g., counselors, law enforcement, medical practitioners), parents, and friends responded to them after the abuse was disclosed.⁸ While this sample is small, we believe inclusion of the voices of these victims is instructive for consideration of the response to CP victims. Highlights of findings include the following:

- **Family and Friend Support:** Teens particularly valued support from friends and family, including encouragement to disclose the crime, warm gestures (e.g., hugs, comforting statements), support at court hearings, being listened to, and positive distractions that helped them feel “normal.” Religious youth appreciated prayers. Teens wanted parents to believe them, be comforting, avoid anger or over-reaction, respect their privacy, and refrain from pressuring them to talk about what happened.
- **Counseling:** Most teens found counseling helpful and, in particular, appreciated not feeling judged and learning helpful techniques to relieve anxiety, such as journaling and breathing exercises. But some teens felt counseling did not help them and were uncomfortable answering questions about the crime, worried about confidentiality, or still felt considerable distress despite the counseling.
- **Forensic Interviews:** Teens described mixed experiences: some said law enforcement interviewers were understanding and supportive, but several said the interviews were distressing because they had to describe crimes in great detail, were interviewed on multiple occasions, were videotaped, or were treated rudely. Teens wanted to be treated more gently, given more time, be questioned by someone they felt they could trust, and not feel forced.
- **Medical Exams:** Most teens had undergone medical exams and, while noting these were uncomfortable, most did not have complaints about how medical practitioners treated them.
- **Media:** Several teens said their cases were the subject of media reports, and all of them described distressing experiences with the media coverage.
- **Self-help:** Most teens said they had made changes to help themselves, including becoming more active at school and finding new friends.
- **Advice for Peers:** When asked to advise other kids how to help teens in situations like theirs, the respondents emphasized how important it was for friends to advocate for disclosure and honesty. They also advised friends not to ask a lot of questions, but to offer comfort, cheer, and distraction.

⁷ See note 4, *supra*, for definition.

⁸ Because of the size and nature of this sample, the findings reported here are not generalizable to the larger group of teen survivors of child sexual abuse, but portray the experiences of this specific group. We do not provide separate information about the teens depicted in CP to avoid disclosing possibly identifying information and because the number is too small to result in meaningful comparisons.

- **Value of Research:** All teens said it was very or more than a little important to “participate in research like this to help other kids with these kinds of problems.” They all answered yes when we asked, “Knowing now what was in the survey would you still have agreed to do it?” and they all said no when we asked if answering the questions in the survey was upsetting.

Online Survey of Adult Survivors

One hundred thirty-three adult survivors of child pornography completed an anonymous online survey. Sixty-four percent of the sample was female, 33 percent was male, and 2 percent was transsexual or other. Participants ranged in age from 18 to 75, with most age 35 or older (63 percent).⁹ Highlights of findings include the following:

- **Adult Survivor Experiences:** The adult survivors 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. (Because many respondents were photographed before the internet and digital technology were widely used, their experiences may differ from those of more recent victims.)
- **Respondents' Views on Images:** When asked what upset them most or was hardest to handle about the crime they had suffered, the majority of adult survivors did not refer to being depicted in child pornography. Rather, they described impacts of being sexually abused, frustration with the criminal justice system, and distress about the destruction of family relationships and lasting personal and psychological problems that resulted. But 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.
- **CP-Related Difficulties:** 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. Yet 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.
- **Counseling:** 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. Many respondents stated therapy helped them

⁹ Participants were recruited through their affiliation with or visits to the websites of victim services (e.g., FBI’s Child Pornography Victim Assistance, Male Survivor, National Center for Victims of Crime) or support groups. Therefore their responses do not represent the experiences of all adult survivors who were depicted in sexually explicit images as children, but rather a subgroup that was using the Internet to advocate for victims, seek support, or other related reasons during the time the survey was conducted. Although our findings are not generalizable to the larger group of all adult survivors of child pornography production, no survey we are aware of has asked adult survivors of child pornography production these types of questions.

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. Some noted the need for therapists who understand male victims and victims' desires to find ways to confirm whether their images have been distributed online. Many respondents had encountered barriers to receiving therapy such as the lack of financial resources, the lack of a consistent therapist, and the inability to find a therapist trained in responding to trauma.

- **Compensation and Restitution:** Few respondents had applied for crime victim compensation through state programs, received restitution from perpetrators, or retained a civil attorney to sue perpetrators for damages.
- **Value of Research:** Almost 90 percent believed that this type of research was more than a little or very important. Virtually all respondents said "knowing now what was in the survey" they would still agree to participate.

Clinician Interviews

We conducted interviews with a convenience sample¹⁰ of 40 clinicians who had worked in a variety of settings and had experience providing counseling services within the past five years to child victims or adult survivors of CP production. The majority had provided mental health services to 6 or more victims of child pornography in the past 5 years.¹¹ Highlights of findings include the following:

- **Clinician Training:** Only about one-third of clinicians had received training that addressed providing therapy to child pornography production victims, and even fewer knew of resources (e.g., websites, research articles) that specifically addressed this population in a useful way.
- **CPP Assessment Practices:** Close to half of respondents reported that it was standard practice in their agencies to assess for child pornography production in cases of child sexual assault. Some assessed for images themselves, and others had access to records of assessments by other professionals (e.g., forensic interviewers).
- **Views on Distinctions between CPP and CSA victims:** Most clinicians believed that victims of CP production were different from other victims of child sexual abuse in terms of presenting concerns and the need for modifications in treatment approaches. Specifically, victims were more concerned about others finding out about what happened to them and who would see the images. Most clinicians noted that victims were fearful of online distribution even when it was not confirmed. Most clinicians believed that known or possible online distribution of images presented distinct challenges and exacerbated victims' emotional difficulties. Yet some noted that child pornography production was often only one element of prolonged and complex child sexual abuse victimization (often with a perpetrator who was a parent or close family member).

¹⁰ See note 4, *supra*, for definition.

¹¹ Clinicians were recruited through a section of the Practitioner Online Survey, as well as through e-mail invitations from the National Children's Alliance (NCA), members of the Advisory Board, and professionals from other organizations (child advocacy centers, rape crisis centers, etc.) with connections to the researchers. Findings are based on respondents' generalizations about clients depicted in child pornography, which may not accurately represent clinicians' full experiences. Our findings portray only the opinions and experiences of this specific group of respondents and cannot be generalized to others who have treated this victim population.

Responses were split as to whether differences exist in reactions to treatment for CPP victims compared to other victims of child sexual abuse. Some clinicians believed that victims of CP production need longer treatment because they stay in a heightened trauma state for a longer time and have more triggers and ongoing anxiety, which take longer to address.

- **Views on Victim Disclosure:** Respondents said victims' willingness or ability to disclose the existence of images and to discuss them varied considerably based on factors such as age, cognitive abilities, stage of psychological processing of the victimization, relationship with the perpetrator, shame, and even a lack of awareness of the existence of images. Clinicians noted that establishing trust and rapport with victims facilitated disclosure.
- **Views Where Images Were Youth-Produced:** Clinicians had seen a number of cases involving youth-produced sexual images (i.e., sexual images created by a minor, often self-produced, which meet legal definitions of CP). Many described these as raising distinct issues. Many clinicians thought that clients in such cases had some degree of responsibility for what happened. In addition, while some victim clients were experiencing negative consequences, others were adamant that they should be able to decide what to do with their own bodies.
- **Impact of Criminal Justice Proceedings on Victims:** Most clinicians had provided therapy to a client involved in criminal proceedings against a defendant who created or possessed CP depicting the client. Many reported that criminal proceedings caused distress due to drawn-out and invasive court procedures, which often needed to be mediated by enhanced mental health services.

Recommendations—Mental Health

Reducing the Mental Health Impact of Child Pornography

Victims and therapists both noted that 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 ensure: 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; that benefits include long-term counseling for victims when necessary; that 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 that 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 therapists 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; and
- 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.

Recommendations—Criminal Justice System

Although the criminal justice system is taking significant steps to address the problem of child pornography, criminal justice proceedings often have a negative impact on victims. More can be done to promote a victim-sensitive approach to these crimes, to ensure and protect victims' exercise of their rights, to improve the investigation and prosecution of these crimes through continued training of law enforcement professionals, and to expand knowledge on all these issues. We recommend the following:

- The Office of Juvenile Justice and Delinquency Prevention (OJJDP) should work with stakeholders to develop victim service standards for Internet Crimes Against Children (ICAC) task forces. Such standards should include the use of trained child forensic interviewers, linking victims and families to supportive services, and training requirements in victimology and victims' rights for ICAC members;
- Policymakers and criminal justice officials should improve CP victim notification by: developing a system to allow victims to request notice by state and local criminal justice agencies in cases of CP dissemination or possession involving their images, building on the currently existing system for federal notification; modifying the federal victim notification system to give victims a choice of receiving notice of ALL case events and proceedings, or only MAJOR events and proceedings; and notifying victims of their right, in federal cases, to be represented by an attorney and where to seek assistance;
- National prosecutor organizations, or nonprofits dedicated to victim-related training of prosecutors, should provide training and technical assistance to state and local prosecutors to promote the use of victim impact statements in cases involving dissemination or possession of the victims' images;
- Federal funders should support research regarding the current application of state laws that give victims—especially child victims—a right to a speedy disposition of proceedings, to guide future work to shorten the length of time children must endure the criminal justice process;
- Policy experts should assess the scope and implementation of state laws to protect child victims—including protecting the confidentiality of their personal information and CP images—to guide efforts to reduce the risk of trauma to child victims participating in the criminal justice process; and
- Federal and state law makers should pass legislation to provide a presumptive minimum amount of restitution to be ordered to every identified victim in a case involving their image.

SECTION 1

Introduction

About the Project

Child pornography—the production, distribution, and possession of child sexual abuse images—has been a blight on the public landscape for many decades. Now, with the exponential growth of the internet and the ubiquitous availability of digital cameras, pocket video cameras, and cell phone cameras, we appear to be witnessing a dramatic increase in child pornography, with a disturbing trend toward more graphic and violent images of children being harmed by this insidious behavior.

The fields of victim services, law enforcement, and mental health have learned a great deal about meeting the needs of child sexual abuse victims. But what about victims whose abuse is photographed or videotaped, and those images may be circulated for many years over many jurisdictions? What are the additional mental health needs of those victims? How do we implement victims' rights in cases against the producer of the images, the distributor of images, and the possessors of images?

The Office for Victims of Crime funded this project as a first and significant step toward improving the responses and services to existing and future victims of child pornography. With their guidance, we looked for answers to these and other, related, questions.

The project involved a number of interconnected steps.

Assembling a national advisory committee of stakeholders. We reached out to researchers, advocates, clinicians, legal experts, adult survivors, and others with a range of experience and expertise to provide input as we developed our plan and various survey and interview instruments. Those experts also worked to raise awareness about the project and helped review our findings.

Analyzing the rights of child pornography victims. We looked at federal and state laws that provide rights to victims of child pornography, including special procedures and systems to implement those rights. These included rights to victim compensation, to be notified of case proceedings, to be heard at sentencing, to request restitution from convicted offenders, and to seek civil damages.

Analyzing the needs of victims and their families through surveys and interviews to discuss needs of victims, the response they receive, and suggestions for improvement. These included:

- an online survey of practitioners: law enforcement/prosecutors, clinicians/mental health professionals, social workers, victim service providers, others;
- telephone interviews with families served by child advocacy centers, in cases of sexual abuse both with and without images;
- telephone interviews of victims (13 and older) in cases of sexual abuse, both with and without images; and
- an online survey of adult survivors of child pornography.

Identifying evidence-supported services and promising practices. This step involved a search for existing literature identifying the special needs and appropriate response to victims of child pornography, and interviews with expert clinicians.

Each of these steps then led us to the development of a series of recommendations to improve the response to victims of child pornography, including recommended policy changes, changes in practice, additional trainings, and research.

Project Partners

The National Center for Victims of Crime, in partnership with the National Children's Alliance and the Crimes Against Children Research Center at the University of New Hampshire, joined together to conduct an examination of the legal rights of child pornography victims, their service needs and barriers, evidence-supported interventions, and promising practices for responding to these victims. This partnership united the experience, expertise, and reputations of a national leader in crime victims' issues, a national network of service providers working with victims of child abuse and exploitation, and leading researchers in crimes against children. The project also involved an advisory committee of experts to ensure widespread stakeholder input.

It is our hope that this report will promote an improved multidisciplinary response to victims of child pornography and a reduction in the ongoing trauma associated with this crime.

NOTE: The authors recognize that many professionals and researchers in the field prefer to use the term "child sexual abuse images" due to concerns that the term "child pornography" may imply victim compliance or mask or underestimate the harm to the victims. (ECPAT International 2008; Martin & Alaggia 2012). The authors of this report use the term "child pornography" both because that is the term used and defined in federal and state law and because it encompasses both images involving child sexual abuse and images that do not depict abuse but are child pornography under U.S. law, such as self-produced sexual images of minors.

What We Know about Child Pornography and Its Victims

What Is Child Pornography?

The federal statutes that criminalize child pornography define child pornography as the “visual depiction” of a minor who is “engaging in sexually explicit conduct” (18 U.S.C. § 2256). Sexually explicit conduct includes acts such as vaginal and anal intercourse, oral sex, bestiality, and masturbation, as well as the “lascivious exhibition of the genitals or pubic area.” The federal statute defines child to include youth ages 16 and 17. Because of this, teenagers who are old enough to consent to sexual intercourse in most states cannot consent to be depicted in sexually explicit images. Also, the courts have interpreted “lascivious exhibition of the genitals” broadly to include, in some cases, pictures that focus on the genitals of even clothed children. Because the statute classifies a wide range of content as illegal, images do not have to depict child sexual abuse to qualify as child pornography. The statute that defines production of child pornography is also broad. U.S. federal law states that “any person who employs, uses, persuades, induces, entices or coerces” a minor to engage in sexually explicit conduct for the purpose of producing an image of such conduct commits a felony (18 U.S.C. § 2251). Many states mirror federal law, although there is some variation in the definition of child and the content that is proscribed (Wolak, Finkelhor, Mitchell & Jones 2011).

What Do We Know about Child Pornography Production?

Empirical information about child pornography production is scarce. Some knowledge has been derived from the content of images collected in databases by law enforcement agencies or found in the possession of offenders arrested for child pornography possession. Based on these sources, it is clear that much of the child pornography found online graphically portrays children and adolescents being sexually abused. In 2012, 53 percent of online CP domains investigated by the European Internet Watch Foundation included images of children being sexually penetrated or subjected to sadism or bestiality (Internet Watch Foundation 2013). Most offenders arrested in the U.S. for possessing child pornography downloaded from the internet had images that showed penetrative child sexual abuse and more than 20 percent possessed images depicting violence, such as bondage, aggressive rape, or torture (Wolak, Finkelhor & Mitchell 2005a; Wolak, Finkelhor & Mitchell 2011). The few empirical reports about child pornography production indicate considerable diversity in ages of victims, circumstances of production

and motivations of offenders. Victims range from infants and toddlers to adolescents (Collins 2007; Wolak et al. 2011).¹²

Commercial production motivated by profit appears to account for a relatively small proportion of CP production in the U.S. (Collins 2007). When child pornography portrays the sexual abuse of pre-adolescent victims, it is generally produced by perpetrators who know and have intimate access to victims (e.g., family or household members; acquaintances such as neighbors, family friends, baby sitters) (Collins 2007; Mitchell, Wolak & Finkelhor 2005a; Wolak, Finkelhor & Mitchell 2012a). However, some child pornography is also created by offenders who target and solicit images from underage adolescent victims, by pimps trafficking in adolescents, and by strangers using covert methods such as cameras hidden in changing rooms (Wolak, Finkelhor & Mitchell 2005b). A common context for pornography with adolescent victims is statutory rape (Wolak, Finkelhor & Mitchell 2005b). Such violations of age of consent laws constitute a substantial proportion of sex crimes against adolescents in general (Troup-Leasure & Snyder 2005). Victims in these cases often have romantic attachments to offenders. Crimes involving online predators who use the internet to meet victims and solicit “youth-produced” images often follow a similar pattern. They generally involve adolescent victims with attachments to offenders and violations of age of consent laws (Wolak, Finkelhor & Mitchell 2009; Wolak et al. 2008).

How Prevalent Is Child Pornography Production?

There is fear that, with the exponential growth of the internet and the ubiquitous availability of digital cameras, pocket video cameras, and cell phone cameras, we may be witnessing a dramatic increase in child pornography production. Data from the National Juvenile Online Victimization (NJOV) Study, which comprises three systematic surveys of national samples of law enforcement agencies about arrests for technology-facilitated child pornography production, have shown large increases in estimated numbers of arrests (Wolak et al. 2012a). In 2009, U.S. law enforcement agencies made an estimated 1,910 arrests for crimes involving child pornography production, almost five times as many as in 2000 (an estimated 402 arrests) and more than twice as many as in 2006 (an estimated 859 arrests). Much of the growth in arrests is attributable to a sharp increase in cases involving adolescent victims, from 47 percent of arrests in 2000 to 70 percent in 2009. Although the proportion of teenage victims increased more than other age groups, the absolute numbers of arrests grew in each age group. The estimated number of arrests involving victims ages five and younger increased from 39 arrests in 2000 to 123 in 2009; estimated arrests involving victims ages 6 to 12 increased from 173 in 2000 to 413 in 2009; arrests involving victims ages 13 to 17 increased from 190 in 2000 to 1,255 in 2009.

¹² Among the images attached to known victims in NCMEC’s Child Victim Identification Program (CVIP), approximately about half of the victims were boys (43 percent) and half were girls (57 percent). Seventy-six percent of these images depicted the abuse of prepubescent children, of which 10 percent were infants and toddlers; and 24 percent depicted pubescent children (children who show signs of sexual maturation). (Collins 2012).

There are several possible explanations for these increases. First, CP production may be growing as a standalone crime. Data showed a considerable growth in arrests for CP production that did not involve contact sexual abuse, including growth in cases of youth-produced images (i.e., sexual images created by minors that meet legal definitions of child pornography, sometimes also called “sexting”) (Wolak, Finkelhor & Mitchell 2012b). Most arrests for youth-produced images involve adult sex offenders soliciting images from minors, or juveniles committing serious offenses such as using images for purposes of blackmail. However, some law enforcement agencies have arrested youth for creating and exchanging explicit images of themselves during romantic relationships or other non-criminal contexts. Second, the proportion of contact child sexual abuse cases that include child pornography production may be increasing. If this were true, however, one would also expect to see evidence of rising rates of child sexual abuse or sexual assaults against adolescents. In fact, evidence from a range of sources, including data from child protective service agency statistics, criminal justice sources, and victim self-report surveys has found that rates of sexual abuse have declined substantially since the mid-1990s (Jones & Finkelhor 2012; Finkelhor et al. 2010). Third, the probability of detecting child sexual abuse that includes child pornography may be higher in comparison to the probability of detecting other sex crimes against children because these cases often come to light when images are found. In both 2006 and 2009, about 40 percent of arrests for child pornography production were triggered by the discovery of pictures that child pornography producers had taken of victims (Wolak et al. 2012a). Finally, much of the growth in arrests could be explained by increasing law enforcement activity to identify and arrest child pornography producers. In particular, cases that involved pre-adolescent victims and family member perpetrators were more likely to be detected via law enforcement activity, for example in the course of an investigation of child pornography possession (Wolak et al. 2012a). Due to federal training initiatives, law enforcement may also be more sensitive to and able to recognize the potential for child pornography production when it investigates other online child sexual exploitation crimes.

How Often Do Child Pornography Producers Distribute Images Online?

Data from the NJOV Study about arrest cases has consistently shown that about one-quarter of child pornography producers distributed images they created (Wolak et al. 2012a). Almost all distribution was online. Similar rates of distribution were found in 2000, 2006 and 2009. However, in each year of the NJOV Study considerable minorities of investigators answered “don’t know” when asked if child pornography producers had distributed images.

Certainly arrests provide a very incomplete count of child pornography production. We do not know the total number of child pornography producers in the U.S. or the total number of victims. The most visible results of child pornography production are the images circulated online by child pornography traffickers from across the globe. These images multiply and accumulate as they are traded on the internet. Currently there is no way to determine how many individual victims are depicted in online child pornography and how many children and adolescents enter the online stream of victims each year.

Nonetheless, it is somewhat reassuring that data from arrest cases suggest many child pornography producers did not distribute images online.

In fact, child pornography production is unique in that offenders actually record, preserve and sometimes distribute to others the evidence of their criminal acts. While this may exacerbate harm to victims who know or fear that their images will be seen by others, child pornography producers may also be making themselves more visible to law enforcement and easier to prosecute than other child sexual abusers. Research shows that child pornography produced by arrested offenders is a source of detection when pictures depicting sexual abuse are found by third parties. Thus, the images created by producers can result in the identification and rescue of children whose victimizations might not otherwise become known. However, the full consequences of the technological changes that have made child pornography easy to create are still hard to assess fully.

What Do We Know about the Effects of Child Sexual Abuse and Child Pornography?

An enormous number of studies have examined the effects of child sexual abuse, with research suggesting that many sexually abused children display moderate to serious psychological symptoms at some point. Psychiatric effects associated with child sexual abuse may include major depression, borderline personality disorder, somatization disorder, substance abuse disorders, posttraumatic stress disorder, dissociative identity disorder, and bulimia nervosa. Child sexual abuse has also been linked to problematic behaviors—including overt sexualized behaviors, increased arrest rate for sex crimes and prostitution, and teen pregnancy—and neurobiological alterations, such as negative effects on the hypothalamic-pituitary-adrenal axis (HPA) and the sympathetic nervous system (Putnam 2003) (Finkelhor 1990). Child sexual victimization—especially victimization in adolescence—also appears to significantly raise the risk of sexual revictimization (Lalor and McElvaney 2010). While boys and girls both suffer from child sexual abuse, research suggests that boys have worse outcomes for depression, anxiety, and other disorders. (Putnam 2003; Australian Inst. for Family Studies 2013). Importantly, a substantial number of victims appear to have no ongoing trauma symptoms (Finkelhor 1990). The extent to which child sexual abuse victims experience ongoing trauma are complex and dependent on a number of factors, including how supportive their primary caregiver is, the victim's relationship to the perpetrator, their gender, their age, whether they received counseling, and whether they have strong informal support systems.

In the late 1980s, Mimi Silbert reported on her clinical experiences with a hundred people used to make pornography as juveniles, many of whom were paid to participate. She noted varying impacts between those involved in production for a short time versus a longer period, with those involved over a longer period describing intense isolation, growing anxiety, and fear (Silbert 1987). She also noted debilitating long term impacts of participating in the production of child pornography (Silbert 1987).

Silbert also noted the feelings of powerlessness among the victims she treated. "They felt there was absolutely nothing they could do about the victimization." She suggested that the excessive victimization, coupled with a lack of understanding of the causes of the abuse, and the sense that they were powerless to change the situation, resulted in a sense of psychological paralysis. "They maintain a belief that bad consequences would occur to them no matter what new steps they would take. They have lost any sense of control over their lives, and have accepted feeling trapped and victimized." (Silbert 1987). Victim feelings of powerlessness and helplessness may also result from or be affected by an inability to gain control over child pornography images that have been distributed. (von Weiler et al. 2010).

Others have observed the sense of shame exhibited by victims in child pornography cases. In a 1990 study of 10 young child victims of sex rings that involved pornography, researchers noted that being photographed while being sexually abused exacerbated the victims' experience of shame and humiliation (Hunt & Baird 1990). In a review of interviews of victims identified in several child pornography cases in Sweden, all of the children described how a sense of shame and guilt predominated their feelings at the time of disclosure of the abuse (Svedin & Back 2003).

While feelings of shame and powerlessness may also be experienced by victims of child sexual abuse in cases that do not involve images, the capturing and circulation of child pornography may cause a unique harm in some cases. Some victims may feel they are subjected to a permanent and ongoing victimization.

In two case studies of victims depicted in child pornography that was distributed online (one involving images that showed sexual conduct and the other involving images of the victim in a state of undress), both victims were continually traumatized when they thought of how many people were looking at their images on the internet at any minute of the day. They were consumed by the realization that they did not know anything about the identity of those viewing the images, and had a general feeling of being unsafe, sexualized, and victimized. To those victims, everyone was a potential perpetrator. They were both withdrawn, unable to socialize, and were reluctant to venture outside (Leonard 2010).

Similarly, counselors who worked with child pornography production victims have reported that for some victims, once they grasped the permanence of the images – usually after the age of 13 or as adults – they felt a loss of control, powerlessness, helplessness, shame, and fear. The counselors believe this fact of permanence was a heavy extra burden in trying to cope with and find closure (von Weiler et al. 2010). Another author has noted that unlike other victims of sexual abuse, for whom the abuse is usually completely in the past, victims depicted in child pornography can suffer ongoing, daily experiences of victimization for which they have to develop coping strategies (Leonard 2010).

What Do We Know about Victim Disclosure of Child Pornography Production?

Many victims of child pornography production never disclose their abuse or the fact of the images, just as many victims of child sexual abuse do not disclose their abuse. In fact, the discovery of child pornography created or solicited by a sex offenders is often a key factor in uncovering the sexual abuse in cases where such images have been produced. For example, of arrests for child pornography production in 2006 and 2009, approximately 40 percent of the cases began when someone discovered the images (Wolak, Finkelhor & Mitchell 2012b).

Some of the existing literature suggests that victims of CP production may be particularly reluctant to disclose that they were photographed. One study examined the experiences of 23 child victims of child pornography in Sweden who were deemed capable of disclosing their sexual abuse (based on their maturity, age, and seriousness of the abuse) but who did not tell anyone prior to the discovery of the images. The average length of time between the creation of the image and its discovery, during which the child had stayed silent, was 41 months. None of those children spontaneously disclosed the abuse prior to its discovery. Even after discovery of the images, some children remained reluctant to disclose the abuse. Of those interviewed, only two began to talk spontaneously about the abuse during the interview, and five others eventually gave a full account without either being shown the images or the investigator saying that he/she knew what had happened from seeing the images. Five of the children denied that anything had happened (Svedin & Back 2003).

Similarly, in the case of a UK investigation of child pornography distribution cases named Operation Ore, 102 children were identified that required protection. Some of those children interviewed in Operation Ore categorically denied they had been abused, even when investigators explained that they knew about the abuse because they had seen the photographs or videos of the abuse. For some victims, “There seems to be an element of silencing which is over and above that of the perpetrator/victim dynamic when photography is not involved – another dimension is introduced to the sexually abusive situation.” (Palmer 2005).

Aside from these examples, information regarding the rates of disclosure in cases involving the creation of child pornography is largely lacking. Information is also lacking regarding whether the rates of disclosure of child pornography production cases differ from disclosure rates of other child sexual abuse. In cases of child sexual abuse that do not involve images, surveys of adult survivors indicate that the majority of victims do not disclose to anyone during their childhood, and that only about 10 percent of abuse is reported to authorities. (Lyon & Ahern 2010; see also London et al. 2005). Factors that appear to influence disclosure of sexual abuse in general include the relationship of the victim to the perpetrator (with closer relationships leading to lower rates of disclosure), embarrassment and shame, expectation that the person receiving the disclosure would blame the victim or not believe the victim or not be helpful, not wanting to upset anyone, protecting the abuser, and fear of the abuser (Lyon & Ahern 2010).

At least one expert has suggested that, in cases involving child pornography, additional factors might limit disclosure, including (Palmer 2005):

- The children feel they are being seen to let the abuse happen.
- They might be smiling and therefore appear to be “enjoying” the activity, when in fact they may have been required to smile. (Leonard 2010).
- They may have been encouraged to introduce other children to the perpetrator and thus feel responsible for letting it happen to others.
- They may have been encouraged to be pro-active in their own abuse or that of other children.
- They may have been shown images of their abuse by the perpetrator with threats to reveal the images to parents or others if they do not cooperate.

Both the Swedish study and Operation Ore cases involved non-disclosing children being confronted with images that showed they were victims of sexual assault or abuse. This is a unique aspect of child pornography production cases that become known when images are found. Non-disclosing victims find themselves being questioned about crimes they have previously been unwilling to divulge by law enforcement or other interviewers who have undisputable photographic evidence about at least some of what occurred. The practitioners involved in these cases may find victims’ unwillingness to disclose perplexing, but it is not clear that such unwillingness is attributable to the existence of images rather than to other factors that keep victims silent in child sexual assault and abuse cases.

What Do We Know about Treatment of Child Pornography Victims?

Few treatment strategies specific to victims in child pornography cases have been identified. One form of treatment already used to treat traumatized children – the use of drawing and art therapy—has been suggested for victims depicted in child pornography. Artistic forms of expression could work to help the child regain a sense of bodily integrity lost when exploited by others, or reestablish the victim’s sense of self-worth (Hartman, Burgess & Powers 1984).

In cases where victims feel shame, there is a specific need to address such feelings. Not only has shame been linked to long-term psychological issues, but children who exhibit high levels of avoidance and shame sometimes deny or minimize PTSD symptoms, which reduces the likelihood of adequate treatment (Deblinger & Runyon 2005). While there does not appear to be any research on the treatment response to alleviate shame in cases of child pornography, studies have pointed to focuses of treatment for shame related to child sexual abuse. Because the victim’s coping style, and the support of the victim’s family, are among the factors influencing the risk of shame that are the most amenable to change, they have been identified as appropriate targets for treatment (Deblinger & Runyon 2005). Cognitive restructuring can shape the victim’s coping style. It is important in helping the victim

overcome shame and challenge dysfunctional beliefs supporting the shame (Feiring & Taksa 2005). Trauma-focused cognitive behavioral therapy (TF-CBT) to reduce self-blame and shame may also prevent subsequent sexual problems (Feiring, Simon & Cleland 2009). Family support can be strengthened when therapists help parents work through their own distress and shame in individual sessions so that they don't convey a sense of shame to the child. With therapeutic guidance, parents can help alleviate the child's self-condemnation and reduce their shame (Deblinger & Runyon).

No treatments have been identified in the literature to help victims whose images have been distributed—or who fear the images have been distributed—deal with the potential permanence of those images in circulation. More than half the clinicians in the von Weiler study did not prioritize dealing with images during counseling, reasoning that the children weren't yet fully conscious of those aspects of the abuse and other matters relating to the sexual abuse had to be dealt with first. The few counselors who could identify such strategies for addressing image distribution mentioned “fighting to get the images back” and “accepting losing control over the images forever.” Some thought that trauma therapeutic techniques might be useful for victims as they deal with overwhelming emotions (von Weiler et al 2010).

SECTION 2

Practitioner Online Survey

Survey Method

Purpose

The purpose of the Practitioner Online Survey was to identify evidence-supported services and promising practices among practitioners from various fields (e.g., mental health practitioners, law enforcement investigators, prosecutors, forensic interviewers, medical professionals, and advocates) who have worked with victims depicted in child pornography. The survey aimed to gather information about: a) characteristics of practitioners' most recent case, b) issues and observations about cases involving child pornography production, and c) barriers to serving victims depicted in child pornography.

Method

We conducted an online survey to gather information from practitioners who had experience working with victims depicted in child pornography. We recruited a convenience sample of participants by sending emails to practitioners associated with organizations that served child victims. The emails included a brief explanation of the survey that stated the topic was improving responses to victims depicted in child pornography and provided consent language (e.g., confidentiality, voluntariness), a toll free number to contact the researchers, and a link to the survey. The survey was accessible through a secure web-based data collection system, Vovici Online Survey Software. It took approximately 20 minutes to complete. The University of New Hampshire Institutional Review Board approved all procedures. The survey was conducted between May 17, 2012, and November 30, 2012.

Sample

The convenience sample was generated by 1) lists of email addresses of more than 4,000 practitioners who might have handled cases involving victims depicted in child pornography and 2) emails to more than 1,000 victim-serving organizations. In the first instance, the National Center for Victims of Crime (NCVC) compiled lists of email addresses of professionals affiliated with groups that serve victims of child sexual abuse. These practitioners included mental health practitioners, attorneys and advocates for victim rights, and professionals involved in the criminal justice system. The NCVC forwarded these lists to researchers at the Crimes against Children Research Center (CCRC), who uploaded them into the online survey software, which generated invitations to participate and links to the survey, and sent email requests to the individuals on the lists. The list included: a) civil attorneys (n=91), b) practitioners known to NCVC (n=79), c) people who had attended a relevant training by the National District Attorney's Association (n=384), d) law enforcement associated with Internet Crimes Against Children Task Forces (n=3,764), and e) employees of one federal agency that we received permission to recruit (n=34). When we received the lists, we removed duplicated names (n=12) and the names of some

federal employees we did not have permission to recruit for the survey (n=236). When we launched the survey, about 20% of the email addresses were returned as undeliverable.

In addition, members of the study Advisory Board sent invitations to participate with links to the survey to additional victim-serving organizations that might employ practitioners with experience working with victims depicted in child pornography. An Advisory Board member at the National Children's Alliance sent the invitation to 747 Child Advocacy Center directors, who were asked to forward the email invitations to members of multi-disciplinary teams. An Advisory Board member at the National Center for Traumatic Stress Network (NCTS) sent the email to over 130 affiliate centers as well as to the NCTS listserv (n=430). Persons who received invitations to participate were encouraged to forward information about the survey and the survey link to other practitioners with relevant experience.

Finally, during the last month that the survey was online, we attempted to increase the number of mental health practitioner respondents by sending additional emails to Child advocacy centers and offering participants the opportunity to enter a drawing for a \$50 gift card.

Because no complete list of individuals who received email invitations exists, it is not possible to calculate a response rate for the survey.

Data Collection

We piloted the survey with 5 volunteers recruited through the study Advisory Board, and then launched the full online survey on May 17, 2012. Recipients who were contacted through email lists received the initial email and two reminder emails, which were generated by the online survey software. The emails included a brief explanation of the survey that stated the topic was improving responses to victims depicted in child pornography and provided consent language, a toll-free number to contact the researchers, and a link to the survey. Participants who were notified about the survey via emails from organizations received similar information and a link to the survey; however, the survey software did not generate email reminders for this group.

Eligibility

Participants were eligible to participate if they had worked with victims depicted in child pornography in a professional capacity during the past five years. To determine eligibility, the survey asked all participants the following question, "In the past five years, have you had any clients or cases that involved a minor or adult survivor who was depicted in child pornography? (Child pornography means an image of a victim age 17 or younger that depicts explicit sexual acts, focuses on genitals or shows nudity in a sexual context.)" Participants who answered no to this question were screened out of the survey.

Instrument Design

The first page provided detailed information about the overall study, including the purpose of the study, the nature of the questions, and consent information. This consent information outlined how the survey was voluntary (respondents could skip any questions or end the survey at any time) and responses would be anonymous and confidential, combined with the answers of other participants, and used for statistical purposes only, such as in publications or presentations. See Appendix B for a copy of the survey.

The survey was divided into the following sections:

- **General Information** First, we gathered information about the profession of each respondent (e.g., mental health practitioner, law enforcement investigator, medical practitioner, civil attorney) and their experience (e.g., number of years doing this type of work, how many clients or cases involving a minor or adult survivor who was depicted in child pornography).
- **Most recent case.** We asked eligible respondents about their most recent case of a victim depicted in child pornography (e.g., age and sex of victim, brief description of the crime and how it was disclosed, whether images were distributed online, whether victim notification laws applied, reactions of victim).
- **Profession-specific questions.** Each respondent was asked some questions specific to their profession. For example, mental health practitioners answered questions about trauma symptomatology and treatment approaches. Prosecutors answered questions about their experiences with restitution and victim notification laws. Medical practitioners, law enforcement investigators and civil attorneys also answered questions cases that related specifically to their professions.
- **Reactions of victims and others.** We also asked most professionals about victim reactions to and willingness to discuss images, parent and practitioner reactions to cases, and any cases that involved victim notification laws or victims who considered suing for restitution. (See survey for specific questions)

Data Cleaning and Coding

Data were transferred directly from the online survey software (Vovici) to a SPSS data set. CCRC researchers cleaned the data and coded open-ended responses.

Participants

Of the 826 practitioners who began the survey, 493 (60%) who had experience working with victims depicted in child pornography in the past five years completed the survey. The types of professionals who completed the survey are described in Table 2-1.

Table 2-1. Types of Eligible Professionals Who Completed the Survey

Profession	n=493 % (n)
Mental health practitioner	9 (45)
Forensic interviewer	5 (23)
Law enforcement investigator or computer forensic examiner	62 (308)
Prosecutor	12 (58)
Doctor, nurse, nurse practitioner, other medical	2 (10)
Social service or child protective service practitioner	1 (4)
Civil attorney	1 (5)
Advocate	8 (37)
Other	1 (3)

Findings from Law Enforcement Online Survey

Executive Summary of Findings

- Law enforcement (LE) respondents were primarily members of Internet Crimes against Children Task Forces and most worked with Child advocacy centers or multidisciplinary teams. Almost all respondents had specialized training in investigating child pornography cases and about 40% had training in working with victims of CP production. Over one-third had handled six or more of these cases in the past five years, but about 1 in 4 respondents had only handled one or two such cases.
- LE respondents described a diverse range of most-recent cases involving CP production and a wide range of victim and family responses to these incidents.
- When we asked LE respondents about online distribution in their most-recent case, about 40% did not know if online distribution had occurred.
- LE respondents saw a number of cases where families did not believe or support victims.
- LE respondents described several aspects of CP production cases that were particularly difficult. These included having to question non-disclosing victims about images, working with uncooperative adolescent victims in cases of youth-produced sexual images, and explaining the impact of online distribution of images to victims and their families.
- About one in five investigators stated victim notification laws applied to their most recent case and about half of those victims had opted to be notified if their images were discovered as part of a child pornography possession or distribution case.
- Law enforcement respondents wanted more training in how to respond to victims of CP production and their families, as well as training in the technical aspects of crimes involving CP and continuous training to keep up with advances in technology.
- Law enforcement recommendations to help victims included funding for well-trained victim advocates, better information about resources for victims and families, accessible and affordable long-term counseling and support for victims of CP production, more privacy protections for victims, training for judges and prosecutors about CP production, and efforts to counteract the permanence of images.

Overview

We conducted an online survey to gather information from law enforcement investigators who had experience working with victims depicted in child pornography. We recruited a convenience sample of participants by sending emails to law enforcement investigators associated with organizations that

served child victims, primarily law enforcement agencies associated with Internet Crimes Against Children (ICAC) Task Forces. The sample included 245 law enforcement investigators. Because the survey reached only a select group of law enforcement investigators, their responses do not represent the experiences of all law enforcement investigators with experience working with victims depicted in child pornography but only the experiences of this group of respondents.

Sample Characteristics

Two hundred forty-five law enforcement investigators who had handled cases involving victims pictured in child pornography (CP) completed the Law Enforcement Section of the Practitioner Online Survey (see Table 2-2). Of these,

- Over 70% had been law enforcement investigators for more than five years,
- Almost 60% had been in their current position for more than five years.

Most had five or fewer cases involving CP production in the past five years, with about one-quarter having only one or two such cases. Almost one-quarter had ten or more cases. Most investigators who responded were part of an Internet Crimes Against Children (ICAC) Task Force and most worked with a Child Advocacy Center or multi-disciplinary team.

Table 2-2. Investigator Characteristics

	n = 245 % (n)
<u>Number of years in profession</u>	
1 year or less	2 (4)
More than 1 to 3 years	9 (22)
More than 3 to 5 years	17 (42)
More than 5 to 10 years	26 (63)
More than 10 years	46 (112)
Missing	1 (8)
<u>Number of years in current position</u>	
1 year or less	4 (10)
More than 1 to 3 years	15 (36)
More than 3 to 5 years	22 (55)
More than 5 to 10 years	29 (71)
More than 10 years	30 (73)
<u>Number of cases in past 5 years</u>	
One	11 (28)
Two	13 (33)
Three to five	37 (90)
Six to ten	15 (38)
More than ten	23 (56)

Part of an Internet Crimes Against Children Task Force	87 (212)
Works with a Child Advocacy Center or multidisciplinary team	70 (171)

Most Recent Case

We asked respondents specific questions about their most recent case (see Table 2-3). The cases they described were diverse in terms of ages, sexes and numbers of victims, offender-victim relationships (familial, acquaintance, online) and nature of images produced. Multiple victims were identified in 40% of the cases; in these cases, we asked respondents to select the most seriously victimized child for the remaining questions.

- In about 4 out of 5 cases, victims were female.
- Victims ranged widely in age. (Some victims were photographed over extended periods, in which case we asked respondents to report all ages that applied). In over one-third of cases, the oldest age at which the victim was photographed was 11 or younger; in almost half of cases victims were ages 12 to 15, and in about 1 in 7 cases the victim was photographed at age 16 or 17.
- The victim-perpetrator relationships also varied. In some cases, multiple people may have produced the images, so we asked respondents to select all categories that applied. In one-third of cases, the images were created by family or household members; in another one-third of cases, the images were created by acquaintances. In about 1 in 8 cases (13%), victims created images of themselves and in a similar percentage of cases (12%) the victims met the image producers online. For the remaining cases, the respondents did not know who created the images; in some cases, the investigators had not yet identified the victims and/or perpetrators who produced the images.
- Almost two-thirds of the cases involved victims who were photographed on multiple occasions.
- In over 40% of cases, pictures showed sexual penetration or masturbation. Two percent of cases included depictions of torture, bondage, sadism or other sexual violence. The remaining cases involved pictures that showed nudity or focused on genitals, but did not show sexual activity.

We asked investigators to “Please give us a brief description of the crime that was committed against this victim and how the offender created the child pornography that depicted the victim. (For example, did the offender persuade or coerce the victim into posing, secretly film the victim, or get the images some other way?)” Their responses show the wide variety of circumstances of child pornography production cases that come to the attention of law enforcement.

- “The offender installed a camera secretly in the bathroom used by his daughter and her friends.”¹³
- “Mutual [sex acts] via webcam by adult male and teenage male child; adult male made screen recordings of webcam sessions.”
- “15 year old involved in prostitution. Her nude photograph was in an ad on Craig’s List.”
- “A grandfather/grandmother were producing CP with their four-year-old granddaughter.”
- “School principal placed a video camera in the boys’ bathroom and filmed them urinating...”
- “Adult targeted vulnerable young teen girls by dating and courting them, eventually providing them with alcohol and photographing and videotaping them in sex acts.”
- “Father was sexually abusing daughter while having visits with her. He would photograph abuse with cell phone camera.”
- “Photo evidence was discovered of the grandfather sexually abusing his granddaughter. The photos were discovered many years after the crime took place.”

Next, we asked investigators, “How did the victim react to being depicted in child pornography, as far as you know? For example, was the victim aware of the images? Did s/he deny or refuse to talk about them? Did the victim worry about being viewed as a criminal, feel shame, have some other reaction?” Investigators described diverse victim reactions. In many cases they said that victims were ashamed, humiliated, shocked and embarrassed. However not all victims reacted this way during their interactions with police. For example, some victims who created images of themselves (i.e., youth-produced sexual images) did not view the images as harmful and did not realize they had violated criminal laws. Other victims were not ashamed or embarrassed during police questioning because they had been groomed to view posing for sexual images as normal or they were loyal to offenders who were father-figures or viewed as romantic partners. Some victims were very young or suffered developmental or mental disabilities so they did not comprehend what had happened. Others were angry at offenders but not ashamed or embarrassed because they did not participate willingly; for example they were drugged or sleeping when photographed.

Victims also varied in their reactions to being questioned by law enforcement and their willingness to talk to investigators about images.

- “The victim was asked about any photos or videos and told. She was upset after we found them and she had to identify herself.”
- “Victim, nine-year-old female, lied extremely well and convincingly during first two forensic interviews, even though we already had a suspect in custody and had discovered CP images.”

¹³ Throughout, some quotations are slightly paraphrased to correct grammar and remove possibly identifying information.

- “Parents have not permitted victim to participate in the investigation.”
- “Victim was emotionally distressed and obviously traumatized but provided key and necessary information.”
- “Victim spoke about taking part, but did not feel any shame or act like she had to hide it.”
- “Victim... initially denied that the abuse photos were taken and literally had to be confronted with the photos before acknowledging what had occurred.”
- “She was very upset... She was open to talking about [the images] but did feel some shame and anger that they had been posted without her permission.”
- “The victim was vomiting and felt extremely bad and guilty about the entire incident. He said he would have never allowed that to happen if he had not been drinking alcohol. This case involves many male victims; most will not provide a statement as they are embarrassed and ashamed.”
- “During second interview he acknowledged that he knew pictures had been taken and was mostly worried about his mother being mad at him.”
- “Victim was ashamed and embarrassed but reluctantly willing to talk about images and acts.”
- “She was victimized as a child and found the pictures as an adult. She was angry and motivated to assist in the investigation.”

Almost 30% of investigators reported their most recent case involved a victim whose images were distributed online. In a similar percentage of cases (almost 30%), investigators stated there was no online distribution. However, over 40% answered this question “Don’t know.” According to investigators, when images were distributed, victims had different reactions. For example,

- “She is only nine years old and is unaware of how they were shared on the internet. Her mother is aware and is in denial.”
- “Victims too young to comprehend the distribution component.”
- “I don’t think the mother ever told the victim that the images were distributed.”
- “Victim is aware and afraid others will find the images online. She feared damage to her character/reputation.”
- “She was upset, but said it was okay because she was almost 18 anyway.”
- “Not sure if the picture was distributed further than the social networking site, which was shut down quickly after being contacted by law enforcement. There was concern.”

We also asked, “How did family members of the victim react to finding out the victim was depicted in child pornography, as far as you know?” In many of the most-recent cases, respondents described the victim’s family as being upset, angry, shocked or devastated; worried about the well-being of the victim

and supportive of the victim. However, investigators also saw a number of child pornography production cases where families did not believe or support victims or cooperate with police. For example,

- “The victim’s parents refused to believe that their daughter had been sexually abused until cropped photographs were presented to them. They were reluctant to fully cooperate with the investigation and refused to have their daughter interviewed. The parents felt it was in the best interest of their daughter to not alert her that she had been a victim of sexual abuse.”
- “[Family] seemed not to care.”
- “No real family in victim’s life.”
- “Mom and step-dad [who produced the CP] fled the country.”
- “Mother... was more concerned with any consequences that would impact the mother’s life than any harm the child may suffer.”
- “They did not want to cooperate, wanted it to go away.”

We asked investigators whether victims were concerned about who would see images during the investigation or how images would be handled by the criminal justice system. Almost 30% answered yes to this question, but more (almost 40%) answered no or said they did not know (over 30%).

Respondents stated that the victims and families who were anxious about how images would be handled during prosecution expressed the following concerns.

- “One of the victims was a popular athlete at his local high school and he was afraid the videos would be shown at a trial or other court proceeding.”
- “[Victim] was concerned about the images being made discoverable during the trial and shown to the jury.”
- “[Victim] wanted to know how many people would see the videos during the investigation and prosecution stage.”
- “Victim wanted the images destroyed at the conclusion of the case.”

Media had reported on about one-third of the cases. In most, investigators believed media coverage did not impact victims for a variety of reasons, for example the victim lived in another jurisdiction; the offender was arrested elsewhere so publicity was not local; local news outlets used pseudonyms, did not name the offender or took other steps to protect the identity of victims; or media attention was brief and minimal. However, in a small number of cases victims were subjected to stressful media attention.

- “The victim wasn’t identified in news reports, but the suspect was a well-known individual and the charges made it clear that a family member was a victim. This created stress on the victim who was then an adult in the community.”

- “The news media showed up at the victim’s house after the district clerk’s office released the information. The family was hurt and mad that the media was at their house. We attempted to keep the media away but they kept hounding the family for several days.”

About one in five investigators stated that victim notification laws applied to their most recent case and almost 1 in 10 said victims or families had opted to be notified. However, it was difficult to distinguish whether respondents were referring to notifications involving the suspect who produced the child pornography or those referring to cases of a child pornography possessor arrested with a child’s image. A few investigators had comments about the victim notification process. For example,

- “Right now law enforcement and the military prosecutor’s office both make the victim notification. Better communication would allow the notifications to be made once.”
- “As a case agent, I have a poor understanding of what will happen if this victim’s images are encountered in future cases by other investigators... What are my duties/obligations with respect to the victim when notified?”

As far as respondents knew, none of the most-recent cases in which images had been distributed online involved victims or families that had sued or considered suing for restitution.

Table 2-3. Characteristics of Most Recent Case

	n = 245 % (n)
<u>Victim sex</u>	
Male	18 (43)
Female	82 (201)
No response	<1 (1)
<u>Case involved multiple victims</u>	
No	55 (134)
Yes	40 (98)
Don’t know	5 (13)
<u>Oldest age of victim when images created</u>	
11 or younger	36 (89)
12 to 15	47 (115)
16 or 17	14 (35)
Don’t know	2 (6)
Missing	1 (2)
<u>Who created CP images (select all that apply)</u>	
Family or household member	33 (82)
Acquaintance	34 (84)
Victim took picture of self	13 (31)
Someone V met online	12 (29)

Other	<1 (1)
Don't Know	12 (29)
<u>Victim photographed on multiple occasions</u>	
No	20 (48)
Yes	64 (157)
Don't know	16 (40)
<u>Picture showed penetration or masturbation</u>	
No	43 (106)
Yes	55 (134)
Don't know	2 (5)
<u>Images depicted torture, bondage, sadism or other violence</u>	
	2 (4)
<u>Images distributed on internet</u>	
No	29 (72)
Yes	28 (68)
Don't Know	43 (105)
<u>Victim was concerned about who would see/how justice system would handle the images</u>	
No	38 (94)
Yes	29 (72)
Don't Know	31 (75)
No response	2 (4)
<u>Crime was reported in media</u>	
No	54 (132)
Yes	35 (87)
Don't Know	10 (25)
No response	<1 (1)
<u>Victim notification laws applied to this case</u>	
No	34 (84)
Yes	22 (54)
Don't Know	43 (106)
No Response	<1 (1)
<u>Victim/family opted for notification</u>	
No	3 (8)
Yes	9 (21)
Don't Know	10 (25)
Not applicable (Notification laws did not apply or respondent did not know if laws applied)	78 (191)
<u>Victim sued/considered suing offender for restitution</u>	
No	15 (38)
Yes	0 (0)
Don't Know	12 (30)
Not applicable (Images were not distributed online)	72 (177)

Note: Some investigators answered "Don't Know" because victims in images had not been identified.

Difficult Issues in Child Pornography Production Cases

We asked investigators, "What is the most difficult situation you have faced when working with a victim depicted in child pornography and how did you respond to it?" Several respondents described having to notify non-disclosing victims or their families in cases where images were discovered. For example,

- "Confronting the victim with images is difficult. Within my jurisdiction there is a very effective agency support system comprised of the prosecutor' victim/witness unit, mental health agency, CAC and a Domestic Assault Response Group."
- "Very uncomfortable making these notifications especially when child was willing participant in creation of the photos."
- "Notification of adult victims of years prior pornography victimization."
- "Speaking with parent of victim identified in CP [production] case and having to describe the images of the child to the parent."
- "Telling the parents their children were victimized and those photographs may have been distributed."
- "No question, when we have a victim that absolutely will not admit that he/she is the child depicted in the images or assist in the identification of the suspect."

Some investigators found it frustrating when youth appeared to be indifferent to the production of sexual images, leading them to question the moral character of these youth.

- "The teen didn't find it a problem that she did this and would do it again for another boyfriend...They have lost their inner morals and don't feel that it's wrong because all of their friends do the same thing, like a passage to high school. This detective told them "wrong passage" yet they feel we're too old to understand!!"
- "The indifference that the victim showed toward the situation - it seems to be fostered by our culture and the lack of concern for teenage sex and 'regular' pornography."

Investigators mentioned other difficulties, also, including

- "Explaining that the images are out there forever."
- "The inability [of] retrieving images from the internet."
- "Showing the pictures during trials and the embarrassment it causes victims."
- "Identifying the victims if unknown."
- "Some of the images I've seen are of children that are similar in age to my own children. When you see a graphic image of a child it's hard to get it out of your mind for several days after."

- “Realization by the victim of the seriousness of self-initiated images.”
- “The [long] time frame for forensic evidence recovery.”

Training Needs

Almost 90% of respondents had received specialized training in investigating cases of child pornography, but only half as many (42%) had received training that specifically focused on working with the victims pictured in CP (see Table 2-4). Of those who had received any CP-related training, many said they had attended specialized trainings in child sexual exploitation crimes and internet-related crimes provided through ICAC Task Forces. Others mentioned training provided by the FBI, state investigative agencies, the National Center for Missing & Exploited Children, and law enforcement conferences. Some investigators had extensive training in topics related to child pornography production, including child sexual abuse investigations, forensic interviewing of children and computer crimes. Others said their training was limited to attendance at conference sessions.

Most respondents (over 60%) wanted more training. Investigators cited several broad topics for needed training. One prominent topic was more knowledge about responding to victims and families.

- “Victim-centered investigations; how to interact with child victims with greater sensitivity to their circumstances. As investigators we get plenty of training in how to interact with offenders but precious little training on how to interact with victims--especially child victims.”
- “How to handle the initial contact with the child victim”
- “Having nation-wide protocol on sexting cases”
- “More training on how to tell the victim and the guardians about the victimization that doesn't do more damage emotionally and/or mentally to the victim and their families.”
- “Training for [responding to] children with disabilities who cannot speak for themselves or cannot understand due to various limitations of mental capacity; specialized interviewers needed for impairments. The flip side is the parents who have disabilities who cannot help their children and make the wrong choices or don't understand the concerns of law enforcement. The need for a class about family-on-family sexual assault...”
- “Training for the investigators who deal with these families. It is like delivering a death notification, but worse. And it just isn't the notification. These families call me all during the case and many times they call me years later when the victim or victim's sibling is acting out due to the trauma it has caused.”

Investigators mentioned other training needs also. They wanted training in the more technical aspects of crimes involving child pornography, including locating child pornography traffickers on peer-to-peer networks, handling evidence found on cell phones, forensic analysis of computers and training for first

responders to crimes involving computers and other electronic devices. Many noted they needed continuous training to keep up with constant changes in computer technology. Several talked about overcoming impediments to training. For example, they needed training that was more local because their agencies could not pay for travel, or shorter training because their agencies were too small to handle staff being gone for week long courses. They also wanted refresher courses and training that was available more frequently to help them cope with staff turnover. Finally, several wanted training in how to identify victims portrayed in child pornography.

Table 2-4. Training Experiences and Needs

	n = 245 % (n)
Had specialized training about investigating CP cases	87 (213)
Had training in working with victims of CP production	42 (104)
Would like more training regarding CP investigations	62 (152)

Recommendations from Investigators

Finally, we asked investigators for their recommendations about how “to better support victims depicted in child pornography and their caregivers.” Some respondents came from jurisdictions with well-developed victim services, but others were from agencies where resources were scarce, and they saw significant needs among victims and their families. Respondents had several categories of suggestions:

- Improvements in forensic interviewing and victim advocacy programs, including:
 - “Training for first responders so they know what to do and where to send victims for help.”
 - “Need more victim/witness [advocates and counselors]… I am trained to investigate crime not counsel someone. There are times I feel as helpless as the victims.”
 - “Immediate response of victim’s advocate.”
 - “Make sure the interviewers are gender based (female to female, etc). I don’t think males should interview female victims.”
 - “It would be beneficial if crisis counseling were immediately available.”
 - “Using victim advocates or liaisons that are specially trained and primarily assigned to child victims.”
 - “Be sure [victims] understand what is going on, what to expect with court proceeding, especially if they are going to testify.”
- Better information about resources for victims and families, including:
 - “A caseworker to explain all of the services and other aspects available that the police investigator may have no idea about.”
 - “A more cohesive approach where the information for services offered would be more readily available. We have a victim’s advocate at our department but I am not sure how

- to go about getting her the most up to date information she needs to help her in her role as advocate.”
 - “Create a standard and readily available network of psychological and counseling resources for victims of such crimes. This would allow more consistent therapeutic response.”
 - “Make resources for helping the victims and families more easily accessible. In addition a listing of what they are entitled to in terms of help would be beneficial.”
- Long term counseling and support for victims
 - “These cases leave lasting marks on the children who are victimized. Ensuring they don't fall through the cracks should be the #1 priority once the offender has been identified and dealt with.”
 - “Seeing [victims] get the counseling and support they need to get through a trial and beyond.”
 - “Lack of insurance is a barrier to counseling in some cases.”
 - “Financial resources to help with support - especially when the suspects are the parents.”
 - “1st - better psychological counseling. 2nd- more foster homes. 3rd- more victim on-going services.”
 - “I see more and more suspects who admit to having been victims of sexual abuse as children who become distributors of child pornography. We need to work with the victims throughout their entire life at least until adulthood.”
 - “Possibly provide some minor financial support to [help family] cut ties from the suspect.”
- Efforts to counteract the permanence of images
 - “The question most asked is how to remove images once posted or sent online.”
 - “Financial support and verbal support that there are people who will continue to work with them to try to destroy all the images/video taken of them.”
 - “An ability to remove images from the internet.”
- More privacy protections for victims
 - “During trials, having the courtrooms closed to the public”
 - “Better shield laws would help in child exploitation cases when the information is provided to a court for charges. I feel if there is a minor involved in a child exploitation cases their information should NOT be available under open records.”
- Changes in the criminal justice system
 - “Make the judicial system and the legislatures understand it's not just a picture.”
 - “Standardize the state's actions from district to district.”
 - “Keep the charges in one venue. DO NOT allow the Fed's to prosecute the child pornography and the state [to] prosecute the molestation. This requires the child to go through several different preliminary hearings and trials. NOT GOOD.”
 - “Put pressure on local prosecutors to prosecute cases to the full extent of the law.”
 - “Put the blame where it belongs, on the offender.”
 - “Legislation for more severe penalties for offenders.”

- “Child victims seem to be treated as second class citizens at the local level by the judicial system.”
- Reducing the amount of time victims and families are deprived of property seized during searches (e.g., computers, cell phones)

Limitations

The findings of the Law Enforcement Online Survey are limited for several reasons. First, we surveyed a convenience sample of law enforcement officers. Participants received a link to the survey because they were associated with organizations that served child victims, primarily law enforcement associated with Internet Crimes Against Children Task Forces or child advocacy centers. Because the survey reached a group of individuals for whom we had email addresses, their responses do not represent the experiences of all law enforcement officers who investigate child pornography production. Second, the study was primarily exploratory in nature. The goal was to learn about law enforcement' experiences and are based on respondents' *impressions* of these victims; it is possible that findings would be different if other procedures were used, such as reviewing case files, and results should not be considered representative of all relevant issues presented in these cases. Third, although the survey asked about their most recent case, responses were based on respondents' memories of these cases rather than specific case files, so respondents may have forgotten or confused certain details.

Findings from Mental Health Practitioner Online Survey

Executive Summary of Findings

- Many of the mental health practitioners had limited experience with cases of child pornography production. The majority had no training in such cases and had handled five or fewer such cases in the last five years.
- The most-recent cases reported by mental health practitioner were diverse in terms of ages, sexes and numbers of victims, offender-victim relationships (familial, acquaintance, online) and nature of images produced. Victims were heterogeneous but a common thread was anxiety about people seeing their images and shame and embarrassment.
- A sizable minority of practitioners, about one-third, reported a situation in which a victim was unwilling or reluctant to disclose images or abuse shown in images; reasons for reluctance to disclose varied.
- Victims feared that parents, family members and others would see their images during criminal and social service investigations and court proceedings.
- Compared to cases without child pornography production, most mental health practitioners felt parents in these cases were angrier toward perpetrators and felt more emotional distress. However, most respondents did not believe that parents had more difficulty supporting their children or following up on treatment and many felt that parents were quicker to believe that the abuse happened when images existed. Almost two-thirds of respondents had encountered child and family strengths that helped to improve victim outcomes.
- About one-third of mental health practitioners had worked with victims whose images were distributed online.
- Most mental health practitioners had not seen cases involving notification or restitution. The few that had described the notification process as traumatic for victims.
- Most mental health practitioners were comfortable talking to victims about images, but most wanted more training, especially about technical aspects of the internet.
- A minority of mental health practitioners, about one-third, had noticed differences in trauma symptomatology in victims depicted in child pornography compared to victims of other types of child sexual abuse.
- Similarly, one-third of mental health practitioners considered working with victims depicted in child pornography more difficult or emotionally challenging than working with other victims of child sexual abuse. However about half of respondents agreed that the existence of images changes how victims process the abuse and 20% agreed that the existence of images changes the victim-practitioner relationship.

Overview

We conducted an online survey to gather information from mental health practitioners who had experience working with victims depicted in child pornography. We recruited a convenience sample of participants by sending emails to mental health practitioners associated with organizations that served child victims, such as Child advocacy centers. The sample included 42 mental health practitioners. Because the survey reached mostly mental health practitioners who worked on multidisciplinary teams responding to crimes against children, their responses do not represent the experiences of all mental health practitioners who work with victims depicted in child pornography. Our findings are not generalizable to the larger group of all mental health practitioners who work with victims of child pornography production, but portray the experiences of this specific group.

Sample Characteristics

Forty-two mental health practitioners who had handled cases involving victims pictured in child pornography (CP) completed the Practitioner Online Survey (see Table 2-5). Of these,

- Almost 70% had been mental health practitioners for more than five years
- Over 40% had been in their current position for more than five years

Table 2-5. Mental Health Practitioner Characteristics

	n = 42 % (n)
<u>Number of years in profession</u>	
1 year or less	0 (0)
More than 1 to 3 years	12 (5)
More than 3 to 5 years	14 (6)
More than 5 to 10 years	24 (10)
More than 10 years	45 (19)
Missing	5 (2)
<u>Number of years in current position</u>	
1 year or less	5 (2)
More than 1 to 3 years	33 (14)
More than 3 to 5 years	19 (8)
More than 5 to 10 years	33 (14)
More than 10 years	9 (4)
<u>Number of cases in past 5 years</u>	
One	19 (8)
Two	21 (9)
Three to five	41 (17)
Six to ten	17 (7)
More than ten	2 (1)

Part of multidisciplinary team	88 (37)
Had training on working with CP victims	29 (12)
<u>How often do you assess for CP in cases of known child sexual abuse?</u>	
Never or rarely	31 (13)
Sometimes	17 (7)
Most of the time	21 (9)
Always	31 (13)

Most practitioners who responded to the survey were members of a multi-disciplinary team (almost 90%). Most had five or fewer cases of this type in the past five years (over 80%), with 40% having only one or two such cases. Almost 20% had six or more cases.

Almost 30% of respondents had received training about working with victims pictured in child pornography. Among these, some received training from law enforcement agencies (e.g., Internet Crimes Against Children Task Forces, FBI, state investigative agencies or attorneys general); others received clinical and in-service training, workshops at conferences, and webinars.

Almost one-third of the respondents stated that they never or only rarely assessed whether a victim of contact child sexual abuse was photographed or videoed for child pornography. About half said they assessed for CP in such cases most of the time or always. In some cases, fore2nsic interviewers conducted assessments and told practitioners the results. Other examples of assessments for CP production included the following.

- “During the initial intake process [clients] are asked this question and during treatment when defining sexual abuse.”¹⁴
- “I ask if anyone has recorded, taken pictures of, or taped anything involving their body.”
- “After developing a trusting relationship with the child and we are talking more openly about the sexual abuse, I ask the child straight out and we talk about it ...I let the child know that it is often common [that] offenders take pictures or videos that are not nice, trying to "normalize" (for lack of a better phrase) the behavior and to assure child it is understandable that sometimes not nice pictures/videos are taken and it is okay to talk about it.”

Most Recent Case

We asked respondents questions about their most recent case (see Table 2-6). The ‘most recent cases’ they described were diverse in terms of ages, sexes and numbers of victims, offender-victim relationship (familial, acquaintance, online) and nature of images produced. Multiple victims were identified in 36%

¹⁴ Throughout, some quotations are slightly paraphrased to correct grammar and remove possibly identifying information.

of the cases; in these cases, we asked respondents to select the most seriously victimized child for the remaining questions.

- In about 4 out of 5 cases, victims were female.
- Victims ranged widely in age at which images were created: 45% were age 11 or younger; almost 40% were ages 12 to 15 and over 10% were 16 or 17.
- In half of cases, the CP was created by family or household members; in almost 40% of cases CP was created by acquaintances. In about 1 in 10 cases, victims met CP producers online. In one case (2%), the victim created the images.
- More than half of victims (almost 60%) were photographed on multiple occasions.
- In over 40% of cases, pictures showed sexual penetration or masturbation. In other cases, pictures showed nudity or focused on genitals, but did not show sexual activity, as far as respondents knew.

When practitioners described victim reactions to being depicted in CP, those reactions were also diverse. About 1 in 5 cases involved victims who were unaware they had been photographed when the pictures were created. Some of these victims were quite young, others were photographed secretly and some were impaired by alcohol or drugs when the picture-taking occurred. In over 10% of most-recent cases, respondents stated that victims were unwilling or reluctant to talk about their reactions to being photographed. In over 40% of cases, respondents stated that victims felt shame, embarrassment or humiliation in reaction to being pictured in CP. Nonetheless, these common reactions appeared to surface in a variety of forms, as illustrated by the following quotes:

- In a case in which a victim was abused by a family member, the respondent stated: “[The] victim was upset about other people seeing [the] video, but was relieved we found videos because she believed they showed us she was telling the truth.”
- A young victim who felt “angry and embarrassed” also “...wanted her father to be punished for breaking the rules.”
- One victim who felt embarrassment and shame was “developmentally delayed and didn’t seem to fully comprehend what had occurred until after she processed with the prosecutor, counselor, mother, etc.”
- A teen victim who created sexual images of herself (“youth-produced sexual images”) “was aware after the fact that it was a stupid thing to have done, but faced the humiliation head on.”

About one-quarter of practitioners reported their most recent case involved a victim whose images were distributed online, but more than half answered the question about online distribution “don’t know.” Two respondents stated it was traumatic for their clients to find out their images were online.

However, in other cases of online distribution, respondents stated victims were not aware their images were online or respondents did not know victims' reactions.

Only three respondents stated that victim notification laws applied to their most recent case (the vast majority – almost 80% - did not know if such laws applied). Only one respondent had treated someone who opted to be notified. As far as respondents knew, none of the most-recent cases in which images had been distributed online involved victims or families that had sued or considered suing for restitution.

We asked respondents whether victims were concerned about who would see images during the investigation of the crime and/or how images would be handled by the criminal justice system. About half answered "yes" to this question, about one-quarter answered "no" and the remaining respondents said they did not know.

Media had reported on about one-quarter of the cases. Respondents described a range of reactions by victims and families to media coverage: fear identities would become known, openness to media coverage because family wanted to raise awareness, moving to another area as a result of public reactions.

We also asked respondents to describe the reactions of the victims' families in these cases. In about half of the most-recent cases, respondents described the victim's family as being very upset, angry, shocked or devastated (coded open-ended question, not in table). Some parents were angry at perpetrators and some were upset with children, who they blamed to some extent for the crime. One mother was very angry at the police for telling her child about the images. Some parents were devastated to find that a partner or trusted friend had abused their child. Some were upset because of what their children had endured.

- According to respondents, some parents were unsupportive in varying degrees: they were 'unconcerned' with the crime, showed a lack of trust in the child, or were mad at the child for making bad choices. One respondent said the victim's mother might not have been supportive if the documentation hadn't existed.
- Most parents were described as angry at perpetrators but not at the child. They also worried the child would be seen as different because of what happened, they were concerned about distribution of images, and they felt guilty for not knowing what was happening.
- Some parents were described as seeking advice from therapist because they were not sure how to react or were, themselves, experiencing trauma.

Table 2-6. Characteristics of Most Recent Case

	n = 42 % (n)
<u>Victim sex</u>	
Male	21 (9)
Female	79 (33)
<u>Case involved multiple victims</u>	
No	38 (16)
Yes	36 (15)
Don't know	26 (11)
<u>Oldest age of victim when images created</u>	
11 or younger	45 (19)
12 to 15	38 (16)
16 or 17	12 (5)
Don't know	5 (2)
<u>Who created CP images (select all that apply)</u>	
Family or household member	50 (21)
Acquaintance	38 (16)
Someone victim met online	12 (5)
Victim took picture of self	2 (1)
Don't Know	5 (2)
<u>Victim photographed on multiple occasions</u>	
No	14 (6)
Yes	59 (25)
Don't know	26 (11)
<u>Picture showed penetration or masturbation</u>	
No	41 (17)
Yes	41 (17)
Don't know	19 (8)
<u>Coded open-ended answers to this question:</u>	
<i>How did the victim react to being depicted in CP, as far as you know? For example, was the victim aware of the images? Did s/he deny or refused to talk about them? Did the victim worry about being viewed as a criminal, feel shame, have some other reaction?</i>	
<u>Victim</u>	
Was unaware when images were created	19 (8)
Refused or was reluctant to talk about images	12 (5)
Felt shame, embarrassment or humiliation	41 (17)
<u>Images distributed on internet</u>	
No	14 (6)
Yes	26 (11)
Don't Know	57 (24)
No response	2 (1)
<u>Victim sued or considered suing offender for restitution</u>	
No	9 (4)
Yes	0
Don't Know	17 (7)

Not Applicable (Images were not distributed on internet)	74 (31)
<u>Victim notification laws applied to this case</u>	
No	14 (6)
Yes	7 (3)
Don't Know	79 (33)
<u>Victim/family opted for notification</u>	
No	2 (1)
Yes	2 (1)
Don't Know	2 (1)
Missing (Respondents did not know if notification laws applied)	93 (39)
<u>Victim was concerned about who would see /how justice system would handle the images</u>	
No	26 (11)
Yes	48 (20)
Don't Know	26 (11)
<u>Crime was reported in media</u>	
No	50 (21)
Yes	24 (10)
Don't Know	26 (11)

Cases in Past Five Years

We asked respondents a series of questions about all of the cases they had handled in the past five years involving CP production (see Table 2-7). Most victims were female. Ages ranged from younger than five into adulthood, since some respondents had treated adults who were photographed as children. We asked respondents if they had worked with any victims in the following situations:

- Victims who were abused and photographed for more than one year – Over 40%
- Victims solicited online by adults to create CP – Over 40%
- Victims of sex trafficking depicted in CP – Almost 20%
- Victims depicted in CP that showed violence – 5%

Table 2-7. Characteristics of All Cases Involving CP Production in the Past 5 Years

	n = 42 % (n)
<u>Percentage of female victims</u>	
Less than 50%	14 (6)
50 to 99%	33 (14)
100%	41 (17)
No response	12 (5)
<u>Ages of any victims worked with in past 5 years</u>	
5 or younger	19 (8)
6 to 8	48 (20)

9 to 11	45 (19)
12 or 13	43 (18)
14 or 15	41 (17)
16 or 17	21 (9)
18 or older (adult survivors)	7 (3)
Don't know	2 (1)
<u>Respondent has worked with...</u>	
Victims of sex trafficking depicted in CP	17 (7)
Victims solicited online by adults to create CP	41 (17)
Victims depicted in CP showing violence	5 (2)
Victims abused and photographed for over 1 year	41 (17)
None of the above	31 (13)
<u>Worked with victims who denied abuse or CP despite evidence</u>	
No	64 (27)
Yes, once	24 (10)
Yes, more than once	12 (5)
<u>Worked with victims who had never seen the images and wanted to</u>	
No	88 (37)
Yes, once	7 (3)
Yes, more than once	5 (2)
<u>Worked with victim whose images were distributed online</u>	
No	62 (26)
Yes, once	17 (7)
Yes, more than once	21 (9)
<u>Worked with victims/families who had to decide whether or not to be notified of cases involving CP of victim</u>	
No	21 (9)
Yes, once	7 (3)
Yes, more than once	7 (3)
No response	2 (1)
Not applicable (Had not worked with victims whose images were distributed online)	62 (26)
<u>Worked with victims who participated in prosecutions of suspects who possessed or distributed images by testifying or submitting victim impact statements</u>	
No	14 (6)
Yes, once	5 (2)
Yes, more than once	17 (7)
No response	2 (1)
Not applicable (Had not worked with victims whose images were distributed online)	62 (26)
<u>Worked with victims who sued/ considered suing for restitution</u>	
No	36 (15)
Yes	0
No Response	2 (1)
Not applicable (Had not worked with victims whose images were distributed online)	62 (26)
<u>When victims understand the permanence of images that are distributed online...^a</u>	
They feel powerless and helpless	<u>n = 16</u>
Agree strongly	50 (8)

Agree somewhat	50 (8)
Disagree somewhat	0 (0)
Disagree strongly	0 (0)
Don't know or no response	0 (0)
They fear people they know will see them	
Agree strongly	81 (13)
Agree somewhat	19 (3)
Disagree somewhat	0 (0)
Disagree strongly	0 (0)
Don't know or no response	0 (0)
They worry they will be seen as voluntarily participating	
Agree strongly	44 (7)
Agree somewhat	37 (6)
Disagree somewhat	13 (2)
Disagree strongly	6 (1)
Don't know or no response	0 (0)
They cannot find closure because the images will always be there	
Agree strongly	25 (4)
Agree somewhat	56 (9)
Disagree somewhat	0 (0)
Disagree strongly	6 (1)
Don't know or no response	13 (2)

^aOnly asked if respondent had worked on cases where images were distributed online.

Over one-third of respondents answered yes when asked, “Have you had a situation where a victim denied being depicted in images that you knew existed or denied being sexually abused when images showed they had been abused?” About 1 in 10 had this situation more than once. . The contexts of cases involving denial varied.

- “Because my client was intoxicated it was hard [for her] to believe abuse occurred. She had to slowly process the events of the evening as well as when she woke up the next day.”
- “The victim still had feelings for the offender and did not want to deal with the abuse. Unfortunately her mother was not supportive and this allowed the victim to continue to deny and not deal with the abuse.”
- “Almost every case I have had where there are photos ... the child ... always denied history of sexual abuse until the images are shown. ... Although some children get upset, at the end there is a huge sense of relief.”
- “Youth appear embarrassed around this issue and definitely do not want this information to be disclosed in reporting issues that arise. The entire ordeal feels uncomfortable to me as a therapist as well, due to losing some rapport with clients when you are forced to make police or DSS reports.”

Most respondents (almost 90%) had not faced a situation “where a victim had never seen the images and wanted to see them.” Two of the practitioners mentioned that they sometimes must show images to victims because law enforcement or prosecutors need to confirm the victim’s identity in a photograph. One described the process in detail:

“I will describe the image (I would like to show you a picture of what appears to be a girl who is a child; she does not have clothes on and there is what appears to be an adult male standing beside her ...). [Then I typically cover up] the picture with paper so that the child can just see the image of the girl for identification. In most cases I have seen the victim uncover the picture and look at it. This has seemed to be helpful to most of the victims who knew about the photographing prior to our interview.”

Most respondents (almost two-thirds) had not worked with victims whose images were distributed online; almost 40% had done so at least once and about 1 in 5 had done so more than once. Only about 1 in 7 respondents had cases in which victims or their families had to decide whether to be notified about suspects prosecuted for possessing or distributing images, based on federal or state victim notification laws. Four respondents had advice for other practitioners in cases involving victim notification:

- “Family therapy, individual therapy, support from victim advocate office, support from prosecutor’s office to help the victims if they have to testify in court.”
- “Advocate and educate parents of victims. Let them feel validated and heard. A lot of raw emotions come from this trauma.”
- “Validating family’s emotions and providing resources appear to be the most important factors as the family initially learns of the offense.”
- “Issues that arise include a reappearance of symptoms that appeared to have ceased and issues of doubt and recanting the victim’s story despite evidence. Review interventions that assisted the client in the past and patience, patience.”

About 1 in 5 respondents had worked with victims who had testified or submitted victim impact statements in prosecutions of suspects who possessed or distributed images of them. No respondents had worked with victims who sued or considered suing for restitution from offenders who distributed or possessed their images.

We asked the subgroup of respondents who had worked with victims whose images were distributed online (n=16) several questions about victim reactions when victims “understand the permanence of images that are distributed online.” Almost all of these respondents agreed either strongly or somewhat that such victims:

- Feel powerless and helpless (half agreed strongly, half agreed somewhat)
- Fear that people they know will see the images (over 80% agreed strongly, almost 20% agreed somewhat)
- Worry they will be seen as voluntarily participating in the abuse (44% agreed strongly, 37% agreed somewhat, 15% disagreed somewhat, 6% disagreed strongly)
- Cannot find closure because the images will always be there (one-quarter agreed strongly, over half somewhat, one respondent disagreed strongly and two answered “don’t know”)

Practitioner Reactions to Working with Victims Depicted in Child Pornography

One-third of respondents considered working with victims depicted in CP more difficult or emotionally challenging than responding to other victims of child sexual abuse (See Table 2-8). We asked all respondents how much they “agree or disagree with the following statements about your own reactions and needs, based on your experiences working with victims depicted in child pornography and their families” (see Table 2-8).

- “I’m not comfortable talking with victims about their images.” Few practitioners felt uncomfortable; most disagreed strongly or somewhat.
- “I have struggled with feelings of helplessness or powerlessness when working with victims depicted in child pornography.” Most did not struggle with such feelings, although the answers to this question were more varied. Two-thirds disagreed either strongly or somewhat and the remaining one-third agreed either strongly or somewhat.
- “I’m concerned about causing distress to victims if I bring up the images.” Most practitioners disagreed strongly or somewhat.
- “I don’t feel I should confront victims about images or tell them about images if they don’t know about them.” Two-third disagreed strongly or somewhat, but the remaining one-third agreed either strongly or somewhat.
- “To effectively help victims, I need more information about technical aspects of the internet.” Most respondents felt that they needed more of this type of information; almost two-thirds agreed strongly or somewhat, but almost 40% disagreed, indicating they did not feel a strong need for this information in order to treat these clients.

Table 2-8. Practitioner Reactions to Working with Victims Depicted in CP

	n = 42 % (n)
Working with CP victims is more challenging than other CSA victims	
No	67 (28)
Yes	33 (14)

<u>Not comfortable talking with victims about their images</u>		
Agree strongly	3 (7)	
Agree somewhat	3 (7)	
Disagree somewhat	14 (6)	
Disagree strongly	69 (29)	
Don't know or no response	2 (1)	
<u>Struggled with feelings of helplessness when working with victims depicted in CP</u>		
Agree strongly	2 (1)	
Agree somewhat	29 (12)	
Disagree somewhat	33 (14)	
Disagree strongly	33 (14)	
Don't know or no response	2 (1)	
<u>Concerned about causing distress to victims if they bring up the images</u>		
Agree strongly	0	
Agree somewhat	17 (7)	
Disagree somewhat	31 (13)	
Disagree strongly	50 (21)	
Don't know or no response	2 (1)	
<u>Don't feel they should confront victims about images or tell them about images if they don't know about them</u>		
Agree strongly	2 (1)	
Agree somewhat	24 (10)	
Disagree somewhat	33 (14)	
Disagree strongly	29 (12)	
Don't know or no response	12 (5)	
<u>To effectively help victims, need more information about technical aspects of the internet</u>		
Agree strongly	29 (12)	
Agree somewhat	31 (13)	
Disagree somewhat	14 (6)	
Disagree strongly	24 (10)	
Don't know or no response	2 (1)	

Working with Parents or Caregivers of Victims Depicted in Child Pornography

Most respondents (71%, n=30) had worked with parents or caregivers while providing treatment to victims depicted in CP in the past five years. We asked respondents who had worked with parents several questions about how these cases compared to other child sexual abuse cases (see Table 2-9).

Most agreed these cases were harder on parents in that parents were angrier and felt more emotional distress compared to other child sexual abuse cases. However, most respondents also felt that parents of children depicted in CP were quicker to believe the abuse happened, and most practitioners disagreed that parents found it harder to be emotionally supportive or did not follow through on treatment.

Table 2-9. Experiences with Parents of Victims Depicted in CP in the Past 5 Years

Compared to other child sexual abuse cases, when there were images parents and caretakers...	n = 30 % (n)
Were quicker to believe their children had been abused	
Agree strongly	33 (10)
Agree somewhat	33 (10)
Disagree somewhat	17 (5)
Disagree strongly	0
Don't know or no response	17 (5)
Were angrier and perpetrators and pressed harder for prosecution	
Agree strongly	23 (7)
Agree somewhat	47 (14)
Disagree somewhat	10 (3)
Disagree strongly	7 (2)
Don't know or no response	13 (4)
Felt more emotional distress	
Agree strongly	37 (11)
Agree somewhat	43 (13)
Disagree somewhat	10 (3)
Disagree strongly	3 (1)
Don't know or no response	7 (2)
Found it harder to provide emotional support to victims	
Agree strongly	10 (3)
Agree somewhat	23 (7)
Disagree somewhat	33 (10)
Disagree strongly	23 (7)
Don't know or no response	10 (3)
Usually had significant financial problems related to the crime	
Agree strongly	7 (2)
Agree somewhat	17 (5)
Disagree somewhat	23 (7)
Disagree strongly	17 (5)
Don't know or no response	37 (11)
Usually did not follow through on referrals to treatment providers or continue treatment	
Agree strongly	7 (2)
Agree somewhat	13 (4)
Disagree somewhat	37 (11)
Disagree strongly	27 (8)
Don't know or no response	17 (5)

Treatment

Most respondents (almost two-thirds) had not noticed differences in trauma symptomatology in victims depicted in CP compared to other victims of child sexual abuse. Most (over 80%) had used Trauma-

Focused Cognitive Behavioral Therapy (TF-CBT), a few used Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT) or Cognitive Processing. However, only one-third believed they had found a specific intervention to be particularly helpful in treatment with CP victims (see Table 2-10).

About half of respondents disagreed and half agreed on the following items: victims usually don't acknowledge that images were taken, usually refuse to talk about images, often deny being abused despite images or are more complex to work with than other victims.

About half of respondents agreed that the existence of images changes how victims process abuse; only about 20% agreed that the existence of images changes the victim-practitioner relationship. A few respondents thought the existence of images introduced awkwardness or embarrassment into the victim-practitioner relationship because the client knew that the therapist had seen them naked, with one respondent specifically saying this was a very unhealthy dynamic. Another respondent mentioned that some clients have been concerned that she would try to find the images online or would think poorly of them. One respondent said she would probably not videotape a session involving a victim depicted in child pornography.

Table 2-10. Treatment of CP Victims

	n = 42 % (n)
Noticed differences in trauma symptomatology when cases involve CP	
No	64 (27)
Yes	36 (15)
<u>Treatments Used with Victims:</u>	
• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	81 (34)
• Cognitive Processing Therapy	17 (7)
• Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)	5 (2)
• Other treatment approaches	26 (11)
Has found a specific intervention particularly helpful in treatment with CP victims	
No	64 (27)
Yes	33 (14)
No response	2 (1)
<u>Worked with victims whose reactions to images changed over time:</u>	
No	79 (33)
Yes, once	9 (4)
Yes, more than once	9 (4)
No response	2 (1)
<u>Worked with victims who lived with non-victimized siblings:</u>	
No	29 (12)
Yes, once	41 (17)
Yes, more than once	29 (12)

No response	2 (1)
Encountered child and family strengths that improve victim outcomes:	
No	36 (15)
Yes, once	62 (26)
Yes, more than once	0 (0)
No response	2 (1)
<i>Victims depicted in child pornography...</i>	
<u>Usually do not acknowledge that images were taken</u>	
Agree Strongly	7 (3)
Agree Somewhat	33 (14)
Disagree Somewhat	43 (18)
Disagree Strongly	9 (4)
Don't know/No response	7 (3)
<u>Usually refuse to talk about the images</u>	
Agree Strongly	5 (2)
Agree Somewhat	38 (16)
Disagree Somewhat	48 (40)
Disagree Strongly	5 (2)
Don't know/No response	5 (2)
<u>Often deny being abused, even when images show what happened</u>	
Agree Strongly	7 (3)
Agree Somewhat	36 (15)
Disagree Somewhat	36 (15)
Disagree Strongly	12 (5)
Don't know/No response	9 (4)
<u>Are often neglected or physically abused, in addition to being sexually abused</u>	
Agree Strongly	14 (6)
Agree Somewhat	26 (11)
Disagree Somewhat	29 (12)
Disagree Strongly	14 (6)
Don't know/No response	17 (7)
<u>Are more complex to work with than other sexually abused children</u>	
Agree Strongly	12 (5)
Agree Somewhat	33 (14)
Disagree Somewhat	38 (16)
Disagree Strongly	9 (4)
Don't know/No response	7 (3)
<u>Existence of images changes how victims process abuse:</u>	
No	41 (17)
Yes	55 (23)
No Response	5 (2)
<u>Existence of images changes victim-practitioner relationship:</u>	
No	74 (31)
Yes	21 (9)
No Response	5 (2)

Limitations

The findings of the Mental Health Practitioner Online Survey are limited for several reasons. First, we surveyed a convenience sample of mental health practitioners. Participants received links to the online survey because they were affiliated with certain victim advocacy or support groups, or they received a link from another participant. Because the survey reached a group of individuals for whom we had email addresses, their responses do not represent the experiences of all mental health practitioners who work with child pornography production victims. The sample size also is quite small. Second, the study was primarily exploratory in nature. The goal was to learn about mental health practitioners' experiences and is based on respondents' *impressions* of these victims; it is possible that findings would be different if other procedures were used, such as reviewing case files, and results should not be considered representative of all relevant issues presented in these cases. Third, although the survey asked about their most recent case, responses were based on respondents' memories of these cases rather than specific case files, so respondents may have forgotten or confused certain details.

SECTION 3

Parent and Child Telephone Interviews

Interview Methods

Purpose

The purpose of the telephone interviews with parents and children was to identify the needs of victims of child pornography (CP) production and their families, collect details about the services they received and learn about barriers they may have experienced following their victimization. We also hoped to compare the responses of parents whose children were depicted in child pornography to those of parents whose children suffered contact child sexual abuse but were not photographed. However, we were not able to recruit enough participants to fulfill this goal.

Method

We conducted telephone interviews with parents 1) whose children had forensic interviews at two child advocacy centers (CACs) because of child sexual abuse or 2) were members of a parent support group that agreed to recruit members to participate in the survey. Parents included both those whose children had been depicted in child pornography and those whose children had suffered contact sexual abuse but had not been photographed. In addition, we asked parents of child victims who were ages 13 to 17 for consent to interview their children. We conducted telephone interviews with children whose parents consented and who agreed to participate. All procedures and instruments were approved by the University of New Hampshire's Institutional Review Board and by administrators at participating agencies. Interviews were conducted by one researcher at the Crimes Against Children Research Center with extensive experience conducting telephone interviews about sensitive topics, including child sexual abuse. The interviews lasted approximately 30 to 45 minutes for the parents and 10 to 15 minutes for the children. Responses were recorded using computer-assisted telephone interviewing software. Interviews were conducted from November 2012 to August 2013.

Sample

The sample of parents ($n = 46$), includes parents who reported their children were victims of child sexual abuse that included child pornography production ($n=13$) and parents whose children were sexually abused but not photographed ($n = 33$). Based on parent reports, the sample of child victims ($n = 11$) included three teens who had been photographed. However we did not distinguish the teens that were depicted in child pornography because the sample size was too small to make meaningful comparisons and to avoid publishing possibly identifying information. Parents who participated received \$40 gift cards as incentives and teen participants received \$20 gift cards.

Procedures

We recruited participants from a support group for parents of children who had suffered sexual abuse and from two child advocacy centers. We also solicited several other victim-serving agencies and federal agencies to contribute to the research, but these agencies either could not identify cases that included child pornography production and or they declined to participate for other reasons.

Recruitment from parent support group

We recruited parents from a support group for parents of children who had been sexually abused, which included several members with children who had been photographed in child pornography. The administrator of the group distributed an invitation to participate in the study by email to group members, including a summary of the study and a form consenting to contact by the CCRC researchers. Group members who were interested in participating returned the consent form and provided contact information (n = 11). The interviewer then contacted those parents to describe the study in more detail, obtain consent and schedule an interview. The interviewer explained that participation was voluntary, responses would be confidential, and participants would receive \$40 gift cards. All of the parents who returned consent forms completed interviews. Five reported that their children had been photographed in child pornography.

Recruitment from CACs

To recruit parents from CACs, the National Children's Alliance (NCA) issued invitations to participate in the research to 30 urban CACs using emails, phone calls, and face-to-face recruitment efforts. The invitations asked if the CAC provided services to children who were victims of child pornography production and if they tracked such cases so they could be identified. If so, the centers were invited to participate in the study.

Six of the 30 CACs responded that they could identify cases that might qualify for the study. However, ultimately only two CACs participated. The others could not locate records of child pornography production cases, could not gain timely IRB approval or faced other barriers. The two participating CACs received financial subsidies from NCA to support their data collection efforts.

Slightly different sampling procedures were used at each of the two CAC recruitment sites because they had different organizational structures and record keeping practices. One CAC examined all records from 2012 and the other CAC examined records between March 2011 and March 2013. The two CACs identified a total of 143 parents whose children had cases involving child sexual abuse either with or without child pornography production. CAC staff members attempted to contact these parents to describe the research. They explained to parents that participating was voluntary and would not affect their child's status at the CAC in any way, that responses would be confidential, that CAC staff would have no access to responses, and that participants would receive \$40 gift cards. CAC staff then asked if parents would consent to being contacted by CCRC researchers about the study. When parents said yes, CAC staff forwarded consent forms with contact information to CCRC researchers.

Of the 143 cases identified by CACs, 53 parents consented to be contacted by the researchers. At both CACs, many parents could not be reached because there was no answer, no response to messages, or disconnected or wrong numbers. We do not have detailed counts of cases in which parents could not be reached. Also, there were inconsistencies in recruitment efforts between the two CACs and between efforts to recruit parents in cases flagged as including child pornography production versus cases of child sexual abuse alone. These inconsistencies make it difficult to compare participation rates. Further, in some instances there were discrepancies between cases flagged in CAC records as including child pornography and parent reports. We relied on parent reports to classify cases. Seventy-four percent (n = 46) of the parents who returned forms consenting to contact by the researchers completed telephone interviews and 28% of those cases (n = 13) involved child pornography production. Table 3-1 provides the dispositions for the parent interviews.

Table 3-1. Dispositions, Parent Interviews

	% (n)
CAC parents identified as eligible to participate	(143)
CAC parents consenting to researcher contact	(53)
Support group parents consenting to researcher contact	(11)
Total parents consenting to researcher contact	100% (64)
Could not be reached by researchers	27% (17)
Refused	1% (1)
Completed parent interviews	72% (46)
Case involved child pornography production	28% (13)
Case involved child sexual abuse only	72% (33)

Of the parents who completed telephone interviews, 48% (n = 22) had children ages 13 to 17 who were eligible for a child interview; 50% of eligible teens (n = 11) completed telephone interviews. This included 3 children whose parents indicated they had been photographed in CP. Five parents declined to consent to a child interview and five parents consented, but the child could not be reached. One child refused to consent to an interview after a parent gave consent. (See Table 3-2)

Table 3-2. Dispositions, Child Interviews

	% (n)
Completed interviews of parents with children ages 13 to 17	100% (22)
Parent refused to consent to child interview	23% (5)
Parent consented, but child could not be reached	23% (5)
Child refused	5% (1)
Completed child interviews	50% (11)

Data Collection

Parent telephone interviews lasted approximately 30 to 45 minutes and child interviews lasted approximately 10 to 15 minutes.

At the beginning of both the parent and child interviews, the interviewer read an introductory script. Respondents were encouraged to go to a private place where they could talk freely. They were informed that participation was completely voluntary and that they could skip any questions or stop the interview at any time. They were also informed that their responses would be kept confidential and would not be shared with other persons, including CAC staff members. They were informed that there could be a small risk that they could feel upset when answering the questions. Children were told in addition that no questions would directly ask about what happened to them or about current abuse, and that researchers would have to report any disclosures of abuse to authorities. Once parents and children confirmed that they understood this information and gave consent to participate, the interview began.

At the conclusion of the interview, the interviewer asked parents if they would be interested in participating in future research on similar topics. If so, the interviewer made a paper record of their email address. (One CAC opted out of this portion of the interview.) The interviewer asked both parents and children for mailing addresses to send them \$40 gift cards to thank them for their participation; addresses were recorded on paper separate from any interview responses. Both parent and child respondents were also given the phone number for a national child abuse hotline and, if associated with a CAC, the name and phone number of a CAC support person.

Eligibility

Parents recruited through a child advocacy center were eligible to participate if they had a child who had a forensic interview at one of the participating CACs because of child sexual abuse, the child was in their custody, and English was the parent's primary language. All parents recruited through the parent support group were eligible because they all had children who had suffered child sexual abuse, with or without child pornography production. Children of parent respondents were eligible if they were ages 13 to 17, victims of child sexual abuse with or without child pornography production and a parent consented to a child interview.

Instrument Design

The interview was designed after a review of the literature about the impact of child pornography production and by suggestions and revisions from the study Advisory Board. We piloted the protocol by conducting mock interviews with four members of the study Advisory Board, who role-played parents and children based on their professional experience with this population, and we modified the interview procedures and instruments as needed based on their feedback. The interviewer used a computer-assisted telephone interviewing system (WinCATI) to record interview responses.

The parent interview was divided into the following sections:

- **Preliminary Section:** We asked parents to confirm that they had a child who had suffered child sexual abuse. Questions also gathered information about the age and gender of the child, the length of time that had passed since the initial visit to the CAC (if any), and whether or not the sexual abuse involved CP production.
- **Impact of Incident Section:** We asked parents about problems or changes in their child's behavior since the abuse, such as problems at school or changes in social behavior.
- **Child Services and Needs Section:** This section assessed the child's use of services, such as mental health counseling, and asked parents to comment on the quality of these services. If children did not receive certain services, we asked parents to describe reasons, including barriers to obtaining services. We also asked parents to specify additional services they would have liked for their children.
- **Parent Services and Needs Section:** This section asked about parents' use of services for themselves, including what they did and did not like about services, any barriers to obtaining services, and any additional services they would have liked.
- **Symptoms of Distress:** This section included the Impact of Events Scale, a standardized assessment of the parents' posttraumatic symptoms. Parents reported the frequency of symptoms within the last week, such as how often they thought about what happened when they did not mean to. We also asked parents about their children's symptoms using the UCLA PTSD Index – Parent Version. However, there was too much missing data to calculate results.
- **Characteristics of Abuse Section:** We asked parents general questions about the crimes that happened to their children. These included age at the time of the abuse, how long the abuse went on, and what was most upsetting or hardest to handle about what happened. If there was CP production, we asked questions about the images. These included questions about parents' and children's reactions and concerns, how CAC staff or other professionals dealt with or talked about images and whether a counselor addressed the impact of images in treatment.
- **Interactions with Court Section:** We asked parents if criminal charges had been filed against the abuser and about experiences with court professionals, such as victim advocates.
- **Legal Remedies Section:** This section asked parents if they were aware of legal options, including restitution, victim compensation, and access to civil attorneys and victims' rights attorneys. If so, we asked whether they were able to use any of these options, any problems they encountered obtaining them, and suggestions for improving such options. If the cases involved CP production, parents were also asked about their awareness and experiences with the victim notification system.
- **Privacy Section:** This section asked parents whether the case had been reported in the media and, if so, what impact this had on the family.
- **Advice Section:** We asked parents for additional feedback about any part of the investigation, prosecution, or treatment process for themselves or their children and for advice for other families going through similar situations.

- **Personal Characteristics Section:** This section asked parents for basic demographic information, such as age, race/ethnicity, marital status, and level of education.
- **Parent Reactions Section:** In this final section, we asked parents for their reactions to the interview, including whether they were upset by any questions.

The child interview was much shorter than the parent interview and was not divided into distinct sections. We asked children about supportive people they encountered in the time after people found out what happened, anything they liked or did not like about various services and professionals they came in contact with (e.g., counselors, police, medical practitioners), and any advice they had for other children going through similar situations. The child interview also included a self-esteem and mastery scale used in a previous CCRC survey (DVS; Turner, Finkelhor & Ormrod 2010). This scale was based on items drawn from two different scales, one regarding self-esteem (Rosenberg 1965) and one regarding mastery (Pearlin & Schooler 1978), and was modified to use more child-friendly language and simpler responses options. The scale consisted of 11 statements (e.g., “You are happy with yourself,” “You often feel helpless in dealing with problems”) and respondents rated each item on a 3-point scale: “*very true*,” “*a little true*,” and “*not true*.” Both this scale and the original scales it was based on have been found to have sound psychometric properties and have been used with other samples of children who have been sexually abused (Turner et al, 2010).

Data Cleaning and Coding

Data were transferred directly from the WinCATI system to a SPSS data set for cleaning, coding, and analysis. CCRC researchers cleaned the data and, where needed, coded open-ended responses.

Participants

Demographic information was collected for parent participants (see Table 3-3 below). Parent participants were primarily female (91%), age 30 or older (96%), White, Non-Hispanic (61%), currently or previously married (85%), had at least some college education (74%), and had two or more children currently living in the home (74%).

Table 3-3. Parent Demographics

Demographic Characteristics of Parent Participants	n = 46 % (n)
<u>Age</u>	
Under 30	4 (2)
30 to 39	35 (16)
40 to 49	41 (19)
50 to 59	15 (7)
60 or older	2 (1)
Refused	2 (1)

<u>Sex</u>	
Male	9 (4)
Female	91 (42)
<u>Marital status</u>	
Married	41 (19)
Separated, divorced, widowed	43 (20)
Never married	13 (6)
Refused	2 (1)
<u>Number of children currently in household</u>	
None	13 (6)
One	13 (6)
Two	41 (19)
Three or more	30 (14)
Refused	2 (1)
<u>Highest level of education</u>	
Some high school, no degree	13 (6)
High school degree or GED	13 (6)
Some college or technical school	33 (15)
College grad	30 (14)
Graduate degree	9 (4)
Refused	2 (1)
<u>Race</u>	
White, Non-Hispanic	61 (28)
White, Hispanic	13 (6)
Black or African-American	13 (6)
American Indian or Alaska native	9 (4)
Other	2 (1)
Refused	2 (1)

The child interview collected demographic information only on age and gender of participants. The children were all female and were evenly distributed by age (see Table 3-4 below). Using data from the parent interviews, some additional information is available about the characteristics and backgrounds of the children. The parents of child interview participants were all 30 or older, mostly female (82%), and had at least a high school degree (82%). Most of the child participants had parents who were divorced or never married and most of their parents reported two or more children living in the household.

Table 3-4. Child Interview Participant Demographics

Demographic Characteristics of Child Participants	n = 11 % (n)
<u>Age</u>	
13	27 (3)
14	18 (2)
15	9 (1)

16	18 (2)
17	27 (3)
<u>Gender</u>	
Male	0 (0)
Female	100 (1)
<u>Parent's Age</u>	
Under 30	0 (0)
30 to 39	36 (4)
40 to 49	46 (5)
50 to 59	18 (2)
60 or older	0 (0)
<u>Parent's Sex</u>	
Male	18 (2)
Female	82 (9)
<u>Parent's Marital Status</u>	
Married	27 (3)
Divorced	46 (5)
Never married	27 (3)
<u>Number of children currently in household</u>	
One	9 (1)
Two	64 (7)
Three or more	27 (3)
<u>Parent's Highest Level of Education</u>	
Some high school, no degree	18 (2)
High school degree or GED	27 (3)
Some college or technical school	18 (2)
College grad	27 (3)
Graduate degree	9 (1)

Findings from Parent Telephone Survey

Executive Summary

- Most parents whose children were depicted in child pornography (CPP parents) did not refer to the images when asked what was hardest to handle about their child's victimization. Most mentioned other aspects of the crime such as a trusted person being the perpetrator, frustration with the criminal justice system, and feelings that they failed to protect their child. Also, most parents did not feel their children were very worried about the images, for a variety of reasons.
- The majority of CPP parents reported changes in their child's social behavior after the abuse. A small number of parents reported their child suffered from problems related to the abuse either sometimes or often in the past month. This included problems with fighting and aggression, inappropriate sexual behavior, and eating problems.
- All CPP parents said their children received counseling and most parents thought the counseling was helpful. Most had suggestions to improve counseling, for example counseling that addressed issues in addition to sexual abuse (e.g., substance abuse) and more accessible, affordable and longer-term options for counseling.
- Most CPP parents went to counseling themselves and all who went found it helpful for learning coping skills and being in an environment where they did not feel judged. However, many parents wanted financial assistance for their counseling and more convenient scheduling and locations.
- CPP parents expressed problems with the criminal justice system that included lack of compensation when parents had to take time off from work, need for help to deal with children's fears about testifying, more explanation of terms used in the court system and more sensitivity to mental health issues and developmental delays among child victims.
- Nearly all CPP parents were comfortable with how police, social workers, and others talked about and handled images. Still, about half saw problems. These included images not stored securely, lack of sensitivity by law enforcement during interactions with children and parents about images, children being required to identify themselves in images and parent distress when seeing images that included other victims.
- About three-quarters of parents described positive experiences with staff at a child advocacy center.
- Criminal charges were filed in most cases and most families had victim advocates who parents described as helpful and supportive.
- Most CPP parents had heard of restitution, about half had received awards with fewer actually collecting awarded money. About half had received victim compensation funds. One parent had retained an attorney for a civil suit. About one-third of families had made decisions regarding

victim notification laws and all opted to be notified if their children's images were found in cases of child pornography possession or distribution.

- Nearly all respondents said that it was very important to participate in research like this and that, knowing the questions, they would still agree to participate.

Overview

We recruited parents from two child advocacy centers and a parent support group to participate in interviews to gather information from parents of children who were depicted in sexually explicit photographs or videos (i.e., child pornography production, which we abbreviate as CPP). We asked parents about the impacts of the victimization, experiences with counseling, interactions with court, legal remedies (e.g. victim compensation, victim notification, restitution), professional and media responses, and advice to other parents. We also asked questions about images, such as whether the images were distributed and reactions to the images.

For comparison purposes, we also interviewed parents of children who experienced contact sexual abuse but were not photographed for child pornography. However, the sample size was too small to analyze whether statistically significant differences existed between parents whose children were depicted in child pornography (n=13) and those whose children were not (n=33). We focus on the responses of the CPP group of parents in the text portions of this report. However, for the information of readers we include data from the non-CPP parents in the tables. Due to the small sample size, these data should be considered exploratory. That being said, no survey we are aware of has asked parents of child pornography production victims these types of questions.

Sample Characteristics

Personal Characteristics

Most of the CPP parents were female and most were age 40 or older (see Table 3-5). About half were currently married and most were college graduates. The majority was non-Hispanic and White. Most had children in their household.

Table 3-5. Characteristics of Respondents

	CPP n = 13 % (n)	No CPP n=33 % (n)
<u>Respondent gender</u>		
Male	15 (2)	6 (2)
Female	85 (11)	94 (31)
<u>Respondent (parent) age</u>		

	CPP n = 13 % (n)	No CPP n=33 % (n)
Under 30	0 (0)	6 (2)
30 to 39	8 (1)	45 (15)
40 to 49	61 (8)	33 (11)
50 to 59	15 (2)	15 (5)
60 or older	8 (1)	0 (0)
Refused ^a	8 (1)	0 (0)
<u>Marital status</u>		
Married	54 (7)	36 (12)
Separated, divorced, widowed	39 (5)	45 (15)
Never married	0 (0)	18 (6)
Refused	8 (1)	0 (0)
<u>Highest level of education</u>		
High school grad or less	23 (3)	27 (9)
Some college or tech school	15 (2)	39 (13)
College grad	31 (4)	30 (10)
Graduate degree	23 (3)	3 (1)
Refused	8 (1)	0 (0)
<u>Hispanic or Latino</u>		
No	85 (11)	85 (28)
Yes	8 (1)	15 (5)
Refused	8 (1)	0 (0)
<u>Race</u>		
White	85 (11)	70 (23)
Black or African- American	0 (0)	18 (6)
American Indian or Alaska native	8 (1)	9 (3)
Something else	0 (0)	3 (1)
Refused	8 (1)	0 (0)
<u>Number of children currently in household</u>		
None	23 (3)	9 (3)
One or two	46 (6)	58 (19)
Three or more	23 (3)	33 (11)
Refused	8 (1)	0 (0)

^a Parents could refuse to answer any question

CPP = Child pornography production.

Characteristics of the Crime

We asked very few questions about the specifics of the crime; instead we asked general questions, such as the ages of children at the start of the abuse, how long the abuse lasted, and when the abuse was reported (see Table 3-6). Most of the victims were female, especially child pornography production victims. At the start of the abuse, most of them were teens, between the ages of 13 and 17. There was a wide range in how long the abuse lasted, with 15% of parents in the CPP group reporting the abuse lasted more than one year. All of the parents in the CPP group reported it lasting more than one day.

When we conducted the telephone interviews, most CPP parents reported that it had been more than one year since their first visit to the CAC. At the time of the interview, all of the children who were depicted in child pornography were older than 12.

Table 3-6. Characteristics of the Crime

	CPP n = 13 % (n)	No CPP n=33 % (n)
<u>Child gender</u>		
Male	8 (1)	27 (9)
Female	92 (12)	73 (24)
<u>Ages of child at start of abuse</u>		
5 or younger	15 (2)	27 (9)
6 to 12	15 (2)	51 (17)
13 to 17	69 (9)	21 (7)
<u>How long abuse to child went on</u>		
1 day or less	0 (0)	27 (9)
More than 1 day to 1 week	8 (1)	6 (2)
More than 1 week to 1 month	23 (3)	3 (1)
More than 1 month to 6 months	15 (2)	24 (8)
More than 6 months to 1 year	23 (3)	12 (4)
More than 1 year	15 (2)	24 (8)
Don't know	15 (2)	3 (1)
<u>How long since first CAC visit</u>		
6 months or less	8 (1)	12 (4)
More than 6 months to 1 year	8 (1)	27 (9)
More than 1 year	85 (11)	61 (20)
<u>Child's age at time of interview</u>		
12 or younger	0 (0)	51 (17)
13 to 17	77 (10)	36 (12)
18 or older	23 (3)	12 (4)

CPP = Child pornography production, CAC = child advocacy center

Impact of Incident

Parents answered a number of questions about how the abuse affected their child in the past month (see Table 3-7). Few CPP parents reported problems. The list below shows the percentage of CPP parents who said the abuse affected their child in the following ways *sometimes or often in the past month*:

- Problems with fighting and aggression (31%)
- Inappropriate sexual behavior (15%)
- Eating problems (15%)
- Physical problems with no known cause (15%)

- Suicidal thoughts (8%)
- Problems with drugs or alcohol (8%)
- Problems in school (8%)
- Hurting themselves (0)

Nearly all CPP parents (92%) said they noticed changes in their child's social behavior, either with peers or other adults, since learning of the abuse. We asked them to describe the types of changes they have noticed. The most common response was that their children became less social. Some children went from being outgoing to noticeably shy, while others were already shy and the abuse appeared to exacerbate this. Some parents said their children had improved over time, while others said that shyness continued to be a problem.

- "She was very outgoing and friendly, but since it was revealed, she has been more reserved and less social."¹⁵
- "She had always been very shy, but afterwards it was almost impossible for about 6 months to do anything ...She ... believed everyone thought badly of her."
- "[I] did not notice changes immediately; she was always shy at that age and wouldn't talk to strangers or teachers... That shyness continued for a year after this happened, but [now she is] comfortable, very outgoing."
- One parent said that her daughter, "actually interacts better because therapy taught her how to express herself."

Some parents said their children had changed who they socialized with.

- "She's changed her social interactions with anyone who is using drugs, cuts those people out of her life to stay away from drugs herself."

Other parents said their children had become more anxious or cautious about particular people or situations.

- "[My child] shows a lot of fear about kids and their dads."

We asked parents what they thought had been most upsetting or hardest to handle for their child. Parents had the following responses.

- Letting parents down, dealing with reactions and pain of parent, impact on family
- Loss of relationship (either romantic or familial) with the perpetrator, betrayal of trust
- Fear, feeling like they couldn't tell anyone or feeling responsible for what happened

¹⁵ Throughout, some quotations are slightly paraphrased to correct grammar and remove possibly identifying information.

- Feelings of injustice when the perpetrator was never punished or the victim was treated like a perpetrator

Table 3-7. Impact of Incident – Parents' Reports of Children's Reactions

	CPP n = 13 % (n)	No CPP n=33 % (n)
<u>Problems in school</u>		
Never	69 (9)	33 (11)
Rarely	0 (0)	30 (10)
Sometimes	0 (0)	15 (5)
Often	8 (1)	9 (3)
Don't know	15 (2)	3 (1)
Refused	8 (1)	9 (3)
<u>Physical problems with no known cause</u>		
Never	61 (8)	79 (26)
Rarely	8 (1)	0 (0)
Sometimes	15 (2)	12 (4)
Often	0 (0)	6 (2)
Don't know	15 (2)	3 (1)
<u>Inappropriate sexual behavior</u>		
Never	77 (10)	70 (23)
Rarely	0 (0)	12 (3)
Sometimes	8 (1)	9 (3)
Often	8 (1)	9 (3)
Don't know	8 (1)	0 (0)
<u>Fighting, aggression</u>		
Never	54 (7)	33 (11)
Rarely	15 (2)	27 (9)
Sometimes	15 (2)	27 (9)
Often	15 (2)	12 (4)
<u>Eating problems</u>		
Never	85 (11)	70 (23)
Rarely	0 (0)	6 (2)
Sometimes	0 (0)	18 (6)
Often	15 (2)	3 (1)
Don't know	0 (0)	3 (1)
<u>Hurting self</u>		
Never	92 (12)	82 (27)
Rarely	8 (1)	12 (4)
Sometimes	0 (0)	6 (2)
Often	0 (0)	0 (0)
<u>Suicidal thoughts or attempts</u>		
Never	77 (10)	64 (21)
Rarely	15 (2)	21 (7)
Sometimes	8 (1)	9 (3)
Often	0 (0)	3 (1)
Don't know	0 (0)	3 (1)
<u>Problems with drugs or alcohol</u>		

Never	77 (10)	94 (31)
Rarely	8 (1)	0 (0)
Sometimes	0 (0)	3 (1)
Often	8 (1)	3 (1)
Don't know	8 (1)	0 (0)
<u>Changes in child's social behavior with peers or adults</u>		
No	8 (1)	15 (5)
Yes	92 (12)	85 (28)

Impact on Parents

Using the Impact of Event Scale (IES), parents answered questions about their own posttraumatic symptoms related to the abuse. Parents answered 15 questions about the impact on them of what happened to their child during the past 7 days. One in five parents (21%) was classified as having moderate to severe impact from the abuse (see Table 3-8; for all responses, see Table 3-21).

Table 3-8. Parent Posttraumatic Symptoms

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Parent posttraumatic symptoms related to abuse</u>		
Mild or subclinical	80 (8)	78 (25)
Moderate or severe	20 (2)	21 (7)
Missing	23 (3)	3 (1)

CPP = Child pornography production; 3 cases missing because score could not be calculated due to missing data; See Table 17 for all responses to individual items.

Symptoms that were endorsed by a relatively high percentage of CPP parents are listed below. About half of CCP parents reported feeling the following ways often or sometimes in the past seven days:

- Thought about what happened when they didn't mean to (46%)
- Other things kept making you think about it (46%)
- Any reminders brought back feelings about it (46%)

We asked CPP parents, "Thinking about the sexual abuse, what upset you the most or has been hardest to handle?" Two parents specifically mentioned the pictures as the hardest aspect to handle. One parent said the fact that her daughter was sexually abused is horrible, but the fact that the perpetrator took pictures and shared them, and thinking they're still out there and are viewed, will always be a reality. Another mentioned shock of finding out about the images and that she was furious that a sex offenders

had harmed her daughter. Other CPP parents gave responses that did not mention the images. They said that the hardest aspect was:

- The perpetrator was a family member
- The perpetrator was not prosecuted
- The overall shock and frustration that someone did this to their child
- Feeling that they failed to protect their child.

Experiences with Counseling

All CPP parents said their child received counseling (see Table 3-9). About half said the counseling was very or more than a little helpful. Most parents really appreciated something the counselor did, with one parent saying that their child “is alive today because of it.” Things parents appreciated included helping their child open up and talk more and appreciating the rapport and connection the counselor developed with their child.

Despite the positive remarks about counseling, most CPP parents had suggestions for what the counselor could have done better. None of the suggestions had to do with how the images were handled during counseling. Suggestions had to do with:

- Doing more to help child recognize that he or she was not to blame
- Helping to address other issues, such as drug and alcohol problems
- Wanting more tangible help, additional services
- Wanting more scheduling options or the option to come back to counseling at a later point, since the child was not ready for counseling at that time

Table 3-9. Experiences with Counseling for Child

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Child received mental health counseling</u>		
No	0 (0)	15 (5)
Yes	100 (13)	85 (28)
<u>How helpful was counseling to child</u>		
Not at all or a little helpful	39 (5)	18 (6)
More than a little or very helpful	54 (7)	67 (22)
Don't know	8 (1)	0 (0)
Not applicable (Child did not receive counseling)	0 (0)	15 (5)
<u>Anything parent really appreciated about child's counseling</u>		
No	15 (2)	6 (2)
Yes	77 (10)	79 (26)
Don't know	8 (1)	0 (0)

	CPP n = 13 % (n)	No CPP n = 33 % (n)
Not applicable (Child did not receive counseling)	0 (0)	15 (5)
<u>Anything child's counselor could have done better or did that bothered child</u>		
No	31 (4)	51 (17)
Yes	61 (8)	33 (11)
Don't know	8 (1)	0 (0)
Not applicable (Child did not receive counseling)	0 (0)	15 (5)
<u>Child was prescribed medication for symptoms related to abuse</u>		
No	39 (5)	58 (19)
Yes	61 (8)	42 (14)
<u>Wanted any help for child that they did not receive</u>		
No	46 (6)	64 (21)
Yes	46 (6)	36 (12)
Don't know	8 (1)	0 (0)

CPP = Child pornography production

About 60% of CPP parents said that their child received medication to treat symptoms related to the abuse, with most taking an anti-depressant. Only two CPP parents mentioned that the medications had positive effects for their child. Generally parents mentioned concerning effects, such as gaining weight, numbing that kept their child from recovering, and reporting that their children didn't like the way they felt or that they didn't think the medication was producing any benefits.

About half of the CPP parents wanted help for their child that they did not receive. None of the help that was wanted had to do specifically with the child pornography production. Two parents mentioned group therapy; they believed it might have been good for their child to be able to talk to other kids in similar situations. Other needs included help with the legal side of things, alcohol and drug treatment, and that they wanted more counseling but their child wasn't interested.

Parent Counseling

Approximately two-thirds of CPP parents had talked with a counselor about what happened to their child and all thought it was helpful (see Table 3-10). Parents specifically appreciated:

- Learning coping skills
- Thinking about things in a different way
- Not feeling judged or treated like what happened was their fault
- Group therapy, meeting other parents in similar circumstances
- Having a minority cultural perspective understood

Despite the positive responses about counseling, some CPP parents thought the counselor could have done something better to help them. Parents wanted more convenient locations and times for counseling, counseling less focused on sexual abuse and more on other problems, and more immediate counseling. Three CCP parents had referrals to counseling but did not go because they were too busy or thought they didn't need it.

Several parents wanted additional help for themselves but did not get it. Parents mentioned that they would have liked to talk to other parents in similar situations, financial assistance to help pay for therapy, efforts to address the perpetrator and family counseling. Many mentioned how difficult the situation was and that they were considering parenting classes or therapy "when things settle down" or that they just needed more resources and support in general.

Table 3-10. Experiences with Counseling for Parent

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Parent has talked to counselor about what happened to child</u>		
No	31 (4)	42 (14)
Yes	69 (9)	58 (19)
<u>How helpful was counseling in helping parent understand and deal with</u>		
Not at all or a little helpful	0 (0)	6 (2)
More than a little or very helpful	69 (9)	52 (17)
Not applicable (Parent did not receive counseling)	31 (4)	42 (14)
<u>Anything parent really appreciated about counseling for parent</u>		
No	0 (0)	9 (3)
Yes	69 (9)	48 (16)
Not applicable (Parent did not receive counseling)	31 (4)	42 (14)
<u>Anything parent's counselor could have done better</u>		
No	39 (5)	27 (9)
Yes	31 (4)	30 (10)
Not applicable (Parent did not receive counseling)	31 (4)	42 (14)
<u>Received counseling referral for parent but did not go</u>		
No	0 (0)	12 (4)
Yes	23 (3)	30 (10)
Not applicable (Parent received counseling)	69 (9)	58 (19)
Don't know	8 (1)	0 (0)
<u>Wanted help for self that you did not get</u>		
No	54 (7)	49 (16)
Yes	39 (5)	49 (16)
Don't know	8 (1)	3 (1)

CPP = Child pornography production

Images Addressed at Counseling

We asked CPP parents whether images were addressed at counseling. Five parents said their counselor talked to them specifically about the images (see Table 3-11). Four parents said the counselor did something very helpful regarding the images. These included:

- Explaining the images, but not dwelling on them
- Helping parents to:
 - Understand the behavior of sex offenders
 - Understand a child's choices regarding how to handle the case
 - Handle anger about what happened
 - See that there was some good from the images because finding them led to rescue of the victim.

Only one parent mentioned something that the counselor could have done better to help them cope with the images. This parent was concerned that many parents in these situations had resulting problems in their sex lives and wished that was more openly addressed.

Only four parents knew that their child's counselor had specifically talked to child about the images, but parents did not know specifics about what was discussed.

Table 3-11. Images Addressed at Counseling

	CPP n = 13 % (n)
<u>Did counselor specifically talk to parent about the images</u>	
No	8 (1)
Yes	39 (5)
Don't know	15 (2)
Refused	8 (1)
Not applicable (Parent did not receive counseling)	31 (4)
<u>Was anything counselor did particularly helpful to help parent cope with images</u>	
No	8 (1)
Yes	31 (4)
Not applicable (Counselor did not talk to parent about images)	61 (8)
<u>Anything counselor could have done better to help parent cope with images</u>	
No	31 (4)
Yes	8 (1)
Not applicable (Counselor did not talk to parent about images)	61 (8)
<u>Did counselor specifically talk to child about the images</u>	
No	39 (5)
Yes	31 (4)
Don't know	23 (3)
Refused	8 (1)

<u>Rate counselor in helping child cope with images</u>	
Not at all or a little helpful	0 (0)
More than a little or very helpful	8 (1)
Don't know	23 (3)
Not applicable (Counselor did not talk to child about images)	69 (9)
<u>Anything counselor could have done better to help child in regards to images</u>	
No	8 (1)
Yes	0 (0)
Don't know	23 (3)
Not applicable (Counselor did not talk to child about images)	69 (9)

CPP = Child pornography production

Professional and Media Response

Three-quarters of CPP parents rated the child advocacy center that served them as very helpful (see Table 3-12). We asked parents to describe their first visit, including how they were treated, how their children were treated, and the overall environment. The majority of parents commented that they were pleased with how they were treated; many said they were treated in an exemplary manner, and treated respectfully, professionally and fairly. A few parents noted some concerns, however. They mentioned being asked not to speak with a child about what was going on, having to be ruled out as a perpetrator, and being in shock that was not relieved by the visit.

Most victims had a medical exam.

Nearly half of the CPP parents said there were media reports about their child's case. We asked parents to "describe how this publicity has affected you, your child and your family." Parents said that media often portrayed victims as at fault and included identifying details so that child victims were robbed of privacy and subjected to blame by their peers and the public. Some parents moved or took children out of school as a result.

Table 3-12. Professional and Media Response

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>How helpful were CAC staff members</u>		
Not at all helpful	8 (1)	3 (1)
A little helpful	15 (2)	12 (4)
More than a little helpful	0 (0)	3 (1)
Very helpful	69 (9)	76 (25)
Don't know	0 (0)	6 (2)
Missing	8 (1)	0 (0)
<u>Did child have medical exam</u>		

No	8 (1)	21 (7)
Yes	85 (11)	79 (26)
Don't know	8 (1)	0 (0)
<u>Media stories about child's case</u>		
No	54 (7)	79 (26)
Yes	46 (6)	18 (6)
Don't know	0 (0)	3 (1)

CPP = Child pornography production; CAC = child advocacy center

Interactions with Court

Most cases of child pornography production involved criminal charges against the abuser (see Table 3-13). Two-thirds of criminal cases involved victim advocates or support persons. Parents said most of advocates were very helpful and described them as reachable, understanding, responsive to questions, supportive and providing families with concrete services. However, one parent said the advocate was not at all helpful, gave little information to the family beyond the court date, and left the parent with a lot of confusing, time-consuming paperwork. Another parent wished the advocate had done more to protect them from the media. None of the CPP cases involved a guardian ad litem (GAL). Parents had these comments about improving the court system:

- Some wanted compensation to parents who have to take time off work.
- Others wanted help dealing with fears and uncertainty about having to testify.
- The language of courts was hard for some parents to understand; they wanted more explanation of terms.
- One mother felt that her daughter's mental health issues and developmental delays were not taken into account in how she was treated.

However, a couple of parents were grateful that their children did not have to testify and were shielded from court proceedings.

Table 3-13. Interactions with Court

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Have criminal charges been filed against abuser</u>		
No	15 (2)	27 (9)
Yes	85 (11)	67 (22)
Don't know	0 (0)	6 (2)
<u>Did child have a victim advocate during criminal proceedings</u>		
No	23 (3)	9 (3)
Yes	61 (8)	45 (15)
No criminal proceedings yet	0 (0)	6 (2)
Don't know	0 (0)	6 (2)

Not applicable (No criminal proceedings)	15 (2)	33 (11)
<u>How helpful was the advocate</u>		
Not at all or a little helpful	8 (1)	12 (4)
More than a little or very helpful	54 (7)	30 (10)
Don't know	0 (0)	3 (1)
Not applicable (No victim advocate or support person)	39 (5)	55 (18)
<u>Anything really appreciated about how advocate helped child</u>		
No	23 (3)	4 (4)
Yes	39 (5)	33 (11)
Not applicable (No victim advocate or support person)	39 (5)	55 (18)
<u>Anything advocate could have done better</u>		
No	39 (5)	27 (9)
Yes	15 (2)	18 (6)
Don't know	8 (1)	0 (0)
Not applicable (No victim advocate or support person)	39 (5)	55 (18)
<u>Was a GAL appointed for child during criminal proceedings</u>		
No	69 (9)	39 (13)
Yes	0 (0)	12 (4)
No criminal proceedings yet	0 (0)	6 (2)
Don't know	8 (1)	9 (3)
Refused	8 (1)	0 (0)
Not applicable (No GAL was appointed)	15 (2)	33 (11)
<u>How helpful was the GAL</u>		
Not at all or a little helpful	0 (0)	6 (2)
More than a little or very helpful	0 (0)	6 (2)
Not applicable (No GAL was appointed)	100 (13)	88 (29)
<u>Anything really appreciated about how GAL helped child</u>		
No	0 (0)	6 (2)
Yes	0 (0)	6 (2)
Not applicable (No GAL was appointed)	100 (13)	88 (29)
<u>Anything GAL could have done better</u>		
No	0 (0)	6 (2)
Yes	0 (0)	6 (2)
Not applicable (No GAL was appointed)	100 (13)	88 (29)

CPP = Child pornography production; GAL = Guardian ad litem

Disclosure, Distribution, and Knowledge of Images

We asked CPP parents additional questions about disclosure, dissemination, and knowledge of images. Most of their children had disclosed abuse at the same time the pictures were discovered, but some had disclosed before the pictures were found and some after (see Table 3-14). All of the parents we talked to said that their children knew the images existed and most children had seen the images. About 40% of parents (n=5) said that the images were distributed on the internet; about one-third (n=4) said they were not distributed online; and the remainder did not know.

Parents found out about the images in a variety of ways, including from the police, a family member, their child's school, finding the images themselves, and their child telling them. About 60% of CPP parents had not seen the images, with some parents saying that they never wanted to see them.

Professional Response to Images

About three-quarters of CPP parents were mostly or very comfortable with how the police, social workers and others talked about or showed images (see Table 3-14). However, about half of parents said there was something they would change, including:

- An unauthorized court system employee viewed images.
- A police officer was rude and lacked in social skills to deal with children and families in crisis.
- People did not talk sensitively about images; treated them as "just evidence."
- Children had to identify themselves in images during forensic interviews.
- A parent was shown images of other children who also were photographed.
- A counselor told a child to "just not think about it."

Reactions to Images

We asked parents, "Can you tell me about some of the reactions your child has had to the images, starting with her/his first reactions?" Parents reported a wide range of reactions, including:

- Several parents did not know; children had not talked about it and parents had not brought it up.
- Several said their children were upset, shocked and ashamed, and did not want their families to see them as they were portrayed in the images.
- Several said their child did not view what happened as criminal. They were in love with the perpetrators and more upset that relationships had ended.
- One parent said the focus has been more on the contact sexual abuse that occurred and the fact that the perpetrator was a family member.

We also asked CPP parents, "How have your child's feelings changed?" Again, several parents did not know, since they had not specifically discussed this with their children. Others parents said their children had developed more understanding about what happened, how they were exploited, and why police were involved.

We asked parents, "Is there anything about these images that your child worries about?" Some parents said their children were not very worried about images. In some cases, parents were sure the images were destroyed or would never be distributed. In some cases parents said their children did not understand that images could be permanent. However, most said they did not know if their child worried. Similarly, some parents said they, themselves, did not worry about the images; they were sure the images were destroyed or understood the possibility of distribution was very slight or that it was not likely the child would be recognized if this happened. However, some parents were quite worried; one parent got upset just thinking about it and another worries where the images could end up. One parent worries they could be held against her daughter down the road.

Table 3-14. Distribution of Images

	CPP n = 13 % (n)
<u>Perpetrator(s) shared images</u>	
No	23 (3)
Yes	39 (5)
Don't know	39 (5)
<u>Images distributed on the internet</u>	
No	31 (4)
Yes	39 (5)
Don't know	31 (4)
<u>Child knows images exist</u>	
No	0 (0)
Yes	100 (13)
<u>Child has seen images</u>	
No	8 (1)
Yes	85 (11)
Don't know	8 (1)
<u>How parents found out about the images</u>	
Notified by police	46 (6)
Some other way	54 (7)
<u>Parent has seen images</u>	
No	61 (8)
Yes	39 (5)
<u>Parent would change how CAC talked about or handled images</u>	
No	46 (6)
Yes	46 (6)
Don't know	8 (1)
<u>How comfortable was the parent with how police, etc., talked about or showed images?</u>	
Very uncomfortable	8 (1)
Mostly uncomfortable	8 (1)

Mostly comfortable	8 (1)
Very comfortable	69 (9)
Don't know	8 (1)

Legal Remedies

We asked CCP parents about legal remedies they may have been able to access, including restitution, victim compensation, civil suits, victim rights and notification laws.

Restitution

Most CPP parents (10 out of 13) had heard of restitution and restitution had been ordered in 6 of these 10 cases (see Table 3-15). Of those, half of the parents (1 in 4 parents overall) had received some money. Some parents noted there was often no money available in these cases because the perpetrator would be in jail for many years, the perpetrator's assets were jointly owned and protected by law, or the perpetrator's family and friends dissipated assets before restitution could be ordered. Parents had these suggestions for improving the process for obtaining restitution:

- Including college educational needs
- Having ways to preserve the perpetrator's assets so that awards can be paid
- More explanation of the award process
- Easier access to information about how to obtain restitution
- Requiring perpetrators to pay for all expenses, not just what insurance does not cover

Table 3-15. Restitution

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Aware of restitution</u>		
No	23 (3)	55 (18)
Yes	77 (10)	18 (6)
Don't know	0 (0)	21 (7)
Missing	0 (0)	6 (2)
<u>Has abuser in child's case been convicted</u>		
No	23 (3)	33 (11)
Yes	61 (8)	33 (11)
Not applicable (No criminal proceedings)	15 (2)	33 (11)
<u>Did court order restitution</u>		
No	15 (2)	24 (8)
Yes	46 (6)	9 (3)
Not applicable (Abuser not convicted)	39 (5)	67 (22)

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Have you been able to collect any restitution</u>		
No	23 (3)	6 (2)
Yes	23 (3)	3 (1)
Not applicable (Court did not order restitution)	54 (7)	91 (30)
<u>Do you have suggestions for improving restitution process</u>		
No	8 (1)	18 (6)
Yes	39 (5)	15 (5)
Don't know	8 (1)	0 (0)
Refused	8 (1)	0 (0)
Not applicable (Abuser not convicted)	39 (5)	67 (22)

CPP = Child pornography production

Victim Compensation

Most parents knew about victim compensation funds and half had received compensation (see Table 3-16). When asked for suggestions for improving the compensation process, parents commented:

- It should be easier to understand how to obtain compensation
- Parents need more assistance to apply for compensation because they may be too overwhelmed by the criminal justice process to handle this on their own
- Victim pain and suffering should be automatically part of victim compensation
- Compensation should cover costs fully
- Victim compensation should pay for parent and family counseling as well as victim counseling

Table 3-16. Victim Compensation

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Heard about state victim compensation funds</u>		
No	8 (1)	30 (10)
Yes	85 (11)	64 (21)
Don't know	8 (1)	6 (2)
<u>Able to apply for victim compensation</u>		
No	23 (3)	27 (9)
Yes	61 (8)	36 (12)
Not applicable (Has not heard of victim compensation)	15 (2)	36 (12)
<u>Received any victim compensation</u>		
No	8 (1)	12 (4)
Yes	54 (7)	24 (8)
Not applicable (Did not apply for victim compensation)	39 (5)	64 (21)
<u>Do you have suggestions for improving the compensation</u>		

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>process</u>		
No	31 (4)	12 (4)
Yes	54 (7)	51 (17)
Not applicable (Has not heard of victim compensation)	15 (2)	36(12)

CPP = Child pornography production

Civil Suits

Nearly half of CPP parents knew abusers can be sued in civil court, but only one parent had retained an attorney for such a suit and that suit had not been filed yet (see Table 3-17). Parents who did not retain attorneys for civil suits described reasons for not doing so such as exhaustion after criminal proceedings, inability to think long-term during that time, and not wanting to put the victim through that process.

Table 3-17. Civil Suits

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Aware that sexual abusers can be sued in civil court</u>		
No	54 (7)	67 (22)
Yes	46 (6)	18 (6)
Don't know	0 (0)	9 (3)
Refused	0 (0)	6 (2)
<u>Retained a civil attorney to sue abuser</u>		
No	39 (5)	15 (5)
Yes	8 (1)	3 (1)
Not applicable (Not aware of civil court options)	54 (7)	82 (27)
<u>Has suggestions for improving process for suing in civil court</u>		
No	8 (1)	0 (0)
Yes	23 (3)	12 (4)
Missing / Not applicable (Not aware of civil court options)	69 (9)	88 (29)

CPP = Child pornography production

Victims' Rights and Notification Laws

Three families had retained victims' rights attorneys (see Table 3-18) and five were aware of victim notification laws (see Table 3-19). One-third of parents had signed notification forms and all opted to be notified. These parents wanted to know if and how often images were being traded as a way of feeling like they had some degree of control over the situation. One parent described wanting to compensate for not knowing what was happening to her child when the crime was being committed. Another parent felt like it is her job to be notified so she could give this information to her child when she turns 18.

Another parent thought that she couldn't control images being out there, but could know if they showed up at least.

Two parents had received notifications and had participated in prosecutions. Neither of these parents had cases where courts had ordered a CP possessor to pay restitution nor had either retained an attorney to sue a CP possessor who had their child's image.

Table 3-18. Victims' Rights Attorney

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>Retained a victims' rights attorney</u>		
No	77 (10)	85 (28)
Yes	23 (3)	0 (0)
Don't know	0 (0)	12 (4)
Refused	0 (0)	3 (1)

Note: CPP = Child pornography production

Table 3-19. Notification Laws

	CPP n = 13 % (n)
<u>Parent/victim aware of victim notification laws</u>	
No	31 (4)
Yes	39 (5)
Don't know	31 (4)
<u>Signed notification form</u>	
No	8 (1)
Yes	31 (4)
Not Applicable (unaware of victim notification)	61 (8)
<u>Decided to be notified or not</u>	
Not notified	0 (0)
Notified	31 (4)
Not Applicable (did not receive/sign notification form)	69 (9)
<u>Notified of any prosecutions</u>	
No	15 (2)
Yes	15 (2)
Not Applicable (did not choose to be notified)	69 (9)
<u>Parent or child participated in any prosecutions</u>	
No	0 (0)
Yes	15 (2)
Not Applicable (not notified of any prosecutions)	85 (11)

<u>Court ordered an offender to pay restitution to child</u>	
No	15 (2)
Yes	0 (0)
Not Applicable (not involved in any prosecutions)	85 (11)
<u>Retained civil attorney to sue someone who possessed images of child</u>	
No	15 (2)
Yes	0 (0)
Not Applicable (did not participate in any prosecutions)	85 (11)

Advice We Heard from Parents

We asked parents, “Is there anything else you would like us to know about how your child’s case could have been handled better?” The responses described needs for more training for the police, more involvement by the district attorney, more information about what was happening with the case and more services for families, especially when the perpetrator is family member.

We asked parents, “If you could give a piece of advice to families going through a similar situation, what would it be?” Nearly all parents mentioned the importance of being proactive and reaching out, getting help, and taking steps to take care for themselves, as illustrated in the following examples:

- “It is a difficult and distressing thing to get through, but [you] can get through it and help [your]child get through it. Evidence shows that a strong, supportive parent is one of the number one things that helps a child.”
- “Take care of yourself in order to be there for your kid, talk about it, find resources for your child, you and your family. Get help for everybody because it affects the whole family in different ways.”
- “Be patient. It’s like pieces of a puzzle. Most parents want all the answers right away, but you have to give it time and these pieces of the puzzle will make sense.”
- “Hold on tight to each other and try to stay together as a family. Keep lines of communication open.”

Experience Participating in Research

We asked parents a few questions at the end of the interview about what it was like to participate in this research study (see Table 3-20). All parents said it was very or more than a little important to participate in research like this to help other families who have experienced these kinds of problems. We asked parents, “Knowing now what was in the survey, would you still have agreed to do it?” All but one respondent, who did not have time to finish the interview, said yes. We also asked parents, “How upsetting were the questions in the survey,” and the majority said the questions were not at all or only a

little upsetting. Numerous parents also made spontaneous remarks that they appreciated having the chance to participate and were glad that someone was making the effort to research this issue.

Table 3-20. Experiences Participating in Research

	CPP n = 13 % (n)	No CPP n = 33 % (n)
<u>How important to participate in research</u>		
Not at all important	0 (0)	0 (0)
A little important	0 (0)	0 (0)
More than a little important	8 (1)	6 (2)
Very important	85 (11)	94 (31)
Missing	8 (1)	0 (0)
<u>Knowing the questions, would still agree to participate</u>		
No	0 (0)	0 (0)
Yes	92 (12)	100 (33)
Missing	8 (1)	0 (0)
<u>How upsetting were questions in survey</u>		
Not at all upsetting	69 (9)	85 (28)
A little upsetting	15 (2)	12 (4)
More than a little upsetting	8 (1)	3 (1)
Very upsetting	0 (0)	0 (0)
Missing	8 (1)	0 (0)

Limitations

The findings of the Parent Telephone Survey are limited for several reasons. First, the sample was generated from cases at two child advocacy centers (CACs) and a parent support group. The sample, therefore, is not a representative sample of all parents of child pornography production victims. Further, we do not know how frequent cases are that would be missed by our sampling method because the families are not involved either with a child advocacy center or a parent support group. When we were in the process of recruiting CACs to participate in this project, we learned that most did not code cases involving children depicted in child pornography in a consistent manner and therefore most CACs could not identify a sample of CPP cases. This limited the pool of CACs who could participate in the study and the two that participated may not represent the full population of CACs. Second, the sample size that is quite small. Therefore, we were unable to conduct tests of statistical significance and could not explore whether the CPP and non-CPP parents were significantly different from each other. Due to the small sample size, these data should be considered exploratory.

Table 3-21. Parent Posttraumatic Symptoms Related to Abuse (Impact of Events Scale)

	CPP n = 13 % (n)	No CPP n = 33 % (n)	All n = 46 % (n)
<u>Parent posttraumatic symptoms related to abuse</u>			
Mild or subclinical	80 (8)	78 (25)	71 (33)
Moderate or severe	20 (2)	21 (7)	19 (9)
Missing	23 (3)	3 (1)	9 (4)
<u>Impact on Parent (past 7 days):</u>			
<u>You thought about what happened when didn't mean to</u>			
Not at all	23 (3)	18 (6)	20 (9)
Rarely	23 (3)	27 (9)	26 (12)
Sometimes	15 (2)	18 (6)	17 (8)
Often	31 (4)	36 (12)	35 (16)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>You avoided getting upset when you thought about it</u>			
Not at all	46 (6)	36 (12)	39 (18)
Rarely	23 (3)	15 (5)	17 (8)
Sometimes	8 (1)	27 (9)	22 (10)
Often	15 (2)	18 (6)	17 (8)
Don't know	0 (0)	3 (1)	2 (1)
Missing	8 (1)	0 (0)	2 (1)
<u>You tried to remove it from memory</u>			
Not at all	85 (11)	82 (27)	83 (38)
Rarely	8 (1)	9 (3)	9 (4)
Sometimes	0 (0)	9 (3)	7 (3)
Often	0 (0)	0 (0)	0 (0)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>You had trouble falling or staying asleep because of it</u>			
Not at all	77 (10)	67 (22)	70 (32)
Rarely	0 (0)	12 (4)	9 (4)
Sometimes	0 (0)	6 (2)	4 (2)
Often	8 (1)	15 (5)	13 (6)
Don't know	8 (1)	0 (0)	2 (1)
Missing	8 (1)	0 (0)	2 (1)
<u>You had waves of strong feelings about it</u>			
Not at all	39 (5)	39 (13)	39 (18)
Rarely	23 (3)	30 (10)	28 (13)
Sometimes	23 (3)	15 (5)	17 (8)

	CPP n = 13 % (n)	No CPP n = 33 % (n)	All n = 46 % (n)
Often	8 (1)	15 (5)	13 (6)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>You had dreams about it</u>			
Not at all	69 (9)	82 (27)	78 (36)
Rarely	15 (2)	3 (1)	7 (3)
Sometimes	0 (0)	9 (3)	7 (3)
Often	0 (0)	6 (2)	4 (2)
Don't know	8 (1)	0 (0)	2 (1)
Missing	8 (1)	0 (0)	2 (1)
<u>You stayed away from reminders about it</u>			
Not at all	61 (8)	61 (20)	61 (28)
Rarely	0 (0)	18 (6)	13 (6)
Sometimes	15 (2)	12 (4)	13 (6)
Often	8 (1)	9 (3)	9 (4)
Don't know	8 (1)	0 (0)	2 (1)
Missing	8 (1)	0 (0)	2 (1)
<u>You felt as if it hadn't happened or wasn't real</u>			
Not at all	92 (12)	79 (26)	83 (38)
Rarely	0 (0)	18 (6)	13 (6)
Sometimes	0 (0)	3 (1)	2 (1)
Often	0 (0)	0 (0)	0 (0)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>You tried not to talk about it</u>			
Not at all	54 (7)	67 (22)	63 (29)
Rarely	15 (2)	3 (1)	7 (3)
Sometimes	23 (3)	15 (5)	17 (8)
Often	0 (0)	15 (5)	11 (5)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>Pictures about it popped into your head</u>			
Not at all	54 (7)	61 (20)	59 (27)
Rarely	31 (4)	21 (7)	24 (11)
Sometimes	0 (0)	15 (5)	11 (5)
Often	8 (1)	3 (1)	4 (2)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>Other things kept making you think about it</u>			

	CPP n = 13 % (n)	No CPP n = 33 % (n)	All n = 46 % (n)
Not at all	23 (3)	36 (12)	33 (15)
Rarely	23 (3)	24 (8)	24 (11)
Sometimes	31 (4)	33 (11)	33 (15)
Often	15 (2)	6 (2)	9 (4)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>You were aware of a lot of feelings, but you did not deal with them</u>			
Not at all	61 (8)	79 (26)	74 (34)
Rarely	15 (2)	3 (1)	7 (3)
Sometimes	15 (2)	6 (2)	9 (4)
Often	0 (0)	12 (4)	9 (4)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>You tried not to think about it</u>			
Not at all	46 (6)	39 (13)	41 (19)
Rarely	31 (4)	27 (9)	28 (13)
Sometimes	15 (2)	18 (6)	17 (8)
Often	0 (0)	15 (5)	11 (5)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)
<u>Any reminders brought back feelings about it</u>			
Not at all	8 (1)	27 (9)	22 (10)
Rarely	31 (4)	21 (7)	24 (11)
Sometimes	31 (4)	36 (12)	35 (16)
Often	15 (2)	15 (5)	15 (7)
Don't know	8 (1)	0 (0)	2 (1)
Missing	8 (1)	0 (0)	2 (1)
<u>Your feelings about it were kind of numb</u>			
Not at all	85 (11)	73 (24)	76 (35)
Rarely	8 (1)	9 (3)	9 (4)
Sometimes	0 (0)	12 (4)	9 (4)
Often	0 (0)	6 (2)	4 (2)
Don't know	0 (0)	0 (0)	0 (0)
Missing	8 (1)	0 (0)	2 (1)

Findings from Child Telephone Interviews

Executive Summary of Findings

- Teens particularly valued help from supportive friends and family. They appreciated encouragement to disclose the crime, warm gestures (e.g., hugs, comforting statements), support at court hearings, being listened to, and positive distractions that helped them feel “normal.” Religious youth appreciated prayers.
- Most teens found counseling helpful. In particular they appreciated not feeling judged. Most could cite specific responses taught to them by counselors to relieve anxiety, for example journaling, breathing exercises.
- Some teens felt counseling did not help them. They were uncomfortable answering questions about the crime, worried about confidentiality, or still felt considerable distress despite the counseling sessions.
- Most teens said they had made changes to help themselves, including becoming more active at school and finding new friends.
- Several teens said their cases were the subject of media reports and all of them described distressing experiences with the media coverage.
- Teens described mixed experiences with forensic interviewers. Some described interviewers at law enforcement agencies as understanding and supportive, but several said forensic interviews were distressing because they had to describe crimes in great detail, were interviewed on multiple occasions, were videotaped, or were treated rudely. Teens wanted to be treated more gently, given more time, be questioned by someone they felt they could trust, not feel forced.
- Most teens had undergone medical exams and, while noting these were uncomfortable, most did not have complaints about how they were treated by medical practitioners.
- Teens wanted parents to believe them, be comforting, avoid anger or over-reaction, respect their privacy, and refrain from pressuring them to talk about what happened.
- When asked to advise other kids how to help teens in situations like theirs, the respondents emphasized how important it was for friends to advocate for disclosure and honesty. They also advised friends not to ask a lot of questions, but to offer comfort, cheer and distraction.
- All of the teens said it was very or more than a little important to “participate in research like this to help other kids with these kinds of problems.” They all answered yes when we asked, “Knowing now what was in the survey would you still have agreed to do it?” and they all said no when we asked if answering the questions in the survey was upsetting.

Overview

We conducted telephone interviews with 11 young people who had experienced sexual abuse, including three who were photographed in child pornography (CP), to get their opinions about helpful and unhelpful ways that professionals (e.g., counselors, law enforcement, medical practitioners), parents and friends responded to them after the abuse was disclosed. We collected information from teen respondents about age and gender, but not about other personal characteristics or the characteristics of the crimes they endured. According to parents, who we interviewed prior to the youth interviews, three of the teen respondents had been depicted in sexual images. However, we do not provide separate information about those teens to avoid disclosing possibly identifying information, and because the number is too small to result in meaningful comparisons. None of the teens we spoke with brought up specifics about the crime committed against them during the interviews and the researchers could not discern any differences in responses between the teens who were photographed and those who were not.

These teens comprise a convenience sample, as with other components of the surveys we conducted. Thus, the findings reported here are not generalizable to the larger group of teen survivors of child sexual abuse, but portray the experiences of this specific group.

Sample Characteristics

The young people were all teens, ages 13 to 17, and all girls (see Table 3-22).

Table 3-22. Characteristics of Child Participants

	n = 11 % (n)
<u>Age</u>	
13	27 (3)
14	18 (2)
15	9 (1)
16	18 (2)
17	27 (3)
<u>Gender</u>	
Male	0
Female	100 (11)
<u>Depicted in sexual images</u>	
Yes	27 (3)
No	73 (8)

Persons Who Most Helped the Teens

We started the teen interview by asking, “I have some questions about people and things that have helped you. Could you think back to when people first found out about what happened to you? Was there a person who really helped you to get through that time?” All of the teens said yes to this question. When we asked who that person was, teen identified:

- Their mothers (45%, n=5)
- A friend (27%, n=3)
- Siblings (18%, n=2)
- School staff (18%, n=2)

When we asked, “What did they do that really helped?” teens said:

- Encouragement to disclose the abuse
 - A friend who went with the teen when she told her parents
 - A mother who believed her daughter and helped her go to the police
- Comfort
 - Friends “just comforted me and they let me know they were there for me and I wasn’t going through everything alone”¹⁶
 - A mother who “said things that helped like, ‘It will be okay’”
- Positive distractions
 - “...everyone wanted to ask questions about it but I just wanted to feel normal. My sister just talked to me about normal things so I didn’t feel so weird.”

Support from adults at school, including staff that came in on a day off after finding out what had happened and staff who checked in frequently with a respondent to see how she was doing.

Experiences with Counseling

We asked a series of questions about respondents’ experiences with counseling. First we asked, “Did you talk to a counselor after people found out about what happened? (I mean someone you visited, probably in an office, who talked to you about your feelings about what happened.)” All but one respondent said yes (see Table 3-23). Most teens had seen a counselor for more than three sessions and most found the sessions helpful.

¹⁶ Throughout, some quotations are slightly paraphrased to correct grammar and remove possibly identifying information.

Most teens provided more details about their access to counseling.

- Three respondents saw both private and school counselors.
- Three noted difficulties with access, for example difficulties finding a counselor and getting to counseling.
- Two did not want to talk to counselors. One of these did not attend counseling, but the other did.

Most respondents said the counselor helped them “feel better about what happened.”

- Three respondents emphasized how important it was to speak with someone who did not judge, blame or question them about their actions. For example, one teen described how the counselor reminded her that it wasn’t her fault, but without asking questions about why she did or did not do certain things, while other people would say the same thing, but then ask her why she didn’t do something about it. Another appreciated, “...having someone to talk to, who doesn’t judge... lets you know your opinions are okay.”
- One respondent found seeing a counselor “comforting.” Another found it helpful that the counselor talked to her about “what it could’ve been like [if the crime had not been disclosed].”
- Two teens said that, while counseling helped, they were “still trying to get through it” as one teen stated.
- Two teens did not find counseling helpful. One had only been able to attend one session and wanted to talk more to someone but had not been able to. The other said the counselor, “only brought up the negative.”

We asked the ten teens who attended counseling if they could, “tell about something the counselor taught you that helped when you felt anxious, upset or unhappy.” Three teens could not think of anything. But the others mentioned specific coping mechanisms that counselors taught them, including

- Keeping a journal to write down thoughts and feelings instead of dwelling on what happened
- Breathing exercises
- Specific activities to relieve anxiety
- Reviewing a list of positive statements
- Religious activities
- Further counseling, if needed

We asked teens if there were other ways counselors helped them. Several respondents mentioned additional helpful responses.

- “... went through all the details of what happened in the situation”

- Talked about other things that were bothering the respondent, not just the abuse. Helped her to understand why “other people do certain things, like why they react in certain ways”
- Gave respondent something to squeeze when she got mad instead of clenching her fists
- Took respondent for walks
- Artwork

We also asked how or why a counselor did not help. Two teens described feeling uncomfortable when counselors asked about details of the crime. One worried about confidentiality because the counselor wrote down what the teen was saying. One teen said, “Just didn’t help all the way. It wasn’t anything in particular that the counselor did or did not do.” Also, while four teens appeared to have positive feelings from the beginning about attending counseling, others expressed ambivalence. For example,

- One respondent, when she had to go the first time really did not want to. She thought she hated counselors, but her experience was positive.
- Another said she wasn’t against it at the beginning, but was not looking forward to it either. Once she started, she realized “it wasn’t the way they make therapy look on TV.” She became comfortable and liked going.
- A third noted she had to be in the right mood to go to counseling and “I have to go if it’s already planned.” But she “doesn’t mind going, usually.”
- Two teens said they just did not like counselors. One said, “Whenever I’m in a good mood, I don’t want to sit there and talk about it.” She felt that counselors focus “on the negative, dwell on the past,” when she just wants to move on. The other respondent said she preferred to talk to family and friends.

Table 3-23. Experiences with Counseling

	n = 11 % (n)
<u>Talked to a counselor after incident</u>	
Yes	91 (10)
No	9 (1)
<u>Number of times saw counselor</u>	
1 time	9 (1)
More than 3 times	82 (9)
Did not see counselor	9 (1)
<u>Did the counselor help you feel better about what happened?</u>	
Yes	73 (8)
No	18 (2)
Not applicable (Did not see counselor)	9 (1)

Other Helpful People and Self-Help

We asked about other helpful people, "Thinking about the people who knew what happened to you, is there anyone else who really helped you?" When the teen said yes, we asked them to specify "who the other helpful person was and what they did."

Most teens (82%, n=9) said there was someone else who really helped (see Table 3-24). Almost all described supportive family members and friends who "were there" for respondents.

- One told of a sibling who urged the respondent to tell her mother and helped her to see that if she didn't tell, the perpetrator "would probably do it again."
- Two respondents described small gestures by family members—being hugged, comforting phone calls.
- One said that family and friends supported her at court hearings, check to see if she was okay and invite her to do things to get her mind off of what had happened.
- Another teen said her mother was helped her by learning to listen without asking questions.
- One teen found comfort in people from her religion who prayed and read scriptures with her.

Almost all of the teens (91%, n=10) said yes when asked the following, "Sometimes when bad things happen, people make changes in their lives or do things for themselves that help. Is there anything you did on your own or changed that really helped you?"

- Four respondents said they became more active, for example, joining clubs at school to keep busy, playing sports, drawing, painting, writing
- Two said they changed the people they hung out with; another said she made an effort to "behave better at school"
- One moved and changed schools
- One said she helped herself "by trying to forget what happened, not thinking about it"
- Others said they were planning to go on medication or use techniques to calm themselves

Table 3-24. Other Helpful People and Self-Help

	n = 11 % (n)
<u>Is there someone else who really helped?</u>	
Yes	82 (9)
No	18 (2)
<u>Is there anything you did on your own that really helped?</u>	
Yes	91 (10)
No	9 (1)

Media Stories

Four respondents answered yes when we asked, “Sometimes when young people are in this situation, there are stories about it in newspapers or on TV or on the radio. Did this happen to you?” All four described distressing experiences.

- One said the story was on television and even though they did not give her name, everyone at her school knew she was the victim.
- Another said, “On the news, all over the internet. It was really embarrassing. It still comes up and it’s still embarrassing.”
- A third said, “It hurt a lot.” She tells herself that only she knows the true story and believes “the truth will come to light.”
- The fourth respondent who had to cope with media stories said she tries not to let it bother her because there is nothing she can do about it.

Police Interviews and Medical Examinations

All of the teen respondents had been interviewed by the police about what happened (see Table 3-25). We asked teens to comment on these interviews. Three gave relatively neutral comments, stating simply that they talked to police as part of what happened.

- Two respondents volunteered that the interviewers “were nice, can’t think of anything they could have done better” and “they were understanding, listened”
- The remaining teens described upsetting experiences, for example
 - “It was scary to be interviewed by police because [I] had to tell them all that happened, show them, explain how he did it.”
 - Another was interviewed “by so many people... by police twice [with tape recorders], then again in some little room with video cameras... Not cool!” The respondent said she was nervous and rambling during the interviews.
 - One teen was interviewed at a child advocacy center by a woman who made her feel “really uncomfortable.” The respondent understood police needed to know a lot of details but said the interviewer was not nice about it.
 - Another said the interview “didn’t go well. I wouldn’t want to remember it at all – just the way [the interviewer] looked at me... she was rude.”

We asked the respondents, “What might make it easier for kids who have to answer questions in these situations?” Some teens did not have suggestions or said “it was uncomfortable because of the situation” and “they just have to ask questions that need to be asked.” Other respondents suggested:

- “It would help to have a one-on-one person that kids can really trust.”

- “Don’t ask so many questions at once, give [kids] space to breathe.”
- “Don’t make kids feel like they did something wrong.”
- “Not asking so roughly; be a bit nicer. They were very loud and rude.” This respondent said she “thought it would go away quicker” if she didn’t tell, so she did not want to say anything at first. She felt police forced her to talk. She acknowledged “it’s their job, but they weren’t too nice about it.”
- Another respondent wished the police interviewer had made her feel better about the situation and comforted her when she cried. “Instead, she just sat there and looked... when [I] was crying and handed [me] some tissues.”

In addition to being interviewed by police, most respondents (82%, n=9) had also seen a doctor “because of what happened.” Several said the medical exam was awkward and uncomfortable because of, as one explained, “some of the places they looked.” However, most did not have complaints about how they were treated. One respondent said the medical exam was better than the police interview because the doctor did not make her feel like she had done something wrong. Another appreciated that she was allowed to have her mother with her.

We asked teens, “What would you say to doctors about how they can make it easier for kids who have to see them in these situations?” Two teens suggested:

- “Be sure not to make kids feel like they did anything wrong.”
- “They rushed into it and went straight into asking questions, which made it more awkward. It would have been better to have a few minutes to get to know them before having to answer those types of questions.”

Table 3-25. Other Helpful People and Self-Help

	n = 11 % (n)
<u>Were you interviewed by police about what happened</u>	
Yes	100 (11)
No	0
<u>Did you see a doctor because of what happened</u>	
Yes	82 (9)
No	18 (2)

Reactions from Parents and Friends

We asked respondents an open-ended question about parents. “Parents can be really helpful, but sometimes they make things harder for kids. What would you say to parents about how they can help when kids are in this situation?” Teens gave a variety of responses.

- “Talk to [kids] one-on-one without arguing. Don’t yell or get mad, don’t over-react.”
- “Parents need to be understanding of decisions kids make afterwards, such as being accepting of who they want to be in a relationship with.”
- “Believe everything your kid says, just believe it.”
- “Believe in your child because some parents don’t believe that their child was in danger.”
- “Be very supportive. Even when it’s hurtful to [parents], too, they should be sensitive about how the [child] feels.”
- Two respondents felt parents were too focused on what happened. One wished her parent would keep it more private. The other said, “Parents shouldn’t bring it up all the time, but even when they don’t bring it up they are upset and the kids know why so it doesn’t help. Try to focus on something else and not just on that problem.”
- Another urged parents to wait until kids are ready to talk. “...whenever something like this happens you need to give [kids] their space because it’s a really touchy subject.”
- Two teens urged parents to “comfort your kids, be there for them.”

We also asked, “What would you tell other kids about how they can help when things like this happen?”

- The most common response was to advise friends to step forward when they know teens that are in abusive situations and to press teens to disclose and be honest. Respondents said,
 - “Help them to know they should stay away from that person [the offender] and tell [an adult] they trust. Tell that person right away.”
 - “If [kids] are in serious trouble, then tell their parents.”
 - “Remind them that anyone finding out now, like their parents, is better than finding out later on...”
 - “Tell someone, even if the friend [who’s in trouble] says not to.”
 - “For the kids it happens to, just tell the truth the first time. For other kids [like kids in school], don’t say anything.” This respondent thought it best not to talk about it with kids at school even though there will always be kids who “go crazy” and say things [about what happened], “but nobody likes them anyway. Most kids will be understanding.”
 - “Tell their friend to be honest, don’t lie.”
- Teens had other suggestions

- Listen. For example, one teen said “Be very supportive. Some teens may not be open with parents, but could be more open with friends.” Another said, “Listen to what they have to say, be there for them.”
- Take their mind off of what happened. One respondent said it helped that her friends were supportive but they did not ask her a lot of questions about what happened.
- “Support them and remind them of all the good things they have.”
- “Hang out with them. Do whatever you can to cheer them up.”
- “Just comfort them. Let them know that it will pass. It may never fully pass, but it will pass enough, in time.”

Finally, we asked teens, “Is there anything else you would like to tell us about?”

- Some teens reiterated advice to other kids who might be abused.
 - “Be calm and tell someone right away. Don’t be scared.”
 - “Tell the people who you think you can trust. Just tell someone what happened and how you feel and maybe you’ll get the help that you need.”
 - “Avoid hanging out with the wrong crew of people and getting yourself in trouble.”
- One had advice for counselors. She said, “Understand that sometimes kids want to be there and sometimes they do not. [Counselors] need to approach kids differently depending on how they feel about being there.”
- Two had praise for the child advocacy centers they went to. One said the people at her center “are really awesome. They were there for me, like friends that I needed.” The other said, “Without programs like this there would be a lot more hurt kids.”
- One teen wished she could gather everybody [she knows] in front of her and explain to them what happened. She wanted people to know that she is “a lot better than those things they call [me].”

Reactions to Participating in Research

All of teens we interviewed said it more than a little important or very important to “participate in research like this to help other kids with these kinds of problems.” They all answered yes when we asked, “Knowing now what was in the survey would you still have agreed to do it?” and they all said no when we asked if answering the questions in the survey was upsetting.

Limitations

The findings of the Child Telephone Survey are limited for several reasons. First, this was a convenience sample of teens whose parents were recruited for interviews and gave permission for us to interview their children. The sample size is quite small, and only three children were photographed for child pornography. Therefore, we could not explore fully specific effects of being depicted in child

pornography nor whether the CPP and non-CPP groups of children were significantly different from each other. Due to the small sample size, these data should be considered exploratory.

SECTION 4

Adult Survivor Online Survey

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)

^aQuestions 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.

SECTION 5

Clinician Telephone Interviews

Interview Methods

Purpose

The purpose of the clinician telephone interviews was to identify evidence-supported services and promising practices among mental health practitioners that have worked with child victims and adult survivors of child pornography (CP) production. In addition, we asked about differences in treatment needs, techniques, and challenges presented by victims of child pornography production compared to victims of child sexual abuse in general.

Method

A convenience sample of 40 mental health clinicians with experience providing counseling services within the past 5 years to child victims or adult survivors of CP production completed a telephone interview. Participants were recruited through a section of the Practitioner Online Survey, as well as through email invitations sent by the National Children's Alliance (NCA), members of the study Advisory Board, and professionals from other organizations such as child advocacy and rape crisis centers that had connections to the researchers. In addition, some clinician respondents provided names and contact information for colleagues who worked with victims of CP production and invitations were extended to these clinicians by phone or email. All procedures and instruments were approved by the University of New Hampshire's Institutional Review Board. The interviews lasted approximately 30 minutes and were conducted by one researcher at the Crimes Against Children Research Center who was a trained mental health clinician and also had extensive experience conducting national telephone interviews about sensitive research topics, including child sexual abuse. Responses were entered into a secure web-based data collection system, Qualtrics Research Suite. Interviews were conducted from August 1, 2013, to October 1, 2013.

Sample

The convenience sample of participants was primarily generated through four recruitment methods. First, mental health practitioners who participated in the Practitioner Online Survey were asked to provide contact information if they might be willing to participate in a telephone interview about their experiences treating victims of CP production. Second, directors of the two child advocacy centers (CACs) that participated in recruitment of participants for the parent and child interviews provided the names and contact information for clinicians who had provided counseling for these victims and were willing to participate (no information was collected that would link these clinicians to possible parent or child participants). Third, email invitations were sent to clinicians by the researchers, members of the Advisory Board, and other professionals with connections to the research, especially directors of child

service-related organizations known to have access to mental health clinicians. All email recipients were also encouraged to forward the emails to other clinicians who may have been interested in participating. Fourth, at the end of the clinician interviews, participants were asked to provide the names and contact information for other clinicians who may have provided counseling services to victims of child pornography production. Finally, one additional clinician was identified through the literature search as an author with experience providing counseling to this population and agreed to participate.

Data Collection

The interviewer called or emailed potential participants to arrange for telephone interviews, providing them with an overview of the study and estimated length of time to complete the interview.

The first two telephone interviews were considered pilot interviews and the respondents were asked to offer comments and suggestions. Slight modifications, such as clarifying or rewording questions, were made before completing interviews with the remaining 38 clinicians. Questions were primarily open-ended in nature and clinicians were encouraged to provide as much detail as possible about their experiences, insights, and opinions.

Eligibility

Professionals were eligible to participate in the telephone interviews if they were mental health clinicians who had provided treatment within the past 5 years to victims of child pornography production. There were no restrictions based on the level of education, length of time in the field, or position level of the clinicians, as long as they provided some type of mental health treatment as part of their profession. When professionals questioned whether or not their work would be considered mental health treatment, we provided them with sample questions from the interview and asked if their work experience would provide them with enough information to answer those types of questions. For example, could they provide information about presenting concerns and symptomatology of victims? Could they describe the mental health treatment approaches they used with these clients and the effectiveness of those approaches? In general, professionals needed to have extended contact with victims (i.e. more than just one forensic interview) to be able to answer these questions, so some professionals with more limited experiences were not eligible to participate.

In addition, some clinicians were not sure if their clients' experiences qualified as being victims of CP production. The interviewer clarified that clients could be considered victims whether an abuser created the images of the child or a youth produced sexual images of her- or himself. However, the child had to be personally depicted in the image. There were a few cases where the children had been exposed to child pornography, but not actually photographed, and these cases did not qualify. In addition, clients could be adults at the time of treatment, as long as the images were produced while the client was age 17 or younger. Since it was likely that many clinicians may have not seen the images or may not be familiar with state and federal statutes defining child pornography, there were no restrictions based on

the content of the images (i.e. whether or not the images would legally be considered child pornography). There were also no restrictions based on the context or motivation of the images; a variety of situations would qualify. For example, the images could have been produced by an abuser as part of a child molestation crime, taken and distributed as a form of advertisement in a child sex trafficking crime, or created and shared as part of a romantic relationship between adolescents.

Instrument Design

Before beginning the interview, clinicians were informed that the research was completely voluntary, participation would not impact them or their agencies in any way, and they could skip any questions or stop the interview at any time. They were also informed that responses would be kept confidential, the interviewer would not record any information that could identify them or any victims they might mention, and all responses would be combined and used in reports and presentations. Although there were no anticipated risks or benefits to participating, clinicians were informed that their participation would contribute to knowledge about the victims, their families, and how to help them.

The telephone interview questions were designed specifically for this study and were based on the experiences of the researchers and Advisory Board members and incorporated issues described in other portions of the research (i.e. responses from the parent and child interviews, adult survivor survey, and practitioner online survey). The questions were primarily open-ended and prompted clinicians to describe their experiences, insights, and opinions about various issues.

The interview was divided into the following sections:

- **Preliminary Questions:** This section gathered general information about the clinician's experience as a mental health clinician, such as the type of agency he or she worked for and the number and type of victims of CP production treated in the past five years.
- **Impact of CP Production on Treatment:** This section asked clinicians to describe the process they use, if any, to assess for CP production, as well as any barriers to discussing images with the clinician and the impact of images on treatment in general.
- **Treatment Approaches:** In this section, clinicians were asked to describe the presenting concerns of CP production victims, treatment approaches, treatment outcomes, and whether and how these issues differ from those regarding victims of child sexual abuse in general.
- **Impact of Special Circumstances on Treatment:** This section asked clinicians about their experiences working with victims of CP production whose images were distributed online, or who were unaware of the images at the time they were taken, or who had produced sexual images of themselves. We also asked about differences between working with adult survivors compared to child victims.
- **Legal Involvement:** This section asked clinicians who had provided therapy to clients involved in criminal proceedings how the criminal process impacted victims and what issues this raised in treatment.

- **Training Needs:** In this section, clinicians were asked if they had ever received training specific to providing therapy to victims depicted in CP and, if so, what type of treatment and how they were able to use it with clients. We also asked about additional trainings respondents would find useful, policies specific to treating victims of CP production in clinicians' agencies, and related questions. Clinicians also were asked about resources they may have found helpful while working with these clients.
- **Conclusion:** In the final section, clinicians were asked what research they think is most needed concerning CP production victims and for names and contact information for other clinicians who might be eligible and willing to participate in an interview.

Data Cleaning and Coding

Data were transferred directly from the online survey software to a data set in SPSS. CCRC researchers cleaned the data and coded open-ended responses. Given the open-ended nature of most questions, many variables were reviewed for general themes rather than distinct coding categories.

Participants

A total of 40 clinicians completed telephone interviews. Four were recruited through the Practitioner Online Survey; eight through the two CACs that participated in the Parent and Child Interview recruitment process and 21 through emails to child service organizations. An additional six clinicians were recruited through other telephone interview participants and one clinician was identified based on an article she authored and when contacted she agreed to participate. Because there is no complete list of individuals who received invitations through the various sources, it is not possible to calculate a response rate. The proportions of participants from each recruitment source, as well as the types of settings they work in and number of years working in the field, are outlined in Table 5-1 below. The largest portion of clinicians reported working for CACs or other multidisciplinary centers (35%), followed by non-profits or community mental health centers (27%) and private practice (23%). The majority of clinicians (95%) had worked as mental health treatment providers for more than five years, with many working in the field for more than 10 years (60%).

Table 5-1. Characteristics of Clinicians Interviewed

Total Completed Clinician Interviews	n = 40 % (n)
<u>Recruitment source</u>	
Practitioner Online Survey	10 (4)
Direct CAC Referrals	20 (8)
Email Invitations	53 (21)
Referrals from Other Clinician Participants	15 (6)
Author/Clinician from Literature Review	3 (1)
<u>Type of work setting</u>	
CAC or other multidisciplinary center	35 (14)
Hospital/medical facility	13 (5)

Non-profit/community mental health center	27 (11)
Private practice	23 (9)
Other	3 (1)
<u>Number of years working as a mental health treatment provider</u>	
One year or less	0 (0)
More than 1 to 3 years	0 (0)
More than 3 to 5 years	5 (2)
More than 5 to 10 years	35 (14)
More than 10 years	60 (24)

Findings from Clinician Telephone Interviews

Executive Summary of Findings

- The majority of clinicians had provided mental health services to 6 or more victims depicted in child pornography in the past five years.
- Close to half of respondents reported that it was standard practice in their agencies to assess for child pornography production in cases of child sexual assault. Some respondents assess for CP production themselves, while in other cases the assessment was done by other professionals, especially forensic interviewers, and respondents had access to those records.
- Most clinicians believed that victims of CP production were different from victims of contact child sexual abuse in terms of presenting concerns and the need for modifications in treatment approaches. Specifically, they were more concerned about others finding out about what happened to them, and they were concerned about who would see the images during criminal proceedings and about possible online distribution.
- While many clinicians saw these cases as unique because of the existence of images, often child pornography production was one element of prolonged and complex child sexual abuse victimization that many times included a perpetrator who was a parent or close family member.
- In clinicians' experience, victims' willingness to disclose the existence of images and to discuss them varied considerably based on factors such as age, cognitive abilities, rapport with clinician, and stage of psychological processing of the victimization. Case-specific characteristics such as relationship with perpetrator also played a role.
- Victims who refused to disclose or discuss images often had reasons, including being unaware that images were created, loyalty to or fear of perpetrators, shame, and needing time to process the abuse they suffered. Clinicians noted that establishing trust and rapport with victims facilitated disclosure.
- Clinicians had seen a considerable number of cases involving youth produced sexual images (i.e., sexual images created by a minor, often self-images, which meet legal definitions of child pornography). Many clinicians described these as raising distinct issues. For example, some youth were victims of sex trafficking; victims were not always sexually abused and some clinicians viewed these victims as responsible for what happened because they created the images.
- Many clinicians had used Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with their clients depicted in CP, but most had used other treatment approaches, either in addition to TF-CBT or separately, indicating a great deal of variety in the treatment of these clients.
- Responses were split as to whether differences exist in reactions to treatment for victims of child pornography production compared to other child sexual abuse victims. Some clinicians

believed that victims of CP production need longer treatment because they stay in a heightened trauma state for a longer time and have more triggers and ongoing anxiety, which take longer to address.

- The majority of clinicians had provided services to at least one victim whose images were known to be distributed online. Even when online distribution was not confirmed, most reported that clients were fearful of this happening. Most of these clinicians believed that known or possible online distribution presented distinct challenges and exacerbated the clients' emotional difficulties in various ways.
- Most clinicians had provided therapy to a client involved in criminal proceedings against a defendant who created or possessed CP depicting the client. Many reported that criminal proceedings caused distress due to drawn-out and invasive court procedures, which often needed to be mediated by enhanced mental health services.
- Only about one-third of clinicians had received training that addressed providing therapy to child pornography production victims and even fewer knew of resources (e.g., websites, research articles) that specifically addressed this population in a useful way. Most clinicians were not aware of any specific resources for working with these clients that they would recommend to other clinicians.

Overview

A convenience sample of clinicians with experience providing counseling services within the past five years to child victims or adult survivors of CP production completed in depth telephone interviews. We asked clinicians to identify any differences in treatment needs, techniques, and challenges presented by victims depicted in child pornography compared to other child sexual abuse victims. The convenience sample included 40 mental health clinicians who were recruited through a section of the Practitioner Online Survey, as well as through email invitations sent by the National Children's Alliance (NCA), members of the Advisory Board, and professionals from other organizations (child advocacy centers, rape crisis centers, etc.) with connections to the researchers. Findings are based on respondents' generalizations about clients depicted in child pornography, which may not accurately represent clinicians' full experiences. For these reasons, our findings portray only the opinions and experiences of this specific group of respondents and cannot be generalized to other clinicians who have treated this victim population.

Sample Characteristics

The sample of participating clinicians (n=40) included a variety of professional backgrounds. The majority (95%) had worked as mental health treatment providers for more than five years, with many working in the field for more than 10 years (60%) (see Table 5-2). The respondents had provided mental health counseling services in a number of different settings, including child advocacy centers, non-profit centers and private practice.

Table 5-2. Sample Characteristics

	n=40 % (n)
<u>Number of years working as a mental health treatment provider</u>	
One year or less	0 (0)
More than 1 to 3 years	0 (0)
More than 3 to 5 years	5 (2)
More than 5 to 10 years	35 (14)
More than 10 years	60 (24)
<u>Type of work setting</u>	
Child advocacy or other multidisciplinary center	35 (14)
Hospital/medical facility	13 (5)
Non-profit/community mental health center	27 (11)
Private practice	23 (9)
Other setting	3 (1)

Experience with Clients Depicted in Child Pornography

Frequency and Types of Therapy Provided to Victims Depicted in Child Pornography

The majority of respondents had provided therapy within the past five years to at least six clients depicted in child pornography (70%). We asked clinicians, “About how many clients have you had in the past five years who were depicted in child pornography?” Although some respondents had seen only one or two such clients (15%), others estimated that they had provided mental health services to more than 10 such clients (47%). The mean estimated number of clients seen by the respondents was 16.7 and the median was 10. Four clinicians estimated they had seen 35 or more clients. In total, the 40 respondents reported providing therapy to an estimated 668 victims of CP production within the past five years. Most respondents were providing counseling services to clients depicted in CP at the time of the interview (70%) or they had provided services to such clients within the past year (25%).

Virtually all respondents provided individual therapy to these clients (95%), with many also providing family therapy (63%), group therapy (25%), or other forms of therapy (30%) – including crisis management/safety planning and forensic evaluations. Ten percent of participants supervised other clinicians working on these cases.

Characteristics of Clients Depicted in Child Pornography

Most respondents worked only with child or adolescent victims of CP production (75%), 15% had worked with only adult survivors, and 10% had worked with both child victims and adult survivors. A small number specialized in treating victims of sex trafficking. Of the 668 estimated clients treated by the respondents, an estimated 554 were children or adolescents (under age 18) at the time of treatment and an estimated 114 were adult survivors of CP production.

When asked if they had worked with any clients “who created sexual images of themselves or of other minors (whether by their own decision or at the request of a perpetrator),” 80% of respondents indicated they had treated at least one client like this in the past 5 years. Just under half (n=326) of the total number of cases handled by the respondents in the sample involved victims who produced sexual images of themselves. Based on what clinicians told us, it appears these “youth-produced sexual images” cases included young people who produced images for romantic partners or to attract romantic partners, as well cases of images solicited by adult perpetrators or those made to advertise victims in sex trafficking cases.

Professional Environment: Policies and Colleagues' Views on Child Pornography

We asked respondents, “Do you feel that you have a supervisor or other clinician in your agency or in your area who is knowledgeable about these types of cases and with whom you feel comfortable discussing any issues that arise?” Most (70%) answered yes, but 25% said no and the remaining 5% were unsure.

We also asked respondents, “Does your agency have specific policies or procedures relating to child pornography production? For example, are there procedures specific to these cases that all clinicians are expected or required to follow?” Only 20% of respondents said yes. They described the following types of policies:

- “Restrictions on who can see the images, more on the investigative level rather than the clinical level. They created... best practices, what kinds of things to assess for...”¹⁸
- “In the sense that CP [production] is considered a safety concern, even if there was not hands on abuse... not allowing children who are determined to be perpetrators to be in the same playrooms as the other children. So this is more that [CP production] is not considered an exception to other rules.”
- “If CP is distributed across state lines, it becomes a federal issue... changes how they do the forensic interviews...”
- “Report images as any other child abuse, if this is not already known to police...”

¹⁸ Throughout, some quotations are slightly paraphrased to correct grammar and remove possibly identifying information.

- “All clinicians are required as part of standard protocol to ask about exposure [to CP] or participation in CP [production]”

Only 20% of respondents reported there were “differences of opinion within [their] agency in terms of how to approach these clients.” One referred to differences with law enforcement, stating “Law enforcement criminalizes sexual behaviors, including sexting [i.e., youth-produced sexual images], even when there are many other underlying issues that [I see].” Three respondents noted that some clinicians in their agencies were reluctant to work with victims depicted in CP or differed in how they viewed the importance of the CP production. Several noted different approaches to clients:

- “Many clinicians are reluctant to acknowledge the victim’s role in the crime [referring to cases of youth-produced sexual images]”
- “Treatment approach differences, local treatment center focuses more on brief CBT”
- “...only CBT ... using exposure techniques ... does not work, can actually be damaging if it does not adequately address the issue.”
- Regarding treating adult survivors: “There is a whole group of clinicians that reject the idea of recovered memories, so since the child pornography aspect of these crimes may have been deeply buried and only comes up after extensive therapy, they may not believe it even happened.”

Table 5-3. Experience with Victims Depicted in Child Pornography

	n=40 % (n)
<u>Number of cases of children depicted in CP in Past 5 Years</u>	
One	10 (4)
Two	5 (2)
3 to 5	15 (6)
6 to 10	23 (9)
More than 10	47 (19)
<u>Time passed since clinician last provided therapy for victim depicted in CP</u>	
Currently providing therapy to such a client	70 (28)
1 year or less	25 (10)
More than 1 year to 3 years	0 (0)
More than 3 years to 5 years	5 (2)
<u>Types of treatment (check all that apply)</u>	
Individual Therapy	95 (38)
Group Therapy	25 (10)
Family Therapy	63 (25)
Other (crisis management, forensic evaluations, etc.)	30 (12)
<u>Ages of clients respondents have treated who were depicted in CP</u>	
Children (17 or younger)	75 (30)
Adults (18 or older)	15 (6)

Both children and adults	10 (4)
<u>Respondent handled any cases involving “sexting” (youth-produced images)</u>	
Yes	80 (32)
No	20 (8)
Don’t Know	0 (0)
<u>Clinician has a supervisor or colleague who is knowledgeable about victims depicted in CP</u>	
Yes	70 (28)
No	25 (10)
Don’t Know	5 (2)
<u>Agency has policies or procedures relating to CP</u>	
Yes	20 (8)
No	77 (31)
Don’t Know	3 (1)
<u>Respondents noticed differences in opinion about how to approach CP victims</u>	
Yes	20 (8)
No	60 (24)
Don’t Know	20 (8)

CP = Child Pornography

Assessment, Disclosure, and Presenting Concerns

How Do Clinicians Assess for Child Pornography?

We asked, “In cases of child sexual assault, do you take any steps to determine if the perpetrator took photographs or video of the abuse?” Respondents reported a variety of approaches to assess for depiction in CP among clients who report a history of child sexual abuse (see Table 5-4). Differences emerged depending on many factors, including characteristics of the clients primarily treated (i.e. children/adolescents vs. adults), rules and regulations at the respondents’ agencies, and whether the case involved an investigation by child protective services or law enforcement.

- Close to half of respondents reported that it was standard practice in their agencies to assess for child pornography production in cases of child sexual assault. Some respondents assessed for CP production themselves, while in other cases the assessment was done by other professionals, especially forensic interviewers, and respondents had access to those records.
- About one-quarter of respondents reported that they ask about CP production in some cases of child sexual abuse, but not all, depending on individual circumstances. For example, they may ask follow-up questions about being photographed for CP if others have raised this as a possible concern or if certain “red flags” exist (e.g., the client expresses discomfort being photographed, sex trafficking cases, extensive internet or cell phone use).
- The remaining respondents (about one-third) stated that they do not ask about CP production as part of standard practice.

- Some respondents did not want to cause clients emotional distress by asking such questions
- Some had a less directive style of approaching treatment and preferred to wait for clients to disclose specific information on their own – this was more common among practitioners who treated adult survivors or other clients not involved with child protective services or criminal investigations.
- Others had simply never thought to ask about CP production in a systematic way and, as a result of the interview, were now considering asking about this in future cases.

When Do Victims Disclose Being Depicted in Child Pornography?

When we asked “At what point in treatment do victims of child pornography production generally disclose the existence of images,” respondents reported a wide variety of observations.

- About one-third said it was common for clients to disclose right away or within the first three sessions. However, some respondents stated that some clients who disclosed early were still not comfortable discussing the CP production in detail until after many sessions.
- About one-third of respondents stated that clients almost always take a long time to disclose, waiting until several sessions (or even several months) have passed before disclosing this to the therapist.
 - These respondents noted that children often waited until there was a certain level of rapport between the clinician and client.
 - One clinician related the speed of disclosure to the treatment model used by her agency, stating, “[Our] treatment protocol [is] based on 26 weeks... most trauma narratives happen by 10 weeks, so this is usually when it comes out in the details at this point.”
- The remaining respondents reported a mixture of experiences, with some clients disclosing early and others waiting until later in treatment.

How Willing Are Clients to Talk about the Images?

We asked respondents to describe “what factors, if any, have you noticed that either increase or decrease a client’s willingness to discuss the images?” Many respondents said that basic demographic characteristics, such as the client’s age and gender, had an impact, although respondents differed on how these factors influenced clients’ openness. For example, some respondents said that adolescents were more likely to discuss CP production, as opposed to younger children who may have been confused and unable to articulate what happened. Other respondents indicated that adolescents and adults were less likely to discuss the images, because their better understanding of what happened led them to feel more shame and self-blame. Some respondents noted that adolescents in cases of youth-produced sexual images were more open because they saw their activities as normal.

Other factors reported by the respondents included the clients' intellectual/cognitive abilities, stages of psychological processing of the abuse, and level of trust and rapport with the clinician. Finally, specific case characteristics, such as the victim-perpetrator relationship, whether or not images had been distributed, and whether or not there was an open criminal investigation also played a part in the victim's willingness to speak openly with respondents.

To follow up on this further, we asked "what advice do you have for other clinicians to help their clients to be more comfortable discussing the images in therapy?" Respondents offered a variety of suggestions. Some of the most common suggestions were to focus on building a trusting relationship with the client, adapt all approaches to the individual client's own pace, and destigmatize CP production by telling the client that the therapist is aware of it, willing to talk about it, and able to answer questions the client may have.

- "It is all [about] the rapport you have with the client, similar to anything else sensitive in nature."
- "They need to be ready and feel comfortable."
- "Being up front and honest with them, making it so that they can ask you the hard questions."
- "Talking about the dynamics of sexual abuse and what [it] looks like, it's not only touching, it involves so many other forms. Say 'this is what we know'... put it out there and let them express it..."
- "Normalize it. Start off conversations by saying something like 'a lot of times people in your situation have had pictures taken.'"

How Does the Victim-Perpetrator Relationship Impact Clients?

Almost all respondents indicated that these cases involved victims with close relationships to perpetrators. In this respect, relationship dynamics between victims and perpetrators were similar to those of child sexual abuse cases not involving CP production. Close relationships with perpetrators impacted victims, and therefore impacted treatment, in a variety of ways and respondents found many different ways to address the challenges presented by these complex relationships.

In general, there were three types of perpetrator/victim relationships that respondents mentioned: 1) parents and close family members; 2) trusted family friends, acquaintances, or authority figures; and 3) romantic partners.

According to respondents, in cases where the perpetrator was a parent or a close family member, the abuse tended to result in many complicated feelings including betrayal, confusion, and a sense of loss and grieving.

- “[Victims] often try to hold on to the positive feelings [about] parents, but have to face that their parents did terrible things or allowed terrible things to happen. Many attachment issues result from these cases.”
- “[You] have to address it head on and let them grieve. A lot of people don’t seem to understand that kids often love their perpetrators and the loss of that person is something they need to grieve. Even if [they are] grieving the idealized person, they are still experiencing that loss.”

Many respondents spoke about the impact on the family as a whole in these situations, as non-offending family members may react in ways that can further impact the victim.

- “All the family pictures had to come down in the house... it was very difficult, because the reminders were constantly around... holidays, family relationships... siblings did not understand. A bunch of family members needed therapy.”

Respondent clinicians handled these cases in a variety of ways. Many emphasized the importance of psychoeducation for both the client and family regarding grooming processes often used by perpetrators. Respondents also described normalizing certain feelings that the client and family members may have, such as self-blame or conflicted feelings about the perpetrator.

- “Psychoeducation, talking about that most sexual abuse is within the family, that perpetrators manipulate people and use opportunities like this to sexually abuse people.”
- “Sometimes adults struggle with being able to fully understand that children are able to separate the abuser versus the person they love in the life, [they] can still have feelings toward that person. That person may have been the one person who showed interest in them, said they were pretty, smart... have to educate about the grooming, manipulation... It is up to the child to decide what feelings they want to have for that person.”

In other cases, the perpetrators were trusted family friends or authority figures such as teachers or coaches. Many themes emerged that were similar to abuse by family members and respondents tended to handle them in similar ways.

- “One in particular was a teacher... that was a very big issue. [The victim] viewed him as her mentor, had a hard time assigning blame, putting the right focus on him as the adult. She loved him in her own way. [This was addressed through] a process of going through and assigning appropriate blame on the perpetrator...”

Romantic relationships between minors or between a minor and an adult were also involved in these cases. Some cases involved adult sex offenders who met victims online; others involved acquaintances who seduced underage victims. In some cases there was legal sexual contact between two minors and in other cases an adult had sex with a youth who had reached the age of consent, but the production of images was illegal. Also, several respondents had worked with victims of sex trafficking and, according to

respondents, these youth often felt a certain level of attachment to their pimps, which differed from other relationships in terms of unique elements of power and control. In these cases, the production of images may have been secondary to other forms of sexual exploitation (i.e., prostitution), but some respondents described how the images added another form of control over the victims, such as when pimps threatened to show these images to victims' family members. One of the biggest issues in romantic relationships, according to respondents, tended to be the difficulty in showing these clients how the relationships they viewed as loving and voluntary were actually exploitative. Many respondents felt that it was important to find out the reason for a client's decision to engage in these relationships and then address the topics of self-esteem and safe boundaries in relationships. Once clients understood the manipulative nature of these relationships, many respondents also emphasized the importance of addressing possible feelings of self-blame and responsibility for producing the images or willingly engaging in other aspects of the crime.

What Are the Presenting Concerns for Clients Depicted in Child Pornography?

Eighty percent of respondents answered yes when we asked, "Have you noticed any differences in presenting concerns for victims of child pornography production compared to victims of other child sexual abuse?" All of the clinicians who had treated ten or more victims answered yes to this question. Many said that victims of CP production tended to be less willing to discuss the abuse due to higher levels of secrecy and difficulty trusting others. Others stated that CP production victims tend to present with more severe symptoms, especially anxiety and self-destructive behaviors (suicidal ideation, substance abuse, etc.), possibly related to the higher levels of shame, embarrassment, and self-blame. Respondents also reported that victims of CP production were more concerned about other people finding out about what happened, especially that others would see the images (both now and in the future), and many respondents believed there was a greater likelihood of the client experiencing re-traumatizing triggers (i.e. media reports on the case, etc.).

Cases of Youth-Produced Sexual Images

We also specifically asked respondents how clients who had created images of themselves may or may not differ in terms of presenting concerns. In these cases, respondents sometimes reported similar client concerns (embarrassment, concern over who would see the images, feelings of shame and responsibility, etc.), especially when clients had been tricked or coerced into producing the images or blackmail was involved. However, in cases of youth-produced sexual images without such aggravating elements, respondents often noted that clients showed lower levels of trauma due to the belief that their behavior was socially acceptable and normal. However, respondents also noted that these clients tended to have other underlying issues, such as unsupportive families. Many respondents emphasized the need to explore why the clients had participated in creating sexual images of themselves, such as peer pressure, pressure from a romantic partner, low self-esteem, or past sexual victimizations that impacted their ability to practice healthy boundaries in relationships. In these cases, presenting

concerns tended to be exacerbated if the images were distributed beyond the client's control or the client experienced other negative consequences, such as bullying by peers.

Adult Survivors

We also asked respondents who had treated adult survivors to compare these clients to child victims in terms of their presenting concerns. Very few respondents had treated both children and adults, so only a few respondents (n=4) could make comparisons. Some respondents felt like adults presented with more severe trauma symptoms than children due to going so many years without help. Other respondents felt like adults presented with fewer concerns than children and adolescents. In particular, they reported that adult clients were less fearful of images being distributed, since most had been produced before the advent of digital technology, or they were less worried about being recognized, since their current appearances differed so much from how they looked at the time the images were taken. In addition, some respondents reported that adult clients were more prepared for treatment in terms of having clear goals and the cognitive abilities to process the trauma in a meaningful way.

Table 5-4. Assessment, Disclosure, and Presenting Concerns of Victims Depicted in CP

	n = 40 % (n)
<u>How does clinician assess for CP?</u>	
Standardized assessment by clinician	20 (8)
Standardized assessment by someone else (i.e. forensic interviewer)	23 (9)
Informal assessment, depends on situation	27 (11)
No assessment for CP	30 (12)
<u>When do victims disclose CP to respondents?</u>	
Before therapy starts (during forensic interview, on referral, etc.)	13 (5)
Early in treatment – within 3 sessions	23 (9)
Later in treatment – after 4 or more sessions	37 (15)
Mixed – some disclose early and others do not disclose until later	27 (11)
<u>Respondents noticed differences in presenting concerns for victims of CP production</u>	
Yes	80 (32)
No	20 (8)
Don't Know	0 (0)

CP = Child Pornography

Treatment Approaches, Modifications, and Outcomes

How Are Clinicians Approaching Treatment for These Clients?

We asked respondents, "What types of treatment approaches have you found to work particularly well with children who have been depicted in child pornography?" None of the respondents knew of any

treatment techniques specifically designed for this population, so most used or modified methods used with other clients. Most reported using more than one treatment approach, often saying they found eclectic approaches to be more effective with this population given the complexity of the cases. However, the majority of respondents used at least one standardized method (in its entirety or select elements), meaning they had been trained in this particular approach and the approach had a clear theoretical orientation and guidelines for treatment. Only 5% of respondents did not identify any standardized treatment approaches they had used with these clients.

Respondents used the following treatment approaches:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Almost 60%
- Eye Movement Desensitization and Reprocessing (EMDR) – Almost one-third
- Play therapy (both directive & non-directive methods) – About one-quarter
- Expressive therapies (especially art therapy) – About one-quarter
- Other cognitive and/or behavioral approaches (not trauma-focused) – Almost one-quarter
- Dialectical Behavioral Therapy (DBT) – Almost 10%
- Other standardized approaches or models not specified above – Almost one-third
- No standardized approaches (informal “talk therapy,” psychoeducation, etc.) – 5% (n = 2)

The most common standardized treatment approach reported by respondents was Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). They often used this approach in conjunction with elements from other treatment approaches. Some respondents reported that their agencies or clients' insurance companies required the use of evidence-based practices, which specifically included TF-CBT. Despite the wide use of this approach among respondents, 90% used other approaches either in addition to TF-CBT or independently; only 10% used TF-CBT exclusively.

Respondents also described informal ways of approaching treatment for these clients, which they often combined with standardized approaches. Many respondents discussed the need to first ensure the client's safety. This often meant making sure children were in non-abusive home environments and helping clients to achieve emotional control, especially when they presented with acute issues like self-harm and suicidal ideation. Respondents often emphasized the importance of psychoeducation for victims depicted in CP, both in terms of child pornography in particular and sexual abuse in general. They believed that clients were reassured by hearing that they were not alone and this process of “normalizing” or “destigmatizing” was helpful, especially in terms of reducing guilt and self-blame. Most respondents described helping clients develop coping skills, many of which were based on standardized treatments (especially CBT) but were adapted to the individual client, such as identifying emotions, journaling, and finding safe people in their lives to turn to for support. A common theme was also the importance of involving family members, especially caregivers, in the client's treatment.

We also asked respondents, “What modifications, if any, do child pornography cases require compared to how you use these treatment approaches with other clients?” Many indicated that they had made

some modifications to treatment; however, many emphasized that they make modifications to treatment in all of their cases based on the characteristics of each client. Respondents reported:

- Some of these modifications were related to the way in which treatment was approached, not content.
 - “Pacing is different, making sure not to do too much too fast.”
 - “Most of them will need to require some type of long term counseling and getting the family involved more...”
- Other respondents said they added specific elements to treatment.
 - “More activities directed toward concerns over lack of control over the images.”
 - “Consider the photographs to be an additional trauma, pull that together in the narrative.”
 - “More internet safety discussions and parent education in these cases.”
- Others purposely omitted certain treatment elements with these clients.
 - “Some are phobic of hypnosis due to techniques used during their abuse, so can’t use hypnotherapy. Some are phobic of cameras/recording devices, so [I] can’t record therapy or use this type of technology as part of treatment or [I] have to do [it] in a very controlled way.”

To gain a better understanding of the rationale for certain treatment approaches and modifications, we asked respondents, “What factors do you consider when choosing a treatment approach for these victims?” Most based methods on presenting symptoms, for example, respondents used trauma-focused methods when victims presented with trauma symptoms. However, respondents noted other factors, for example:

- If clients had been in treatment before, respondents reviewed treatment histories for information about what treatments had worked or not worked.
- For some respondents, a client’s age and cognitive ability influenced whether they used TF-CBT, although one cited TF-CBT as working better with younger children and another said she chose to only use it with children over 12.
- In some cases, respondents noted that the client needed to be stabilized and in a safe environment before proceeding to more in-depth treatment. One example of this was in cases where clients were still involved in sex trafficking.
- Several also mentioned the level of family involvement as an important factor.

Cases of Youth-Produced Sexual Images

We also asked respondents who had worked with youth who produced images of themselves if treatment approaches differed for these clients. Some respondents viewed these clients as primarily victims, especially when the client had been tricked or coerced, situations got “out of control” and the

client was experiencing many negative consequences, or when the client had a history of other forms of abuse. In these cases, treatment approaches tended to be similar to those used with other CP production victims (TF-CBT, EMDR, expressive therapies, etc.). However, many respondents thought that the clients in cases of youth-produced sexual images had at least some responsibility for what happened. In many situations, youth did not understand that they had done something wrong and some youth were adamant that they should be able to decide what to do with their own bodies. In these situations, respondents tended to use much more psychoeducation about internet/cell phone safety and the consequences of images, as well as working on building self-esteem and setting healthy boundaries. Respondents often also indicated that involving caregivers in treatment was especially necessary in these cases, since adults often knew little about how to supervise their children and set limits on technology use. A few respondents noted that group settings were most effective in these cases, since youth were more likely to listen to peers who had experienced negative consequences as a result of youth-produced images. Despite their best attempts, some respondents admitted that they were still struggling to find a good treatment approach for these clients. Overall, many respondents felt like the best way to respond to adolescents in these cases is through prevention efforts, which is why many respondents routinely had conversations with clients and their caregivers about internet safety and healthy boundaries, even if the clients had not created images of themselves.

How Do Victims of Child Pornography Production Respond to Treatment?

Respondents were also asked, “Have you noticed any differences in reactions to treatment for victims of child pornography production compared to victims of other child sexual abuse?” Forty-seven percent of respondents believed that differences did exist, 43% did not see significant differences, and the remaining 10% were unsure. When respondents did notice differences, they mentioned the following:

- “[It’s] more of a challenge in helping them transition from victim to survivor. They stay in that heightened trauma state for a longer time.”
- “[I] tend to see them for the same amount of time initially, but find that they come back to [me] more frequently... they tend to be triggered more, so [they] end up back in therapy more often.”
- “Treatment outcomes are a lot poorer... having the pictures and images out there and knowing that anyone can get them contributes to ongoing anxiety that is hard to address.”
- “Generally takes longer, more complicated... shame is pervasive and [there is a] terrible fear of exposure of the images... [clients] worry that they can never have this gone...”

We also asked respondents, “do treatment outcomes differ between clients depending on how and when they disclose the existence of images?” About one-third felt like treatment outcomes differed. Most of these thought that outcomes tended to be better for clients making early disclosures because this allowed more time for clinicians to work with clients on issues related to the images. However, a few felt that early disclosure led to worse outcomes, usually because early disclosure tended to be associated with poorer emotional regulation and worse coping mechanisms.

About one-third felt like there was no difference depending on the timing or context of disclosure. Some did not see any distinct patterns between disclosure and treatment outcomes. Others felt that treatment outcomes were dependent on individual client factors, not related to when the existence of images was disclosed. About one-third did not feel like they could speak to this, due to having a limited number of clients or the fact that all of their clients tended to disclose in the same way and there was no point of comparison.

One or two respondents commented that outcomes tended to differ based on the extent of control clients had over disclosure of images (i.e. if they disclosed willingly versus being “found out” due to images being discovered). These respondents tended to believe that clients who disclosed at their own pace showed better emotional regulation and were more prepared to process the trauma. In a small number of cases, respondents described how clients were found out due to images being uncovered by others (family members, police, etc.); respondents believed that these clients were less prepared for counseling and outcomes tended to be worse.

How Involved Are the Families of Children Depicted in Child Pornography?

We also asked, “Are there any issues that come up when non-offending caregivers or other family members are involved in the treatment of child pornography victims? Do these challenges differ from the involvement of caregivers in other child sexual abuse cases?” Many respondents reported that the issues were similar to other child sexual abuse crimes. However, some noted the need to educate caregivers about CP production and internet/cell phone safety in cases where adults knew far less about technology than their children. Several respondents mentioned they also had to teach parents that cameras and family picture-taking can be triggers in these cases. Some respondents had had cases where parents presented with a great deal of anxiety about how this crime would impact their children in the future, sometimes to a greater extent than the children. Others had seen cases where parents minimized the importance of images, but one respondent noted that parents are less likely to deny abuse when images exist.

We also asked what advice clinicians would give to other clinicians “regarding the involvement of parents and family members in the course of therapy for victims of child pornography production?” Most respondents did not have advice specific to CP production cases. Those who did advised: a) educating parents about internet and cell phones; b) emphasizing safety rather than morality when talking to parents about images; c) connecting parents with services, especially when there is a criminal court case; and d) validating children’s fears about others seeing images. One respondent said that, when victim notification laws apply, clinicians should discuss the implications of this with the parents and victims early on to prepare the child to decide on notification when she or he turns 18.

Table 5-5. Treatment Approaches, Modifications, and Outcomes

	n = 40 % (n)
<u>Treatment approaches used by respondents (check all that apply)</u>	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	57 (23)
Eye Movement Desensitization and Reprocessing (EMDR)	30 (12)
Play therapy (both directive & non-directive methods)	25 (10)
Expressive therapies (especially art therapy)	25 (10)
Other cognitive and/or behavioral approaches (not trauma-focused)	23 (9)
Dialectical Behavioral Therapy (DBT)	7 (4)
Other standardized approaches or models not specified above	33 (13)
No standardized approaches, informal treatment only	5 (2)
<u>Respondents made modifications to treatment approaches for CP victims</u>	
Yes	73 (29)
No	27 (11)
Don't Know	0 (0)
<u>Noticed differences in reactions to treatment for victims of CP production</u>	
Yes	47 (19)
No	43 (17)
Don't Know	10 (4)
<u>Respondents noticed differences in treatment outcomes depending on how and when clients disclose CP images</u>	
No difference	30 (12)
Yes, early disclosure leads to better outcomes	33 (13)
Yes, early disclosure leads to worse outcomes	5 (2)
Don't Know	33 (13)

CP = Child Pornography

Special Circumstances for Respondents and Clients in CP Production Cases

Distribution of Images

The majority of respondents (75%) reported that they had handled at least one case in which CP images of the victim were distributed online. Another 20% did not know if images had been distributed in any of their cases and only 5% indicated that they had never handled a case in which images were distributed online. However, it is important to note that even respondents who reported handling one or more cases involving online distribution usually had many other cases that did not involve distribution, so the actual portion of cases involving distribution may be relatively small. Although we did not ask respondents directly about the context in which images were distributed online, many mentioned the various ways, ranging from limited distribution (i.e. between romantic partners) to widespread online distribution across networks of perpetrators interested in child pornography.

Even when distribution was not confirmed, or the images were only thought to be distributed to a small number of people, some respondents said their clients still feared wide distribution.

- “Mostly just distributed to intended recipients... no confirmed incidents where it got out to a wider audience, but this is something the teens worry about a great deal...”
- “Most people seem to jump to the idea that they could be out there, especially if done digitally.”

Some respondents felt like the impact of distribution depended on victims' ability to comprehend the implications. In particular, many felt like younger children did not fully grasp the concept of images being permanent and available to others.

- “Distribution impact depends on the age of the child; young children don't understand the full extent of the distribution, while a teenager does have that knowledge.”
- “For the younger clients, they don't comprehend the long-term, the pictures are out there, no getting them back. But for the teenage clients, this is a real concern for them.”

However, in these cases some respondents said the parents tended to show anxiety about distribution and feared that people they knew would find out what happened or the images would resurface and impact the children later in life.

- “A lot of concern from the parents... about images coming up later, other people finding out.”

Many respondents described how victims worry that people they know will see the images and some described how their clients had already experienced social repercussions when friends and community members found out what happened. In some cases, respondents reported that their clients became less social due to harassment or fear of being recognized, while one respondent felt like her clients in these situations become more reckless.

- “A lot of concern about others seeing the pictures, all over the news, impacted socially, didn't want to go out in public, didn't want to go to school, got in more fights because felt like people targeted her.”
- “So much peer harassment once it gets out there. They are in a rural area, so it makes it difficult for the children to go to school, out in the community... much, much worse.”
- “[These clients] become more reckless, throw caution to the wind, feel like they're doomed already.”

Related to this, respondents described a mix of client fears, with some worrying about how friends and family will react in the present, others worrying that the images will surface in the future, and some worrying about both the present and future.

Many respondents reported that clients had much more difficulty establishing closure in distribution cases, both because images might be seen by others and because these cases tended to be more widely publicized by the media and sometimes involved prolonged court involvement, providing more frequent triggers for symptoms.

- "...just the ongoing knowledge that whatever is out on the web, no matter how much you try to get them off the web, you can't. Kids are technologically savvy, so they know this. [Online distribution] presents a big challenge when kids feel like they can't move on..."
- "The whole piece of it not being finished, not being able to put it in a little box and put it aside, the lid is always open, they have to figure out a way to deal with that."
- "There is more closure when the images are not distributed. [Clients] can just think about who may have seen the hard copies of the photographs. The people, other than the perpetrator, did not seek it out for sexual purposes, so that is easier to get closure from. Online distribution makes it much harder to get closure."

Victims Unaware of Images at the Time of Production

Forty-seven percent of respondents had handled at least one case where a client was unaware of the images at the time they were produced, but found out about them later. In most cases, the victims were unaware due to their young age or being unconscious or intoxicated at the time the images were created. For the young victims, they may still have been unaware by the time of treatment, making it difficult for respondents to determine how this will impact them in the future. For the older children, adolescents, and adults, finding out about the images effected them in a variety of ways.

- Some clients were not aware of the images until police contacted them as part of the investigation.
- Others found out through friends or family members who discovered the images.
- Some clients had forgotten, blocked out the memories, or did not understand what happened until later in adulthood when memories resurfaced, either in therapy or due to some type of trigger.
 - In one case, the client did not realize until coming across the photographs later in life that the images were sexual in nature (close-up images of his clothed genitals while he was playing). At the time the images were taken, he thought the perpetrator was taking normal photographs.
 - In two cases from different respondents, the clients recalled seeing a blinking red light while being sexually abused, but did not make the connection that this was a recording device until they were older.

Some clients felt betrayed by the person who had created the images and presented with shock, disbelief, and difficulty trusting others. Trust issues were especially noticeable in cases where other

people (parents, police, etc.) knew about the images, but waited a significant length of time before informing the client. However, respondents stated these clients usually experienced less self-blame and guilt, since they could not have known about the images or done anything to stop the crime. Other clients, especially those who were intoxicated when the pictures were taken, felt a great deal of self-blame for allowing themselves to be in a situation where something like that could happen.

Ethical Issues When Clinicians Know More about the Images than Clients and Families

We asked respondents, "Have there been any situations where you were aware of an aspect of the child pornography crime that your client was not aware of (such as distribution of the images)? What were the ethical implications in terms of addressing this with your client and how did you handle this situation?" About half of respondents reported that they had been in a situation such as this. They described two main situations that involved this dilemma, which they handled in many different ways. One situation was when and how to disclose the CP production to victims in cases of very young children who did not appear to know about or remember images being produced. In many of these cases, the clinicians worked collaboratively with the parents to tell the children during the course of therapy or advised parents on how to tell their children about the images in the future. The second situation was that, in a small number of cases, parents did not wish to tell their children about the images. Some respondents did not agree with this, but felt they had to respect parents' wishes; even so, these respondents sometimes tried to find ways to tell the child or attempted to work with parents to change their attitudes and avoid perpetuating a family secret. Only one clinician agreed with parents in a case that it would be too traumatic to tell the child about the images. One clinician described the importance of teaching clients coping skills before telling them about the images.

In a small number of cases, respondents were privy to more information about the images than the client and family, such as specific forensic evidence, especially when the respondents worked in multidisciplinary agencies. These respondents generally deferred to law enforcement and prosecutors' wishes about what to disclose to their clients and families.

Court Involvement

Most respondents (80%, n = 32) had handled at least one case in which a client was involved in criminal proceedings against an individual who produced or possessed child pornography depicting the client. Of these 32 respondents, only five described the court process as being a positive experience for the client, in which clients felt like they had a chance to tell their story, experienced a sense of justice when perpetrators were held accountable for their crimes, and felt relief and a certain degree of closure once the case ended.

- "Can be positive, can feel like their story was told, have the benefit of doing a victim statement, there is a therapeutic part of feeling like it has been resolved in some way, usually don't have to

be in court personally (more video, impact statement, etc.), so not as hard as having to testify. Outcomes tend to be better (more likely to convict), because the evidence is right there."

- "A lot of them felt like it was their opportunity to confront and talk about [what happened]. The fact that evidence existed seemed to make it somewhat easier, because there was proof, more validation.
- "Once the proceedings are done, there is relief, but also reorganization that needs to go on, because so much energy went into keeping it together."

Five respondents were unsure of how the court process impacted the victim, usually because it was still early in the case or the clinician did not have much involvement in the court process.

The remaining 22 respondents reported that their clients had negative experiences with the court process. In general, the cases involved charges against the producer of the images, primarily related to contact sexual abuse rather than CP production in particular. Most respondents had not provided therapy to clients involved in prosecutions of people in possession of their images. Because of this, the negative court experiences may be similar to cases involving other forms of child sexual abuse, rather than distinct issues related to child pornography production cases.

Respondents reported that the victims felt a great deal of anxiety related to testifying, either because they were uncertain about what the process would be or they were fearful of facing their abusers and being questioned by attorneys. Many respondents reported that their clients were involved in long, drawn-out court proceedings, some lasting for years, which prolonged feelings of victimization, frustration, and lack of closure for the victims and their families. Many respondents also reported that court proceedings presented more opportunities for the triggering of trauma symptoms, such as victims having to describe the events multiple times or being the subject of media stories that made them feel exposed and vulnerable. Clinicians described the following impacts on clients:

- "[Court involvement] tends to result in higher anxiety; older kids seem to be even more anxious, because they understand how big a deal this is."
- "Having to relive it, [the client] felt guilty, didn't want to tell the whole truth because didn't want Dad to get in trouble... [The client] started acting out in other ways, couldn't interact with other teens because they would harass her after seeing things on the news."
- "Victims and families may feel alienated; [there's] no closure, especially when the case does not move forward as they would like."
- "Because the legal system drags things out, the rights of the defendant, the process itself, it seemed to make it harder to resolve feelings and recover when the situation is basically continuing."

The roles of respondents throughout clients' criminal proceedings varied a great deal. Some respondents took a very active role, helping clients to prepare for testifying in court, teaching specific

coping techniques to control anxiety, or even accompanying the clients to proceedings. Other respondents referred their clients to court advocates or other professionals, so they were less involved in the court process. Some respondents even reported that they were not allowed to discuss court issues with clients, since this could be seen as leading the victim and could compromise the case. Most respondents, regardless of the extent of their involvement in the court case itself, did report a rise in clients' symptoms, so that clients needed enhanced emotional support while going through the court process.

Some respondents noted that criminal justice professionals did not always consider how traumatic it can be for victims to recall the details of what happened. One respondent made the following statement:

- “Therapy and the legal system want the opposite things from the victim. Therapists want to slowly work on this, find out what it means and how it impacts the victim, but authorities are more focused on finding out exactly what happened, even though this could be very triggering and retraumatizing, so that they can find and prosecute the perpetrator. Clients often feel like ‘collateral damage’ in these cases – it’s not about them so much as about the perpetrator.”

Table 5-6. Special Circumstances in CP Cases

	n = 40 % (n)
<u>Provided therapy to CP victim whose images were distributed online</u>	
Yes	75 (30)
No	5 (2)
Don't Know	20 (8)
<u>Had cases where victim was unaware of images at the time they were taken, but found out later</u>	
Yes	47 (19)
No	43 (17)
Don't Know	10 (4)
<u>Respondents knew more about CP images/case than clients</u>	
Yes	50 (20)
No	50 (20)
Don't Know	0 (0)
<u>Provide therapy to a client involved in criminal proceedings against an individual who created or possessed CP depicting the client</u>	
Yes	80 (32)
No	15 (6)
Don't Know	5 (2)
<u>Respondents' perceptions of the impact of court proceedings on victims</u>	
Mostly positive	13(5)
Mostly negative	55 (22)
Don't Know	13 (5)
Missing (Only asked if respondent answered yes to previous question)	20 (8)

CP = Child Pornography

Personal and Professional Reactions to Working with Victims of CP Production

Are Clinicians Always Comfortable Discussing Images with Clients?

We asked respondents, “Have there been any times when you felt uncomfortable discussing child pornography images with your client(s)? Could you describe what happened and why it felt uncomfortable?” Many respondents had instances when they felt uncomfortable. Usually they described cases early in their careers when they had less experience or discomfort regarding specific cases that were particularly disturbing. Others expressed discomfort due to uncertainty either stemming from a lack of necessary information about a case (such as whether or not images had been distributed) or uncertainty about how the client would react when the clinician brought up this topic in therapy. Importantly, virtually all respondents stated that they had found a way to deal with their discomfort without adversely impacting the client. Some examples of uncomfortable situations included the following:

- “One client in particular really affected [me]. It was very graphic, detailed... so that made it very hard, hard to believe something like that could happen to a child by someone so close to them... Knowing that you’re helping in the healing process helps.”
- “[I was] not uncomfortable while in there with the child, more uncomfortable when thinking about it in preparation, how will [I] approach this and deal with this?”
- “[It is] hardest if [I] only have ‘half information’ – knowledge that there were images, but no discussion from the referral source about more details of the case, which is often an issue with ongoing investigations.”
- “Definitely, [it can be] very uncomfortable and painful, even through [I] didn’t have to view [the images], thinking of what it was like for [the client]. Just hearing it described was very awful. [I] discussed [the case] in supervision a lot.”

What Are the Personal and Professional Challenges for Clinicians in These Cases?

We asked respondents, “What personal or professional challenges, if any, do these cases present for you as a treatment provider? Do these challenges differ from the impact of other child sexual abuse cases?” Many respondents felt like these cases were challenging, but not necessarily due to the images in particular. For example some cases were challenging due to the severe nature of the abuse as a whole, while others were challenging due to unsupportive family members. However, some respondents did feel as though the existence of images made these cases more difficult.

- “It is different because it is so visible. Even though [I] don’t see the images, [I] can imagine it and [I] can only imagine how traumatized the children are, the posing, the shame that comes with it.”

One of the most common responses was that the existence of images made the experience harder for victims, which in turn made treatment harder for the clinicians. In particular, respondents found it much more challenging to help clients fully process and move past the trauma when images were online.

- “The biggest challenge is that closure is difficult. No matter how horrendous hands-on abuse can be, they can at least know who the perpetrator is and that it is over. The huge challenge with these cases is that the images are online and can never be stopped. [You] just have to help [clients] get things as normal as possible, but the reality is that you can only go so far, [the crime] can never completely be over.”

Other respondents reported challenges related to mandatory reporting laws, especially in cases of youth-produced sexual images, as well as issues related to court involvement in CP production cases, which respondents believed tended to be more complicated and took longer to resolve.

- “One of the things is that in [youth-produced images] cases, there is always that question of, ‘do we report? Do we not report?’ It is a really fuzzy area... [My] big challenges if that [I] know it is wrong and illegal, but do [I] risk damaging the relationship by reporting?”
- “This specific case brought up new issues due to requiring testimony in court. [It] has become a really large case with a lot of court involvement. [It] requires [me] to step out of bounds from normal [therapy]. [It] took a longer period of time for law enforcement to process the case.”

Table 5-7. Respondents’ Reactions to Working with CP Victims

	n = 40 % (n)
<u>Clinician has been uncomfortable discussing CP images with clients</u>	
No, never	30 (12)
Yes, but only early in career/not recently	27 (11)
Yes, recently	43 (17)
<u>Clinician has noticed personal or professional challenges in CP cases that differ from other child sexual abuse cases</u>	
Yes, challenges differ when images are involved	63 (25)
No different challenges or the challenges in these cases are related to other factors besides images (i.e. family support)	37 (15)

CP = Child Pornography

What Resources Exist and What Do Respondents Most Need to Treat Victims of CP Production?

Have Clinicians Received Training on How to Provide Therapy to These Victims?

One-third of respondents had “received any training specific to providing therapy to victims depicted in child pornography.” We asked those respondents to describe the training they received. Most described training segments of broader programs that addressed topics such as child abuse, sexual trauma, sex trafficking, or internet-related victims. We also asked respondents, “How helpful have these trainings been? Have you been able to use the techniques you learned while providing therapy to your clients?” Several found trainings pertaining to the law enforcement and technology aspects of child pornography production and distribution especially helpful.

- “The trainings that have been most helpful are understanding the legal process, technology, ways to communicate with the kids. Other emotional issues are more universal across CSA [child sexual abuse] cases.”
- “Having an understanding on how it works, how the CP works, the ICAC program, how the internet works. Passing info on to the families and own understanding.”
- “Very helpful. Just in general, it makes you a little more mindful that those things are out there and you need to be assessing these things... incorporate [it] into TF-CBT trauma narrative. One of the things that was most helpful was training with the police department about how they go about identifying these children ...”

Are Clinicians Able to Access Helpful Resources While Providing Therapy to These Clients?

We told respondents, “We’re interested in finding out about resources specific to providing therapy to victims of child pornography production.” Then we asked, “What resources (trainings, websites, research articles, or treatment handbooks) have you used?”

- About half of respondents had not found any materials that they found helpful. In some cases, the respondents had not looked, but many had looked and were unable to find anything helpful available.
- About one-third had found information that was related to CP production, but the respondents said the information was helpful only in general sense. These were often trainings or resources that clinicians tried to adapt to use with victims depicted in CP. Examples included:
 - Resources on internet-related crimes against children in general
 - Trainings on treating victims of child sexual abuse in general
 - Trainings on sex trafficking

- About 20% of respondents had found materials that specifically addressed CP production and were helpful while treating victims. Examples included:
 - Conference presentations by researchers or clinicians who had worked with victims of CP production
 - Articles on CP production (e.g. prevalence, perpetrators)
 - Internal best practice models that had been developed based on the anecdotal experiences of select agencies' staff members.

What Types of Trainings and Research Would Clinicians Like to See?

We asked all respondents, “What types of (additional) trainings, if any, do you think would be helpful for you to provide better treatment to clients depicted in child pornography?” We also asked, “What research do you think is most needed concerning victims of child pornography production?” Virtually all respondents agreed that they could benefit from specific trainings on how to treat victims depicted in CP and most identified specific topics that they would like to see addressed in these potential trainings. Research and training requests were highly related; respondents usually wanted trainings informed by research findings as well as clinical experience.

Respondents often wanted to see more research and trainings on characteristics of victims and risk factors for CP production victimization. They felt like this information would help them to know what to look for in terms of identifying clients who may have been depicted in CP or are at higher risk. Related to this, many respondents wanted more training on how to assess for CP production.

- “...facts about how common it is, the types of pornography, how victims are pulled into the world of pornography...”
- “...something in regards to signs victims may show.”
- “...more trainings on how to assess this, becoming comfortable asking children and families about this and asking correctly.”

For both training and research, the most common request was for information about treatment approaches. Respondents were curious to see what approaches other respondents are using and they were especially interested to learn what treatment approaches were most effective and how to go about using those approaches with CP victims.

- “More evidence-based treatments, what is available that can lend some treatment options for therapists, beyond TF-CBT, especially with difficult clients when other approaches aren’t working.”
- “Evidence-based or other commonly used approaches for helping these clients, any better approaches, [I] would be open to that...”
- “[It] would be helpful to see what works for other clinicians.”

Some respondents thought there needed to be more research on whether or not these clients differ from victims of other child sexual abuse crimes and, if so, they wanted to know how to accommodate those differences.

- “What role does pornography play in sexual abuse? How are these cases unique?”
- “Trainings addressing any differences that people are finding in the clinical settings, developing and learning specific interventions for child pornography cases.”

Other respondents wanted to know more about the impact of being depicted in CP on clients and their families, both in terms of the short-term and long-term effects. Related to this, they wanted to know how to help clients cope with issues they felt were especially salient in these cases, such as distribution of images, and prepare clients for future challenges.

- “Anything that talks about the impact on the whole family, how the family dynamics play into all of it...”
- “... how to prepare these victims for the future, building self-esteem and coping techniques.”
- “In cases where the images continue to circulate, how to help parents and children deal with that, what issues come up and how therapists can address that revictimization. How to manage anxiety and worry.”
- “...greater awareness of the impact, the ripple effect, how it impacts the child when the pornography has been distributed, more about how to use coping skills, what is effective.”

Some respondents wanted training on how to work with other systems involved in these cases, such as law enforcement and court, including information about how these cases are handled by those systems.

- “More information about law enforcement and forensic interviewers’ roles in these cases. Also how prosecutor’s office can help to prepare children for testifying.”
- “Understand more about the court process and what they’re taken through as part of that process...”
- “...need a training more specific to legal consequences for child pornography cases, what to expect in the courtroom...”

Other respondents felt like they needed more education about the technical aspects of these crimes.

- “[I] need more information about the advanced technology, maybe more information about internet safety.”

Finally, many respondents wanted more information about how to increase awareness, both with their clients and families as well as the public in general, with the goal of preventing these crimes from occurring.

- “How to educate parents and families about these cases. How to protect children from future risks...”

Table 5-8. Respondents’ Access to Resources on Treating CP Victims

	n=40 % (n)
<u>Respondent received training specific to providing therapy to victims depicted in CP</u>	
Yes	33 (13)
No	67 (27)
Don’t Know	0 (0)
<u>Respondent has found helpful resources when working with CP victims</u>	
Resources that specifically address CP and/or sexting	17 (7)
General resources (not specific to CP – i.e. internet safety training)	27 (11)
Don’t know (could not recall information to identify resources)	5 (2)
No resources	50 (20)

CP = Child Pornography

Limitations

Findings from the Clinician Telephone Interviews are limited in multiple ways. First, this was a convenience sample of clinicians generated through recruitment efforts targeted at mental health practitioners for whom we had a method to contact (i.e. Children’s Advocacy Centers, previous Practitioner Online Study participants, trauma-focused clinician listservs, etc.). Because of this, these clinicians and their clients should not be seen as representative of the mental health community as a whole.

Second, the study was primarily exploratory in nature. The goal was to learn about clinicians’ experiences through broad, open-ended questions. Although this provided us with very detailed information, this methodology does not allow for a great deal of quantitative analysis. Related to this, all findings are based on respondents’ *impressions* of these victims; it is possible that findings would be different if other procedures were used, such as reviewing case files, and results should not be considered representative of all relevant issues presented in these cases.

Third, the interviews were based on respondents’ memories of these cases rather than specific case files, so respondents may have forgotten or confused certain details. However, by limiting the timeframe to the past five years our goal was to reduce this potential issue; very few of the respondents

stated that they had difficulty remembering these cases and many stated that the severe nature of these cases tended to make them more salient in their memories. This time limit also allowed us to look at how clinicians are currently approaching these clients, rather than reporting on older practices.

SECTION 6

Mental Health Response to Victims

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.

SECTION 7

The Justice System Response to Victims

The Justice System Response to Victims

The Justice System Response to Victims

Victims of child pornography (CP) production, dissemination, and possession have certain rights and interests relating to the criminal justice process. In all cases, victims have an interest in being treated fairly, and in being protected from additional trauma caused by their participation in the investigation and prosecution of the case. They also have legal rights relating to notification, protection, and compensation; however, the scope and implementation of these rights vary, both between the federal and state systems and between the states. This chapter describes the justice agencies involved in the investigation and prosecution of child pornography cases, the potential impact of involvement on victims and families, and the state of victims' rights in these cases.

Child pornography crimes may be prosecuted at the federal, state, or local level. In 2009, about 10 percent of child pornography production cases and one-third of possession and distribution cases involved federal charges, with the remainder charged at the state or local levels.²²

At the federal level, agencies responsible for investigating and responding to child pornography include several within the Department of Justice (principally the Federal Bureau of Investigation (FBI), the Child Exploitation and Obscenity Section of the Criminal Division (CEOS), and U.S. Attorney's Offices), the Department of Homeland Security (principally the Cyber Crimes Center Child Exploitation Section of the Office of Investigations at Immigration and Customs Enforcement), the Department of Defense and military criminal investigative organizations, and the U.S. Postal Inspection Service.²³

At the state and local levels, investigation and prosecution of child pornography cases may involve police departments, sheriff's offices, state bureaus of investigation, local prosecutor offices, and state attorney general offices. In many jurisdictions those agencies work with children's advocacy centers (CACs)—multidisciplinary centers with representatives from related disciplines working together to provide child-focused investigation, prosecution, and treatment of child abuse victims.

Two large-scale attempts have been made to promote a coordinated response in child pornography cases: the Internet Crimes Against Children (ICAC) Task Forces, a national system of coordinated bodies of federal, state, local, and tribal law enforcement and prosecutorial agencies that assist in investigations of technology-facilitated child exploitation cases; and the federal Child Pornography

²² Wolak, Finkelhor & Mitchell, 2012a; Wolak, Finkelhor & Mitchell, 2012b.

²³ For a detailed description of federal efforts, see U.S. Dep't of Justice. 2010. *National Strategy for Child Exploitation and Interdiction: A Report to Congress*. <http://www.justice.gov/psc/docs/natstrategreport.pdf>.

Victim Assistance (CPVA) program, a joint effort among various federal agencies to coordinate the victim response in federal cases.

The ICAC Task Forces comprise a national network of 61 coordinated bodies representing federal, state, local, and tribal law enforcement and prosecutorial agencies, which conduct investigations of child sexual exploitation crimes involving the internet and related technologies and provide investigative training and technical assistance to other agencies in such cases. In FY 2011, those task forces documented more than 3,975 complaints regarding the production of child pornography and more than 26,000 complaints concerning the possession and distribution of child pornography.²⁴ Altogether, ICAC Task Forces made 5,819 arrests in 2011.²⁵ A national study estimated there were 1,910 arrests for CP production in 2009 by local, state, and federal law enforcement agencies²⁶ and 4,901 arrests involving CP possession and distribution.²⁷

When ICAC Task Forces pursue cases that involve identified child victims, the response to those victims is not uniform across ICACs. Some may involve local children's advocacy centers in victim interviews and victim interactions, especially for younger victims, but others do not.²⁸ The ICAC Operational and Investigative Standards mandated for task forces relate primarily to the conduct of undercover investigations. They do not include victim response or victim services, such as standards relating to forensic interviews.²⁹ Because most of the funding provided to task forces comes from local sources, rather than federal funding, there may be some hesitation to increase federal demands for uniformity.³⁰

The CPVA program, a joint initiative among the FBI, CEOS, the Executive Office of United States Attorneys (EOUSA), U.S. Postal Inspection Service (USPIS), Immigration and Customs Enforcement (ICE), and the National Center for Missing and Exploited Children (NCMEC), works to coordinate a victim response at the federal level. The CPVA has created systems to comply with federal crime victims' rights laws in child pornography possession and distribution cases. These rights require that victims of child pornography production whose images have been distributed be given the option to be notified of and to participate in the prosecution of cases that involve those illegal images. As a result, some victims whose images have been widely distributed online may be involved in multiple cases of child pornography possession and distribution.

²⁴ Office of Juvenile Justice & Delinquency Prevention, Office of Justice Programs, U.S. Dep't of Justice. *Review of the Internet Crimes Against Children Task Force Program: Interim Report to the Attorney General Fiscal Years 2010 and 2011*, Table 3. <http://www.ojjdp.gov/pubs/240146.pdf>.

²⁵ *Id.* at Table 4. The report does not break out how many of those involved child pornography production versus cases involving child pornography possession or distribution.

²⁶ Wolak, Finkelhor & Mitchell, 2012b.

²⁷ Wolak, Finkelhor & Mitchell, 2012a.

²⁸ Telephone Interview with Brad Russ, Dir., Nat'l Criminal Justice Training Inst. (June 20, 2013).

²⁹ *Id.*

³⁰ Office of Juvenile Justice & Delinquency Prevention, *supra* note 3, 81 (assessing the level of state and local funding leveraged by ICACs based on a sample from ICAC Task Forces over a three-year period).

Victim Involvement in the Justice Process

In cases of child pornography production, victim involvement with the justice process often includes the services of a children's advocacy center (CAC) at an early stage. CACs work to coordinate investigation and intervention in child abuse cases, with the goal of ensuring that children disclosing abuse are not further victimized by the intervention systems designed to protect them.³¹ CACs generally provide a range of services, including mental health treatment for the victim and family. Almost all of the parents interviewed as part of this project whose children had been victims of child pornography production (n=13) had been referred to a CAC and most found the staff at the child advocacy centers very helpful. In comments, several parents said that the CACs treated them respectfully, professionally, and fairly.

Most of the parents we interviewed indicated that criminal charges had been filed against the perpetrator in their child's case. In two cases, victims had participated in prosecutions involving the possession or distribution of illegal images depicting them. Most of those parents stated that their child had a victim advocate during criminal proceedings and that the advocate was helpful, answered questions, and provided support. In none of the cases was a guardian ad litem (GAL) appointed for the child.

Few of the adult survivors responding to our online survey had involvement in the criminal or civil justice system. Less than 10 percent had cases where images were treated as evidence in an investigation or in court.

The majority of clinicians interviewed in the course of this project had provided therapy to at least one client involved in a criminal proceeding against an individual who had created or possessed child pornography depicting the client. All clinicians supported holding perpetrators accountable, and many believed an adequate legal response was vital to the victim's recovery. However, more than half of clinicians stated that the impact of court proceedings on victims was "mostly negative." Many noted that court proceedings presented more opportunities for triggering trauma symptoms. Most of the particular issues raised by clinicians related to prolonged court proceedings or victim anxiety concerning testifying in court. A few noted beneficial effects of the court process, including opportunities for victims to tell their stories and to see offenders held accountable.

It is worth noting that the particular concerns expressed by clinicians – length of time of proceedings and victims testifying in court – may occur less frequently in cases involving child pornography than in other cases of child sexual abuse. Nearly three-fourths of prosecutors responding to our online survey agreed that victims of child sexual abuse were less likely to have to testify in cases where there were images. In addition, a significant number of prosecutor respondents thought cases involving child pornography images were resolved faster than child sexual abuse cases without images.

³¹ See Nat'l Children's Alliance. <http://www.nationalchildrensalliance.org/index.php?s=24>. Accessed Feb. 10, 2014.

Treatment of Victims during the Investigative Process

Many of the teen victims of sexual abuse and child pornography crimes interviewed (n=11) reported negative experiences with the police during the interview process, such as being required to describe the crimes in great detail, undergoing multiple interviews by a range of people, or being treated rudely. In clinician interviews and a discussion among clinicians and members of the project's advisory committee, many expressed concern regarding the potential for harm during forensic interviews of child pornography victim where a victim is confronted with the sexually explicit images in an attempt to elicit disclosure of the crime. Because clinicians note that victims of child pornography often fear that images will be exposed, and that they commonly exhibit self-blame, denial, and similar emotions, the forensic interview may be fraught with danger for inflicting additional trauma on a victim where it is not conducted by a specially trained forensic interviewer.

Investigators in a child pornography case may be focused not only on the perpetrator's conduct toward the individual victim, but on the possibility of other victims. Forty percent of law enforcement respondents to our survey indicated their most recent child pornography case involved multiple victims. This concern may lead investigators to press a victim to disclose information with some urgency.

There is a desire on the part of law enforcement officers working with child pornography victims to improve their response to victims. A majority of investigators responding to our online survey expressed an interest in more training, especially on responding to victims and families, including training for first responders who must "break the news" to the family and strategies to deal with reluctant victims and families. When we asked for recommendations for ways to better support victims and caregivers, many recommended improvements in training and resources for forensic interviewers and victim advocates. These recommendations primarily involved improved linkages to victim advocacy, counseling, and other services.

A great deal of work is already underway to provide and promote the use of trained child forensic interviewers in cases involving child sexual abuse, including child pornography. The AG Guidelines encourage the use of specially trained forensic interviewers with child victims and witnesses in child abuse and sexual abuse cases as a way to best elicit truthful information while minimizing additional trauma to the child.³² The FBI's Office of Victim Advocacy (OVA) has a Forensic Child Interviewing Program that works to ensure that investigative interviews of child victims and witnesses of federal crimes are tailored to the child's stage of development and minimize any additional trauma to the child.³³ The FBI's four full-time child interview specialists are not currently able to meet all the demand for their assistance, but they do provide training to special agents and other law enforcement on child

³² Office for Victims of Crime, U.S. Dep't of Justice. 2012. *Attorney General's Guidelines on Victim and Witness Assistance, NCI 235121*. http://www.justice.gov/olp/pdf/ag_guidelines2012.pdf.

³³ Fed. Bureau of Investigation. *Victim Assistance: Overview*. http://www.fbi.gov/stats-services/victim_assistance/overview/overview. Accessed February 26, 2014.

interviewing. Some of this training is available online.³⁴ The FBI has also developed guides for investigative interviews of child and adolescent victims. Similarly, the Department of Homeland Security has four experienced child forensic interviewers on staff who are available to assist with that Department's investigatory interviews and to train others in forensic interviewing of child and adolescent victims.³⁵

In addition to this federal effort, many organizations, including the National Children's Advocacy Center, the American Professional Society on the Abuse of Children, and CornerHouse, provide national, regional, local, and online training in forensic interviewing of children so as to minimize the risk of additional trauma to the victim.³⁶ These include training in the complex cases involving victims of child pornography and working with adolescent victims.

However, there is no federal or state mandate that law enforcement always involve trained child forensic interviewers in all cases involving child sexual abuse, including cases of child pornography. Thus, the use of such trained interviewers remains inconsistent.

Victims' Rights in Child Pornography Cases

Victims' Rights at the Federal Level

Victims of federal child pornography crimes—whether production, dissemination, or possession—have many legal rights. These include the rights that apply to all federal crime victims, rights that apply to child victims and witnesses, and rights specific to victims of child sexual exploitation, including child pornography.

Rights for crime victims at the federal level are well established and are most broadly outlined in the Crime Victims' Rights Act (CVRA)³⁷ and the Victims' Rights and Restitution Act (VRRA).³⁸ The CVRA defines a victim as “a person directly and proximately harmed as a result of the commission of a federal offense or an offense in the District of Columbia. In the case of a crime victim who is under 18 years of age, incompetent, incapacitated, or deceased, the legal guardians of the crime victim or the representatives of the crime victim’s estate, family members, or any other persons appointed as suitable

³⁴ Fed. Bureau of Investigation. *FBI Child Forensic Interview Training*. <http://www.fbi.gov/news/videos/fbi-child-forensic-interview-training>.

³⁵ See Midwest Reg'l Children's Advocacy Ctr. *The Prepare and Predict Model of Forensic Interviewing with Ale Levi and Diane Siegel*. <http://www.mrcac.org/course/the-prepare-and-predict-model-of-forensic-interviewing-with-ale-levi-and-diane-siegel/>. See also Telephone Interview with Ale Levi, Forensic Interview Specialist, U.S. Dep't of Homeland Security (July 1, 2013).

³⁶ See, e.g., Am. Prof'l Soc'y on the Abuse of Children. *Practice Guide*. <http://www.apsac.org/practice-guidelines>; CornerHouse. *Basic Forensic Interview Training*. <http://www.cornerhousemn.org/forensicinterview.html>; Nat'l Children's Advocacy Ctr. *Forensic Interviewing of Children Training*. <http://www.nationalcac.org/events/bfi-training.html>; NICHD Protocol. *International Evidence-Based Investigative Interviewing of Children*, available at <http://nichdprotocol.com/>. Accessed February 24, 2014.

³⁷ 18 U.S.C. § 3771 (2013).

³⁸ 42 U.S.C. § 10607 (2013).

by the court, may assume the crime victim's rights under this chapter, but in no event shall the defendant be named as such guardian or representative" (i.e., in cases where the perpetrator/defendant is the child's caregiver).³⁹ At least one court found that rights under the CRVA extended to victims in cases involving the distribution of child pornography, on the basis that distribution of the images exacerbates the harm caused by the creation of the images.⁴⁰

The VRRA defines a victim as "a person that has suffered direct physical, emotional, or pecuniary harm as a result of the commission of a crime, including...in the case of a victim who is under 18 years of age, incompetent, incapacitated, or deceased, one of the following (in order of preference): (i) a spouse; (ii) a legal guardian; (iii) a parent; (iv) a child; (v) a sibling; (vi) another family member; or (vii) another person designated by the court."⁴¹

Implementation of these and other statutory rights for federal crime victims is addressed through the Attorney General's Guidelines on Victim and Witness Assistance (AG Guidelines).⁴² The AG Guidelines apply to all Department of Justice employees involved in the investigative, prosecutorial, correctional, and parole components in the treatment of victims of and witnesses to crime. The AG Guidelines specifically provide that "[c]hildren who are depicted in child pornography that has been advertised, transported, distributed, received, accessed, or possessed are presumed to have been directly and proximately harmed as a result of those crimes for purposes of determining whether they are a victim under the VRRA or CVRA."⁴³

The Child Victims and Child Witnesses Rights statute (CVCWR) provides additional safeguards for minors in the federal justice system.⁴⁴ This statute was amended by the Adam Walsh Act of 2006 to provide further protections in child pornography cases.⁴⁵ The federal criminal code also contains other provisions relating to the rights of victims in child pornography cases, particularly recovery of damages, in a chapter entitled Sexual Exploitation and Other Abuse of Children.⁴⁶

Victims' Rights at the State Level

States also provide legal rights to victims of child pornography crimes.

Every state has a set of basic legal rights for crime victims, and 32 states guarantee victims' rights in their state constitutions. However, the definitions of "crime" and "victim" to which or whom those

³⁹ 18 U.S.C. § 3771(e) (2013).

⁴⁰ *United States v. McElroy*, 353 Fed. App'x 191, 193-94 (11th Cir. 2009).

⁴¹ 42 U.S.C. § 10607 (2013); see *United States v. Atl. States Cast Iron Pipe Co.*, 612 F. Supp. 2d 453, 461-64 (D.N.J. 2009) (explaining the differences in CVRA and VRRA's definition of "victim").

⁴² Office for Victims of Crime, U.S. Dep't of Justice, *supra* note 11.

⁴³ *Id.* at 9.

⁴⁴ 18 U.S.C. § 3509 (2013).

⁴⁵ Adam Walsh Child Protection and Safety Act of 2006, Pub. L. No. 109-248, § 501, 120 Stat. 620 (2006) (codified as amended in scattered sections of 8, 18, 21, 28, and 42 U.S.C.)

⁴⁶ 18 U.S.C. §§ 2251 – 2260A (2013).

rights apply vary across the states. Currently, the basic victims' rights laws at the state level include victims of the following crimes:

- 19 states, any felony or misdemeanor;
- 5 states, any felony or violent misdemeanor;
- 7 states, any felony or listed misdemeanor;
- 1 state (New Hampshire), any felony;
- 7 states, violent felonies or violent misdemeanors;
- 1 state (Mississippi), violent felonies or listed misdemeanors;
- 10 states, listed felonies or listed misdemeanors; and
- 2 states (Florida and Rhode Island) do not have any specific definition of crime, but presumably cover victims of any crime.

Further examination shows the basic victims' rights laws in forty states explicitly apply to victims in cases involving the production, distribution, and possession of child pornography.⁴⁷ One state, Delaware, covers the production and distribution, but not the possession of child pornography. The District of Columbia and Kentucky include only the production of child pornography. The remaining eight states do not include specific child pornography offenses within the applicable definitions of crime or victim, but the statutes likely encompass many victims of child pornography production, since child pornography production charges are commonly accompanied by sexual abuse charges.

In addition to the basic rights of victims, many states have a range of other special rights, including privacy rights for victims of sexual crimes, special procedural rights for child victims, and other protections.

The implementation of crime victims' rights at the state level is straight forward in cases involving the production of child pornography: those cases are often coupled with charges of child sexual abuse, and the victim and family are closely involved in the investigation and prosecution of the case. However, the provision of victims' rights is more complicated in cases involving child pornography distribution and possession. Unlike the federal system, where the AG Guidelines explicitly include rights and services to victims of child pornography, few states have taken steps to ensure the implementation of victims' rights in such cases. While the state victims' rights laws generally apply in such cases, no guidance has been given or procedures defined to ensure victims are identified and provided their rights in child pornography possession cases.

⁴⁷ See comparison chart, Appendix G.

Furthermore, in many cases of child pornography possession or distribution, collections of images are large, but only a few victims within those collections have been identified and, thus, could be afforded legal rights. Relatedly, some of those identified victims of child pornography may find their images are involved in large numbers of cases that are the subject of prosecutions at the federal, state, and local levels.

The Right to Be Notified

Before victims of child pornography can exercise their rights in a criminal case, they must first be notified about that case. In federal cases, the CVRA gives crime victims the right to “reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused.” Under the VRRA, victims are also to be informed of the status of the investigation, the arrest and filing of charges against the accused, the scheduling of court proceedings, the release or detention status of the accused or convicted offender, the acceptance of a plea or the conviction of an offender, and the sentence imposed on an offender. Victims whose child pornography images have been identified are entitled to rights and notification in cases where offenders are charged with possessing or distributing their images. For some victims whose images are distributed widely online, this can involve multiple federal CP possession/distribution cases.⁴⁸

Managing victim notification across multiple cases can be burdensome to federal law enforcement agencies. Such ongoing notification relating to multiple cases also carries the risk of additional trauma to victims.⁴⁹ The federal Child Pornography Victim Assistance (CPVA) program was developed in large part to streamline victim notification and help victims manage the notifications they receive.⁵⁰

The CVPA works in tandem with the Child Victim Identification Program (CVIP), a clearinghouse of images maintained by the National Center for Missing and Exploited Children (NCMEC). When images of child pornography are discovered in a federal, state, or local law enforcement investigation, officers may submit those images to the CVIP, which automatically compares the images to those in the database

⁴⁸ See *United States v. Lundquist*, No. 06-4105, 2013 U.S. App. LEXIS 18734 (2d Cir. Sept. 9, 2013) (noting victims have a right to notice of each instance of possession).

⁴⁹ *Id.* (explicitly recognizing that receiving these notices can aggravate victims’ injuries, which may necessitate further therapy).

⁵⁰ See Fed. Bureau of Investigations. *Child Pornography Victim Assistance*. http://www.fbi.gov/stats-services/victim_assistance/overview/child-pornography-victim-assistance. Accessed October 28, 2013. The creation of this program also stems from provisions in the AG Guidelines charging officials at the Department of Justice to take steps to minimize the trauma that child victims may experience when they are asked to relive the crime during the investigation and prosecution of offenses. Office for Victims of Crime, U.S. Dep’t of Justice, *supra* note 11, at 14. In 2011, the Department of Justice’s Office for Victims of Crime, through an Interagency Agreement (IAA) with the Criminal Division’s Child Exploitation and Obscenity Section (CEOS), began support for a Victim Specialist who provides additional direct victim assistance and support to the U.S. Attorney’s Offices and their victim/witness coordinators in cases involving identified child exploitation victims. This Victim Specialist is also responsible for developing resources and training materials to help federal prosecutors and victim/witness coordinators strengthen their response to the victims’ needs.

and issues a report regarding any series of images associated with a known victim. The report includes an official point of contact—usually the law enforcement investigator from the initial production case.⁵¹

Law enforcement agencies are also encouraged to submit images of known victims identified through local cases to the CVIP.⁵² As part of the CPVA, when an international, federal, state, or local law enforcement agency submits images of a newly identified victim to the CVIP, NCMEC notifies the FBI's Office of Victim Assistance (OVA). OVA then sends a request to the investigating agency that submitted the image, asking them to obtain information from the victim about his or her notification preferences using a special form. The victim notification preference form, available in English and Spanish, allows victims to opt in or out of future notifications regarding federal investigations and court proceedings involving their images.⁵³ If victims opt in, they may designate an alternate contact to receive the notifications. The form states that if victims opt out of notifications they may not have the opportunity to exercise their rights as victims, including their right to request restitution or their right to make a statement at various proceedings. Victims are also informed that they may change their notification preference at any time. After the form is signed by the victim or, where appropriate, the victim's parent or guardian, it is forwarded to the OVA, where the information and notification preference are entered into the CPVA database.⁵⁴ The FBI's OVA acts as the central repository for victim contact information and victim statements of preference regarding future notification of federal proceedings.

When the CVIP program at NCMEC issues a report regarding the images that are linked to a known victim, it sends a copy of the report to the CPVA. If the report was issued for a federal agency, it is run through the CPVA database of victim notification preferences. If the victim has not requested notification, the CPVA will provide the federal agency only the name of the image series, the victim name, the victim's date of birth and, if the victim is a minor, his or her guardian's name.⁵⁵ If the victim has requested notification, CPVA will provide contact information for the victim or the victim's

⁵¹ This system was designed in part to help authorities prove in court that the subject images are of a real child, not images of younger-looking adults or computer simulations, in response to a Supreme Court decision that child pornography that did not involve a real child was protected speech *Ashcroft v. Free Speech Coalition*, 535 U.S. 234 (2002). Information about the law enforcement investigator in the original production case is provided to other agencies so that the investigator can then be contacted if needed to provide evidence of the child's identity in the court case. Testimony of Michelle Collins, Vice President, Exploited Children Div., Nat'l Ctr. for Missing & Exploited Children, before the U.S. Sentencing Commission (Feb. 15, 2012), available at <http://www.missingkids.com/Testimony/02-15-12>.

⁵² In addition, when a child has disclosed that exploitative images were taken but law enforcement has been unable to locate the images, law enforcement may submit a photo of the child at the age the images were created for comparison to the CVIP database, requesting a "Look Familiar" report.

⁵³ Fed. Bureau of Investigation. *Child Pornography Victim Assistance*. http://www.fbi.gov/stats-services/victim_assistance/overview/child-pornography-victim-assistance.

⁵⁴ Fed. Bureau of Investigation. *Child Pornography Victim Assistance Program Database*. http://www.archives.gov/records-mgmt/rcs/schedules/departments/department-of-justice/rg-0065/n1-065-12-001_sf115.pdf.

⁵⁵ Phone Interview with Paul Flood, Child Pornography Victim Assistance, Fed. Bureau of Investigations (Oct. 30, 2013).

designated third party.⁵⁶ The victim or alternate contact will then receive all regular notices related to the case.⁵⁷

The CPVA notification system empowers victims to make an individual decision about their notification of and participation in future cases. Victims are informed that they may change their notification preference at any time. Such flexibility is important, as illustrated by the handful of adult survivor survey respondents who reported opting to be notified (n=7). When asked what they would tell other people who have to decide whether or not to be notified they had a range of responses, many of them indicated that being informed provided a sense of freedom and peace of mind, one said that it only increased worry, and two noted that it is up to the individual to make the decision. Similarly, one-third of parents of child pornography victims interviewed had signed notification forms opting to be notified. Some of these parents indicated that their ability to know if and how often the images were being traded was a way of feeling some degree of control over the situation.⁵⁸ Victim advocates, forensic interviewers, and social workers responding to our survey also listed reasons victims and families chose to receive notification, which included keeping track of images, wanting to know if images were shared, being part of future prosecutions, and knowing what would happen to offenders. Professionals also identified reasons victims and families may decline notification, such as being concerned that this would impede the victim's ability to recover from the trauma and not wanting to be notified at present but realizing they can change their notification preference later. Law enforcement respondents also listed reasons for the victim/family notification decision, such as choosing notification to know everything possible about the case and distribution or wanting to have a voice; or choosing not to be notified because they didn't care who had the images, the victim or family did not feel like they had been harmed, or the family supported the perpetrator.

State level cases are far less consistent with victim notification in child pornography possession and distribution cases. As with federal law, state victims' rights statutes give victims the right to be notified of court proceedings relating to the case as well as other information and events. Unlike the federal system, however, there is no mechanism to facilitate the notification of victims whose images appear in

⁵⁶ The involvement of child pornography victims in multiple cases over many years raises another special issue. In cases involving minor victims, as noted above, rights are exercised by the victim's parent or guardian. The AG Guidelines note that once a child victim turns 18, the Department is obligated to provide that victim with notice in cases that occurred when the victim was a minor, including in cases involving images of a child's sexual abuse. Because of the potential impact on the victim, the Guidelines urge Department personnel to develop special procedures to obtain the victim's notification preference upon reaching the age of majority. The Guidelines encourage officials to contact a parent or guardian before the child turns 18 to determine whether the child is aware of the crime and any other special considerations that may be helpful in providing notice. Office for Victims of Crime, U.S. Dep't of Justice, *supra* note 11, at 32.

⁵⁷ If the victim has requested notification, once the victim contact information is provided to the federal agency the victim receives case information through the general Victim Notification System (VNS) of the Department of Justice. As part of this system, victims generally receive notices of case events through the mail or, if requested, by email. For more information, see brochure, "The Department of Justice Victim Notification System," http://www.justice.gov/usao/ma/vwa/VNS_Brochure.pdf. Accessed February 6, 2014.

⁵⁸ See parent interview discussion, p 84.

multiple cases across many states. The federal CPVA notification procedures described above do not permit victim contact or notification preference information to be shared with state or local investigators or prosecutors. Federal authorities have expressed hesitation about allowing the contact information for victims to be shared with local authorities due to concerns regarding uneven confidentiality protections at the state level.⁵⁹ Therefore, when a state or local investigator submits a set of child pornography images to the CVIP, and the CVIP matches a submitted image to an identified child, the investigator only receives contact information for the original criminal justice contact who can verify that the image belongs to a real child. No contact information for the victim is provided, and there is no mechanism to determine whether the victim has requested notification. Thus, there is no real ability to notify the child of the state or local criminal case.⁶⁰

Florida is the only state that has addressed this problem, developing a system similar to that at the federal level. Florida recognized that victims of child pornography did not routinely receive information about their rights as crime victims and were not notified about criminal cases involving their images.⁶¹ In 2008, the state adopted a law requiring law enforcement officers who recover images of child pornography to submit those images to the CVIP at NCMEC, and to request law enforcement agency contact information for any images which contain an identified victim. Any Florida law enforcement officer submitting a child pornography case for prosecution is required to give the prosecutor the law enforcement agency contact information received from the CVIP for any identified victims. The law then requires the prosecutor to enter certain information about the case involving an identified victim into the Victims in Child Pornography Tracking Repeat Exploitation (VICTRE) database maintained by the Florida Office of the Attorney General.

In addition, the Office of the Florida Attorney General receives a quarterly spreadsheet from NCMEC concerning cases in which victims have been identified. If those are newly identified victims, a staff person reaches out to the law enforcement contact identified in the report and asks for a copy of the police report or other document from which they can contact the victim and inform them about the VICTRE program. Victims are provided an anonymous ID and password for the program's website that they can use to find information about past and pending cases. This method of access is designed to allow victims to receive the information whenever they are ready and interested.⁶²

⁵⁹ Telephone Interview, focus group of federal agencies (Aug. 28, 2013).

⁶⁰ Contact information is provided for the initial investigating officer who can identify the child. The question of whether that officer has any responsibilities regarding victim notification in future cases is not always understood by law enforcement officers participating in the CVIP. One respondent to the project's online survey stated that he did not understand his obligations to the victim if he receives notice of any future case involving the victim's images. See *supra* page 34.

⁶¹ See Victim Servs. Unit, Office of the Attorney Gen. of Fla. 2008. *Victims of Child Pornography Deserve Voice in Court, Civil Damages* (statement regarding the history of the Florida law). <http://www.victre.com/VICTRE.nsf/Law>.

⁶² For more information, visit the Victim Services Unit, Office of the Attorney General of Florida at <http://www.victre.com/>.

The Right to Be Heard at Sentencing

Like other crime victims, victims of child pornography may have an interest in being heard at sentencing through written or verbal victim impact statements. The purpose of these statements is to allow victims the opportunity to inform the court of the harm they have suffered from the crime. The court or jury considers the statement in weighing the seriousness of the defendant's conduct, and in determining appropriate sentencing options such as ordering a defendant to pay restitution to the victim.

The right of victims in child pornography cases to be heard at sentencing is well established under federal law. The CVRA gives victims a right to "be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding." Federal case law consistently upholds the right of victims of child pornography to give a victim impact statement (VIS) at sentencing under the CVRA, including in cases involving only possession of their image.⁶³

Along with the victim's right to be heard in court, federal law provides that the presentence report must contain "information that assesses any financial, social, psychological, and medical impact on any victim."⁶⁴ Federal rules of criminal procedure further provide that "[b]efore imposing sentence, the court must address any victim of the crime who is present at sentencing and must permit the victim to be reasonably heard."⁶⁵ This rule, too, has been followed in cases involving creation, distribution, or possession of child pornography.⁶⁶ In addition, victims in child pornography cases in which a guardian ad litem (GAL) was appointed are also entitled to have the GAL obtain and report "information that accurately expresses the child's and the family's views concerning the child's victimization" using child-friendly and age-appropriate forms.⁶⁷

The federal CPVA program, which streamlines victim notification, also facilitates the right of victims in multiple cases involving their image to share an impact statement with the courts. As part of the victim notification preference form, victims are given the option to share their victim impact statement with

⁶³ See *United States v. Quincoces*, 503 Fed. App'x. 800 (11th Cir. 2013); *United States v. Kearney*, 672 F.3d 81 (1st Cir. 2012) (possession and distribution); *United States v. Matthew*, 449 Fed. App'x. 542 (8th Cir. 2011) (allowing VIS from parents of a possession victim); *United States v. Kennedy*, 643 F.3d 1251 (9th Cir. 2011); *United States v. Clark*, 335 Fed. App'x. 181 (3d Cir. 2009); *United States v. McElroy*, 353 Fed. App'x 191 (11th Cir. 2009) (victims in child pornography possession case afforded right to submit VIS as per victims' right to be reasonably heard. Court also noted that common law provides for victim's right to be heard as "sentencing judges 'may appropriately conduct an inquiry broad in scope, largely unlimited either as to the kind of information [they] may consider, or the source from which it may come.'" (citing *United States v. Rodriguez*, 765 F.2d 1546, 1555 (11th Cir. 1985)); see also *United States v. Horsfall*, 552 F.3d 1275 (11th Cir. 2008); *United States v. Severs*, No. 3:09-00091, 2012 U.S. Dist. LEXIS 38937 (M.D. Tenn. Mar. 22, 2012).

⁶⁴ Fed. R. CRIM. PRO. 32 (d)(2)(B) (2013).

⁶⁵ FED. R. CRIM. PRO. 32(i)(4) (2013).

⁶⁶ But see *United States v. Burkholder*, 590 F.3d 1071, 1077 (9th Cir. 2010) (allowing the District Court to strike a VIS from presentence report, because Rule 32 was satisfied as victims could submit their statement for the courts review and the court had authority to strike the statements that concerned conduct unrelated to the defendant's possession of child pornography).

⁶⁷ 18 U.S.C. § 3509(F) (2013).

any federal prosecutor in a child pornography possession or distribution case involving their images, or to share a redacted version of their statement—from which all identifying information has been removed—with state or local prosecutors. The form states that if they check the box indicating they would like to share an impact statement, they will be contacted by a victim/witness coordinator at a U.S. Attorney’s Office.⁶⁸ Once a U.S. Attorney’s Office receives the statement, it can be uploaded into an Intranet database maintained by the Child Exploitation and Obscenity Section of the Criminal Division (CEOS).

At the state level, the right of crime victims to make a statement at sentencing is also firmly established.⁶⁹ However, few states have statutes that specifically address this right in cases involving child pornography possession or distribution. Florida again provides an exception. Its VICTRE program requires prosecutors, in cases involving an identified victim, to enter information into the state database regarding whether the prosecutor has a victim impact statement and whether that statement will be used in sentencing.⁷⁰ In addition, victims are permitted to submit an impact statement to VICTRE for use in cases involving the distribution or possession of their images.

In some cases, state and local authorities are able to access a victim impact statement from the federal database collected through the federal CPVA program. Access depends on whether the victim preference form filed by the victims consenting to the use of the impact statement in other cases was limited to federal and military cases or included state and local cases.⁷¹ The system by which state or local officials learn of the existence of this statement is simple: when an investigatory agency submits images from a child pornography case to the Child Victim Identification Program of the National Center for Missing and Exploited Children, they receive information about whether any of the images, or series of images involving the same victim, are of an identified child victim.⁷² That information includes the name of the law enforcement contact that identified the child and images by file name (such as the “X Name Series”), whether the victim has agreed to share a victim impact statement, and, if so, whether one is on file. Local or state officials can then request a redacted copy of the statement, which does not contain contact or identifying information about the victim.

⁶⁸ The form is available online at http://www.fbi.gov/stats-services/victim_assistance/notification-preference.

⁶⁹ For a discussion of this right, see “About Victims’ Rights,” *VictimLaw*, <https://www.victimlaw.org/victimlaw/pages/victimsRight.jsp>. Accessed February 6, 2014.

⁷⁰ FLA. STAT. § 847.002 (2013). The Florida database has contact information for victims depicted in more than 207 image series. More than 60 victims have submitted victim impact statements. Phone Interview with Pamela M. Bennett, Program Adm’r, Div. of Victim Servs. & Criminal Justice Programs, Office of the Attorney Gen. (Jan. 13, 2013).

⁷¹ The original version of the form was limited to the use of impact statements in federal cases; the form was later revised to include state and local cases. Telephone Interview, focus group of federal agencies (Aug. 28, 2013).

⁷² By law, only child pornography offenses involving a real child (as opposed to a computer-generated image) can be prosecuted. *See Ashcroft v. Free Speech Coalition*, 535 U.S. 234 (2002). Thus, agencies must be able to assert that a collection of child pornography included one or more real children. The CVIP program provides this verification.

Although the federal CPVA gives identified victims the option to share a redacted version of their victim impact statement with state and local prosecutors, prosecutors may not be aware that such a statement could be available. Furthermore, unlike federal courts, state and local courts do not appear to have squarely faced the question of the admissibility of a general victim impact statement that is not explicitly focused on the actions of the individual defendant.⁷³

The Right to Privacy

Privacy and the protection of sexual abuse images from disclosure are important to victims of child pornography. When victim information is not confidential, victims may become the subject of negative media attention.⁷⁴ Victims are also concerned about the security of their images within the justice system. Although less than 20 percent of the adult survivors we surveyed indicated that the crimes against them were reported to police or child welfare authorities, over 70 percent of those respondents said they felt embarrassed about police, social workers, and others seeing the images. Many professionals surveyed agreed that victims are often concerned and upset that the child sexual abuse images will be shown to judges and juries.⁷⁵

Federal law contains many provisions to protect the privacy and dignity of victims in child pornography cases. The CVRA gives victims the “right to be treated with fairness and with respect for the victim’s dignity and privacy.”⁷⁶ Federal courts have relied on this provision to allow victims in child pornography cases to have their names redacted or to be referred to by their initials.⁷⁷ At least one court has relied on this provision to protect a child’s non-pornographic images from being given to the defendant. In upholding the trial court’s denial of the defendant’s request for the images, the appellate court cited the CVRA’s privacy protections and noted that the images of the victim could be altered and used to harass the victim.⁷⁸

The CVCWR statute also provides protections for the privacy of victims and their images. It prohibits the copying of child sexual abuse images to provide them to the defendant—as long as the federal prosecutors make those images “reasonably available” to the defense attorneys, providing

⁷³ Interview with Sasha N. Rutizer, Fellow/Senior Attorney, National District Attorneys Association, National Center for Prosecution of Child Abuse, June 11, 2013.

⁷⁴ In our survey of professionals, in cases that came to media attention, 17 percent of prosecutor respondents and 23 percent of victim advocate respondents indicated the media attention of the case had a negative impact on victims and families. Importantly, 50 percent of prosecutor respondents and 47 percent of advocate respondents in cases that came to media attention said they did not know the impact.

⁷⁵ 71 percent of prosecutor respondents, 35 percent of victim advocate respondents, and 48 percent of mental health provider respondents agreed that victims in their most recent case had this concern.

⁷⁶ 18 U.S.C. § 3771 (2013).

⁷⁷ See *United States v. Clark*, 335 Fed. App’x 181, 183 (3d Cir. 2009) (allowing redaction of child pornography victim’s name in VIS); *United States v. Spensley*, No. 09-CV-20082, 2011 U.S. Dist. LEXIS 5024 (C.D. Ill. Jan. 19, 2011) (allowing child pornography victim to be called by her initials or “victim”).

⁷⁸ *United States v. Rand*, No. 11-60088-CR-COHN/SELTZER, 2011 U.S. Dist. LEXIS 120266 (S.D. Fla. Oct. 18, 2011).

opportunities for the defense attorneys or expert witnesses to view or inspect the material.⁷⁹ The statute also requires that in any case involving a child victim, the prosecution, the court, the defense, and the jury must maintain the confidentiality of any documents containing the name of the child or other information about the child. Any such documents filed with the court must be filed under seal.⁸⁰ The same statute also allows a court to issue a protective order prohibiting public disclosure of the child's name or other information, which may include an order closing the courtroom during certain testimony to prevent the public disclosure of such information.⁸¹ An intentional or knowing violation of the privacy provisions in the CVCWR is criminal contempt, punishable by up to one year's imprisonment, a fine, or both.⁸²

Federal trial courts have applied the CVCWR in child pornography cases to protect child victims and their images. One court restricted the showing of images only to the jury, rather than the gallery, during trial.⁸³ Another court relied on both the CVRA and CVCWR in upholding a protective order concealing the identities of three child pornography victims, even though one victim was no longer a minor at the time of the trial. The court found that the victims' privacy rights outweighed first amendment considerations.⁸⁴

Federal law also provides that, if the prosecution files a motion to protect the information, the name, address, social security number, or other nonphysical identifying information, other than the age or approximate age, of any minor depicted in child pornography, that information "shall not be admissible and may be redacted from any otherwise admissible evidence."⁸⁵

The AG Guidelines further stress privacy protections for all child victims, stating that Department personnel should "scrupulously protect children's privacy." The Guidelines state that Department personnel should protect the dignity of victims, particularly those who have been exploited or are particularly vulnerable, such as children. "Motions in limine, protective orders, and other means should

⁷⁹ 18 U.S.C. § 3509(m) (2013). This provision was added as part of the Adam Walsh Child Protection and Safety Act of 2006, Pub. L. No. 109-248, § 501, 120 Stat. 620 (2006). *See United States v. Jarman*, 687 F.3d 269 (5th Cir. 2012) (examining privacy requirements for child pornography victims under CVCWR, such as keeping evidence in a government controlled facility and monitoring defendant's access); *United States v. Wright*, 625 F.3d 583, 615 (9th Cir. 2010) (describing contents of a protective order in child pornography case, including that images be accessed by defendant during "normal business hours" and that the hard drive be returned to an authorized government employee to be placed in a secured location).

⁸⁰ *See United States v. C.R.*, 792 F. Supp. 2d 343, 387-89 (E.D.N.Y. 2011) (noting that sealing and clearing of the courtroom may be used to protect the victim, particularly where child pornography is involved).

⁸¹ This procedure is explicitly provided in 18 U.S.C. § 3509(d)(3) (2013).

⁸² 18 U.S.C. § 403 (2013); *see United States v. Broussard*, 767 F. Supp. 1536 (D. Or. 1991) (denying defendant's argument that the contempt provision violated first amendment rights in child abuse case).

⁸³ *See United States v. Troup*, No. 3:12-CR-36 JD, 2012 U.S. Dist. LEXIS 124945 (N.D. Ind. Aug. 31, 2012) (action was taken to protect victim's privacy); *see also United States v. Graham*, No. 12-CR-311, 2013 U.S. Dist. LEXIS 2992 (W.D.N.Y. Jan. 8, 2013).

⁸⁴ *United States v. Graham*, No. 12-CR-311, 2013 U.S. Dist. LEXIS 2992, at *3 (W.D.N.Y. Jan. 8, 2013).

⁸⁵ 18 U.S.C. § 2259(A) (2013).

be used to prevent evidence impacting a victim's dignity from unnecessarily being viewed or disclosed in open court or otherwise revealed to the public at large, unless necessary for legitimate evidentiary purposes or to ensure compliance with court rules or rulings." In addition to strongly encouraging the protection of information, the AG Guidelines also urge protecting the victim's dignity by informing and preparing victims for the evidence and testimony expected.

As with other areas of victims' rights, state laws are not uniform in their protection of crime victim privacy, even in cases involving child pornography. Like the federal law, many states' constitutions and statutes provide crime victims a right to privacy or a right to be treated with dignity. Seven states have constitutional amendments broadly protecting a victim's right to privacy.⁸⁶ Texas' victims' rights amendment, as an example, gives victims "the right to be treated with fairness and with respect for the victim's dignity and privacy throughout the criminal justice process."⁸⁷ Other states provide these protections through statutory law. Massachusetts, for example, gives victims a "right to request confidentiality in the criminal justice system" and allows the court to enter orders to limit the disclosure of the victim's personal information.⁸⁸ Florida law exempts certain victim-related records and documents from disclosure under its Open Records Act. Some of the Florida provisions apply explicitly to victims of child pornography, including any criminal investigation evidence that may reveal the identity of a victim of child pornography and any information that might reveal the identity of a minor victim of child pornography that is contained in a videotaped statement of that minor.⁸⁹ Some states also protect the privacy of child pornography victims by allowing them to use a pseudonym in court filings.⁹⁰

Along with general privacy protections, several states have enacted laws to provide for the secure storage and limited use of child pornography images used in evidence. California law prohibits the display of child pornography images unless specifically permitted by the court after a hearing a showing of good cause.⁹¹ Florida law exempts any photograph, videotape, or image of any part of the body of a victim of child pornography from its general laws requiring public disclosure of records.⁹² Idaho's court

⁸⁶ CAL. CONST. art. I, § 28; IDAHO CONST. art. I, § 22; ILL. CONST. art. 1, § 8.1; MICH. CONST. art. I, § 24; N.M. CONST. art. II, § 24; TEX. CONST. art. I, § 30; WIS. CONST. art. I, § 9m.

⁸⁷ TEX. CONST. art. I § 30.

⁸⁸ MASS. GEN. LAWS ch. 258B, § 3 (2013).

⁸⁹ FLA. STAT. §§ 119.071(2)(h)(b), 119.071(j)(2)(a). An individual may petition the court for access to this confidential information, but Florida law permits the prosecution to block such access if it can demonstrate that: (1) The identity of the victim is not already known in the community; (2) the victim has not voluntarily called public attention to the offense; (3) the identity of the victim has not otherwise become a reasonable subject of public concern; (4) disclosure of the victim's identity would be offensive to a reasonable person; and (5) disclosure of the victim's identity would: Endanger the victim, cause severe emotional or mental harm to the victim, make the victim unwilling to testify, or be inappropriate "for other good cause shown." FLA. STAT. § 92.56 (2013).

⁹⁰ See, e.g., FLA. STAT. § 92.56 (2013); NEB. REV. STAT. § 25-21, 294 (2013); TEX. CODE CRIM. PROC., art. 57.01 (West 2013). Oregon allows any victim of a felony offense to use a pseudonym. OR. REV. STAT. § 147.510 (2013). Nevada also allows the use of pseudonyms for victims of sexual offenses, which include some offenses against children, but does not seem to include pornography charges. NEV. REV. STAT. ANN. § 200.3771-72 (2013).

⁹¹ CAL. PENAL CODE § 1054.10 (2013).

⁹² FLA. STAT. § 119.071(h)(a).

rules provide that child pornography images included as attachments to a presentence report must be placed in a separate, specially marked envelope, and access to those images will be restricted to those specifically allowed by the trial court. The rule also provides that, on appeal, those images are to be excluded from the file unless necessary to the appeal.⁹³ Illinois provides that any recordings or evidence obtained in the investigation of child pornography, aggravated child pornography, or sexual exploitation of a minor be reviewed *in camera* with notice to all parties by the court presiding over the criminal case for a ruling of admissibility. Otherwise, the evidence is not admissible.⁹⁴ Other states provide blanket prohibitions against making child pornography images part of the public record and place child pornography under the seal of the court after the conclusion of the proceedings. Some of those laws also permit the destruction of child pornography images used in evidence.⁹⁵

State law is varied with regard to allowing a defendant to receive copies of child pornography images used in evidence. The Adam Walsh Child Protection and Safety Act of 2006 provisions preventing the reproduction of images only extend to federal cases.⁹⁶ Certain states follow the federal model, prohibiting the copying of child pornography on the request of a defendant, so long as the prosecutor makes the evidence reasonably available to defense counsel. In those states, if the defendant is acting *pro se*, the court will make arrangements for the defendant to be supervised. If the material needs to be sent to an expert, the material must be sent directly to the expert.⁹⁷

⁹³ IDAHO CRIM. R. 32 (2013).

⁹⁴ 720 ILL. COMP. STAT. 5/24-2 (2013).

⁹⁵ See ARIZ. REV. STAT. ANN. § 13-3553 (2012); 720 ILL. COMP. STAT. 5/11-20.1-5 to 11-20.1-5(B) (2013); KY. REV. STAT. ANN. § 531.080 (West 2013) (allowing for destruction of child pornography images); LA. REV. STAT. ANN. § 46:1845 (2013) (allowing for a hearing on child pornography evidence to decide on limitations to access or destruction); OKLA. STAT. tit. 21, § 1024 (2012) (requiring destruction upon final conviction); TEX. CODE CRIM. PROC. 38.48 (West 2013); WASH. REV. CODE § 9.68A.180 (2013) (sealing pictures at close of trial); WASH. REV. CODE § 9.68A.190 (2013) (permitting destruction or return of evidence given to defense or experts at close of trial and requesting that child pornography images used in proceedings before 2007 (the year the state's revised privacy laws came into effect) be returned to court custody); *In re Rules of Supreme Court & Court of Appeals*, 2008 Ark. 448 (2008) (requiring that if the record contains child pornography, a motion to seal the record must accompany the record).

⁹⁶ Adam Walsh Child Protection and Safety Act of 2006, Pub. L. No. 109-248, § 501, 120 Stat. 620 (2006) (discovery provision codified at 18 U.S.C. § 3509(m)). See also Nat'l Ctr. for the Prosecution of Child Abuse, Nat'l Dist. Attorneys Ass'n. 2013. "Morris v. State." *Tech. Facilitated Crimes against Children Blog* (Dec. 5, 2013).

<http://ocacb.wordpress.com/2013/12/05/morris-v-state-2013-wl-6038048-ga-app-november-2013/> (noting that Defense Counsel continue to argue that they should be able to receive separate copies of child sexual abuse images for trial preparation instead of reviewing them at Government Offices. While at the federal level the Adam Walsh Act will normally protect those images from being copied and provided separately, the issue is less clear at the state level).

⁹⁷ See ALASKA R. CRIM. PRO. 16 (B)(9) (2013); FLA. STAT. § 92.561 (2013); IND. CODE § 35-36-10-3 to -5 (2013) (if defendant shows good cause to view, must do so under a protective order from the court that limits access and prevents direct access by defendant); MICH. COMP. LAWS § 750.145c (2013); MISS. CODE ANN. § 99-1-29 (2012); WASH. REV. CODE § 9.68A (2013). The Washington State legislature passed its law in response to a string of cases holding that defendants were entitled to copies of child pornography evidence. See *State v. Boyd*, 158 P.3d 54 (Wa. 2007); *State v. Grenning*, 234 P.3d 169 (Wa. 2009) (affirming the *Boyd* decision).

New Jersey's Supreme Court recently outlined a template for allowing defendants access to child pornography images during discovery.⁹⁸ In *New Jersey v. Scoles*, the Court held that defense counsel is not required to access images from a state facility. Instead, if the defense requests copies, a case management conference is held where the defense must demonstrate its ability to comply with the court's protective order. The court's protective order must require that 1) defense not make further copies of the images; 2) defense use a dedicated computer that is not connected with the internet to view the images and that is locked when not in use; 3) images be conveyed to experts by hand-to-hand delivery and returned to the state after trial; 4) the defendant cannot view materials outside the presence of defense counsel; 5) any expert viewing the materials must be furnished with a copy of the protective order and abide by it; and 6) specific procedures must be put in place to ensure the materials are "completely and irretrievably" deleted from any computers on which they were viewed.⁹⁹ Judges are allowed some flexibility in the creation of these protective orders and are encouraged to create additional safeguards based on the unique circumstances of a particular case. If the defense attorneys cannot satisfy the requirement of the protective order, they must view the images at a state facility.¹⁰⁰

The Right to Protection

Protection of victims can be important in cases involving child pornography, where victims or their parents may be intimidated or harassed.¹⁰¹ Intimidation can occur not only through the intentional acts of the accused or another person, but from the process of participation in court proceedings. Many mental health clinicians interviewed noted negative impacts on child pornography victims from participating in the criminal justice process, including victims' anxiety concerning testifying in court. Victims in child pornography cases may have a general right to protection as well as rights to use special procedures to minimize the trauma they may face from participating in the criminal justice process—particularly during in-court testimony.

At the federal level, the CVRA gives victims the right to be "reasonably protected from the accused."¹⁰² The VRRA provides that a responsible official must "arrange for a victim to receive reasonable protection from a suspected offender and persons acting in concert with or at the behest of the suspected offender." The VRRA also requires responsible officials to ensure that during court proceedings a victim is provided a waiting area removed from and out of the sight and hearing of the defendant and defense witnesses.¹⁰³

⁹⁸ *New Jersey v. Scoles*, 69 A.3d 559 (N.J. 2013).

⁹⁹ *See id.* at 573-74.

¹⁰⁰ *Id.*

¹⁰¹ Phone Interview with Pamela M. Bennett, Program Adm'r, Div. of Victim Servs. & Criminal Justice Programs, Florida Office of the Attorney Gen., (Jan. 13, 2013).

¹⁰² 18 U.S.C. § 3771(a)(1) (2013).

¹⁰³ 42 U.S.C. § 10607(c)(2) (2013); *see United States v. C.R.*, 792 F. Supp. 2d 343, 388-89 (E.D.N.Y. 2011) (noting that additional precautions can be put into place to protect victims, such as allowing written or video transmission of VIS, especially in cases of child pornography).

The CVCWR statute provides for various in-court protections to prevent further trauma to a child victim or witness and to ensure that a prosecution can continue. Under this law, a court may allow a child to testify via closed-circuit television if it finds that the child is unable to testify in open court in the presence of the defendant for any of the reasons listed in the statute, including fear or the substantial likelihood that the child would suffer emotional trauma from testifying.¹⁰⁴ The statute sets out other protections for the child, such as permitting the closing of the courtroom during a child's testimony or the appointment of a guardian ad litem (GAL) to represent the best interests of a child.¹⁰⁵ These provisions have been applied to protect a victim of child pornography.¹⁰⁶

Like the federal system, many states give crime victims a general right to protection from the accused. Sixteen states include the right of victims to be reasonably protected from the accused or the right to be "free from intimidation, harassment, or abuse, throughout the criminal justice process" in their state constitutions.¹⁰⁷ Another 20 states and the District of Columbia provide this right by statute.¹⁰⁸ Washington State, for example, provides for a victim's right "[t]o receive protection from harm and threats of harm arising out of cooperation with law enforcement and prosecution efforts, and to be provided with information as to the level of protection available."¹⁰⁹

States also commonly permit a court to issue a no contact order or protection order as a condition of a defendant's pretrial release.¹¹⁰ In many of those states, issuance of such an order is within the court's discretion. For those states, it is unclear how often orders are being issued in cases involving child pornography, or even child sexual abuse. Colorado law, on the other hand, requires criminal courts to issue a protective order in any criminal case, effective from the time of arraignment to the conclusion of the case. Such orders are to "restrain the person charged from harassing, molesting, intimidating,

¹⁰⁴ 18 U.S.C. § 3509(b) (2013).

¹⁰⁵ 18 U.S.C. § 3509 (2013); *United States v. Goodwin*, 287 Fed. App'x 608 (9th Cir. 2008) (affirming child pornography victim's right to GAL but noting that victim is not required to exercise this right).

¹⁰⁶ See *United States v. Fee*, 491 Fed. App'x 151 (11th Cir. 2012) (allowing closed circuit transmission in child pornography case after counselor testified victim was scared and anxious to be in the same room as defendant).

¹⁰⁷ ALASKA CONST. art. I, § 24; ARIZ. CONST. art. II, § 2.1; CAL. CONST. art. I, § 28; CONN. CONST. AMEND. art. XXIX; ILL. CONST. art. 1, § 8.1; MICH. CONST. art. I, § 24; MO. CONST. art. I, § 32; N.M. CONST. art. II, § 24; OHIO CONST. art. I, § 10a; OKLA. CONST. art. II, § 34; OR. CONST. art. I, § 43; S.C. CONST. art. I, § 24; TEX. CONST. art. I, § 30; UTAH CONST. art. I, § 28; VA. CONST. art. I, § 8-A; WIS. CONST. art. I, § 9m.

¹⁰⁸ ARK. CODE ANN. § 16-21-106 (2013); COLO. REV. STAT. § 24-4.1-302.5 (2013); D.C. CODE ANN. § 23-1901 (2013); HAW. REV. STAT. § 801D-4 (2013); KAN. STAT. ANN. § 74-7333 (2013); KY. REV. STAT. ANN. § 421.500 (West 2013); LA. REV. STAT. § 46:1844 (2013); MISS. CODE ANN. § 99-36-5 (2013); NEB. REV. STAT. § 81-1848 (2013); NEV. REV. STAT. § 178.5692 (2013); N.H. REV. STAT. ANN. § 21-M:8-k (2013); N.J. STAT. ANN. § 52:4B-36 (2013); N.Y. CRIM. PROC. LAW § 530.13 (McKinney 2013); N.C. GEN. STAT. § 15A-825 (2013); S.D. CODIFIED LAWS § 23A-28C-1 (2013); TENN. CODE ANN. § 40-38-102 (2013); WASH. REV. CODE § 7.69.030 (2013).

¹⁰⁹ WASH. REV. CODE § 7.69.030 (2013).

¹¹⁰ See IOWA CODE § 811.2 (2013); MD. CODE ANN. CRIM. PROC. § 5-201 (2013).

retaliating against, or tampering with any witness to or victim of the acts charged.”¹¹¹ Such routine issuance ensures such protections are available to every victim.

Protective procedures specifically for child victims are also common at the state level, especially in cases involving sex offenses. These can include allowing a child to testify via closed circuit television, allowing special arrangements in the courtroom, and similar protections.¹¹² They can also involve the appointment of a GAL.¹¹³

Most prosecutors responding to our online survey did not believe GALs should usually be appointed by the court for victims of child pornography. Many offered reasons, including that a GAL is not necessary because the victims have advocates or victim/witness coordinators for support, or supportive families; that the victim is not a party to the criminal case (which is between the defendant and the government); and that the introduction of another stranger may be worrisome for the child. Approximately 30 percent of prosecutor respondents did think a GAL should usually be appointed, and reasons included that the defendant is often related to the victim; the family may fail to support or believe the victim or may support the perpetrator; parents cannot always be objective, whereas a GAL can serve as a neutral party; the GAL can make sure the victim’s rights are considered and the victim’s interests come first; and prosecutors cannot always completely support the victim.

The Right to Prompt Disposition of Proceedings

The long duration of criminal cases can have a negative effect on vulnerable victims, especially children. Mental health providers interviewed spoke of the negative impact of participation in court proceedings, particularly the length of time involved in those proceedings.¹¹⁴

At the federal level, the CVRA gives all crime victims “[t]he right to proceedings free from unreasonable delay.” The AG Guidelines provide guidance to prosecutors on implementing this right, urging them to consult with victims regarding the detrimental effects of any delay, and to inform the court of the victim’s reasonable concerns. Prosecutors may also raise this right of victims when discussing trial dates or responding to a defendant’s motion for a continuance (delay of proceedings), and should consider the victim’s interests when making their own requests for a continuance.¹¹⁵

¹¹¹ COLO. REV. STAT. § 18-1-1001 (2013).

¹¹² The National Center for the Prosecution of Child Abuse has created summaries of some of these protections under state law, including the use of closed circuit television for child testimony and the admissibility of out-of-court video statements. See Nat’l Ctr. for the Prosecution of Child Abuse, Nat’l Dist. Attorneys Ass’n. *State Statutes*. http://www.ndaa.org/ncpca_state_statutes.html. Accessed January 13, 2014.

¹¹³ The extent to which GALs are used in child pornography cases is unclear.

¹¹⁴ For more on this important issue, see Walsh & Steelman, 2013. This study considered case processing time in Arizona, and found that the average processing time for child sexual abuse cases was two-and-a-half times the processing time for other felonies.

¹¹⁵ Office for Victims of Crime, U.S. Dep’t of Justice, *supra* note 11, 47, Art. V(I).

The CVCWR statute also urges the speedy resolution of cases involving child victims and witnesses. Under that statute, the prosecutor, the guardian ad litem, or the court itself may make a motion that the case be designated “as being of special public importance.” Once such a designation is made, the court is required to expedite the proceeding and give it precedence over other cases. “The court shall ensure a speedy trial in order to minimize the length of time the child must endure the stress of involvement with the criminal process. When deciding whether to grant a continuance, the court shall take into consideration the age of the child and the potential adverse impact the delay may have on the child’s well-being.” Furthermore, when granting a continuance in cases involving a child, the court is required to make written findings of fact and conclusions of law supporting that decision.¹¹⁶

At the state level, more than half the states provide victims a right to a speedy trial or a prompt disposition of the case, with 12 including this right in their state constitution. The precise language varies with regard to strength and specificity. For example, the Arizona Constitution gives victims a right to “a speedy trial or disposition and prompt and final conclusion of the case after the conviction and sentence,”¹¹⁷ and the state code requires that “[i]n any criminal proceeding the court, prosecutor and law enforcement officials shall take appropriate action to ensure a speedy trial for the victim.”¹¹⁸ The state’s rules of criminal procedure further instruct courts that “where special circumstances relating to the victim so warrant, the court may accelerate the trial to the earliest possible date that is consistent with the defendant’s right to a fair trial.”¹¹⁹ Utah’s statute places the victim’s right on a par with that of the accused. “In determining a date for any criminal trial or other important criminal or juvenile justice hearing, the court shall consider the interests of the victim of crime to a speedy resolution of the charges under the same standards that govern the defendant’s or minor’s right to a speedy trial.”¹²⁰

Approximately one-quarter of all states also have laws giving special consideration to cases involving child victims, either by giving those cases docket priority or by providing for expedited proceedings.¹²¹ Arkansas and Missouri are among the states requiring that criminal cases involving a child victim or witness be given priority on the court docket or schedule of proceedings.¹²² Other states provide for special consideration in cases involving child victims or witnesses. For example, Delaware law states that in every criminal proceeding in Superior Court involving a child victim or witness, “the Court and the prosecution shall take appropriate action to ensure a prompt trial in order to minimize the length of time a child victim or witness must endure the stress of the victim’s or witness’ involvement in the proceedings. In ruling on any motion or other request for a delay or continuance of proceedings, the

¹¹⁶ 18 U.S.C. § 3509(j) (2013).

¹¹⁷ ARIZ. CONST. art. II, § 2.1.

¹¹⁸ ARIZ. REV. STAT. § 13-4435 (2013).

¹¹⁹ ARIZ. R. CRIM. P. 8.7 (2013).

¹²⁰ UTAH CODE ANN. § 77-38-7 (2012).

¹²¹ Nat’l Ctr. for the Prosecution of Child Abuse. 2011. *Speedy Trial Statutes in Cases Involving Child Victims and Witnesses* (May). <http://www.ndaa.org/pdf/NCPCA%20Speedy%20Trial%202011.pdf>.

¹²² ARK. CODE ANN. § 16-80-102 (2013); MO. REV. STAT. § 491.710 (2013).

Court shall consider and give weight to any adverse impact such delay or continuance might have on the well-being of any child victim or witness.”¹²³

Each of these approaches recognizes the importance of prompt proceedings in cases involving child victims; they are designed to ensure the court considers the interests of the child victim in a resolution of the case free from unreasonable delay, particularly when repeated continuances are requested. Despite the recognition of the importance of prompt proceedings involving child victims of pornography and other sexual abuse, it is unclear whether laws promoting speedy proceedings are being used to limit delays in the resolution of such cases. A small body of research has examined the time to disposition for child sexual abuse (not specific to child victims of pornography). Generally, this research finds that child sexual abuse cases take longer than a year to reach a criminal disposition and often take longer to resolve than other types of felonies.¹²⁴ In-depth interviews with judges, court administrators, defense attorneys, and prosecutors suggest that there is wide variation in disposition even in jurisdictions with speedy trial statutes.¹²⁵ It is also unclear whether states or the federal courts are making any effort to monitor the length of time it takes to resolve cases involving child victims.

The Right to Prompt Return of Property

Victims of child pornography may have their personal property seized as evidence as part of the investigation and prosecution. Victims and families may lose personal photos, even non-pornographic images.¹²⁶ They may also be deprived of computers or cell phones for long periods of time.¹²⁷ Personal technology may hold important evidence relating to the crime such as the victim’s communication with the offender, the dissemination or storage of images, or other important evidence. The property may belong solely to the victim, or may be family property used by the offender as well as nonoffending family members.

Crime victims, including victims of child pornography, are generally given a right to the prompt return of personal property. At the federal level, the VRRA provides that “[a]t all times, a responsible official shall ensure that any property of a victim that is being held for evidentiary purposes be maintained in good condition and returned to the victim as soon as it is no longer needed for evidentiary purposes.”¹²⁸

At the state level, this right exists in at least forty states. For some of these, such as California, the right is guaranteed in the victims’ rights amendment to the state constitution.¹²⁹ In others, such as Florida, it is contained in the statutes. Florida law provides that “Law enforcement agencies and the state attorney

¹²³ DEL. CODE ANN. tit. 11, § 5133 (2013).

¹²⁴ Martone, Jaudes & Cavins, 1996; Smith & Elstein, 1993; Stroud, Martens & Barker, 2000; Walsh, Jones & Swiecicki, 2014; Walsh et al., 2008; Walsh & Steelman, 2013.

¹²⁵ Walsh & Steelman, 2013; Walsh et al. 2013.

¹²⁶ Telephone Interview with Steve Kelly, Crime Victims’ Attorney (Sept. 19, 2013).

¹²⁷ See law enforcement online survey, recommendations, *supra* page 40.

¹²⁸ 42 U.S.C. § 10607(c)(6) (2013).

¹²⁹ CAL. CONST. art. I, § 28.

shall promptly return a victim's property held for evidentiary purposes unless there is a compelling law enforcement reason for retaining it.”¹³⁰

These laws were originally designed to address the issue of stolen property, such as jewelry, televisions, automobiles, or tools. In many cases, photographs of the item could be used in evidence, with physical possession of the property returned to the victim.¹³¹ Most of these laws were adopted prior to the explosion in the use of personal technology, such as cell phones or computers, which may contain the evidence internally. Specific protocols to address the retention of technological evidence while returning the physical device to the victim’s possession could help law enforcement apply this right in cases involving child pornography.

Financial Recovery

Financial recovery is important to victims in child pornography cases. Many victims of child pornography are likely to have high counseling costs, particularly where images have been distributed. Forty-seven percent of the clinicians interviewed believed there were differences in how victims of child pornography production responded to treatment, as compared to other victims of child sexual abuse. Differences included staying in a heightened trauma state longer, having more difficulty transitioning from victim to survivor, returning to treatment more frequently, and suffering ongoing anxiety from the circulation of images. Where images have been distributed, clinicians reported that clients had much more difficulty establishing closure. Similarly, sixty-eight percent of adult survivors responding to our survey indicated they had wanted additional help to deal with the images and their effects that they did not get, including money to pay for therapy. As one victim stated, “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.”

Victims may have additional long-term costs, including the cost of school assistance when they are unable to concentrate on classes or unable to sit in a crowded classroom, lost earnings over a lifetime when the trauma of the crime limits the victim’s ability to work regularly, and other expenses. Attorneys representing child pornography victims have attempted to quantify these losses using experts such as economists and forensic psychologists.¹³²

Parents, too, may incur financial harm related to the offense. These can include the cost of therapy for the victim, the parent, or other children in the family. They can also include lost time from work and transportation costs to travel to appointments and court proceedings.¹³³

¹³⁰ FLA. STAT. § 960.001 (2013).

¹³¹ *President’s Task Force on Victims of Crime, Final Report* (Dec. 1982), 59-60.
<http://www.ovc.gov/publications/presdntstskforcrprt/welcome.html>.

¹³² Telephone Interview with Steve Kelly, Crime Victims’ Attorney (Sept. 19, 2013); Telephone Interview with James Marsh, Crime Victims’ Attorney (Nov. 25, 2013).

¹³³ Parent survey, *supra* pages 73, 75, and 78.

Victims of child pornography seeking financial recovery have three avenues: crime victim compensation programs; court-ordered restitution from a criminal defendant; or civil suits against the creators, distributors, or possessors of child pornography or others who bear responsibility for the crime. Each of these routes to financial recovery has its own limitations.

Crime Victim Compensation

Crime victim compensation programs exist in every state to reimburse victims for many of the out-of-pocket expenses related to a crime that resulted in personal injury or death. Such expenses typically include the costs of counseling, medical treatment, lost wages, and other costs as enumerated by each state's law. Victim compensation programs are "payors of last resort," only paying where expenses are not otherwise covered by insurance or any other payor. Federal crime victims are entitled to apply for compensation in the state where the crime occurs.

In order to be eligible for victim compensation, victims must ordinarily report the crime within a certain time period (most commonly 72 hours after commission of the crime), cooperate in the investigation and prosecution of the offense, and file a claim for compensation within a certain time period (typically 30 days after the crime is reported). Many states have "good cause" exceptions for one or more of these requirements. Also, most states extend the time limitations for reporting and filing for child victims, but generally only until the victim turns 18 or 21. A compensation program may deny or reduce payment to a victim who is found to have contributed to the crime – such as by breaking the law. Each state sets a maximum amount that can be awarded in any case; for many states, the maximum is \$25,000.¹³⁴

Of the 13 parents of victims in child pornography production cases interviewed, 85 percent knew about crime victim compensation funds and about half had received some compensation. Several parents had suggestions for improving victim compensation, including paying for counseling of the parent to address the parent's trauma (in addition to counseling focused on helping the parent support the child victim), broadening the expenses that can be covered, and making it easier to apply for compensation. Only nine percent of adult survivors responding to the survey had applied for victim compensation, and only half of those had actually received victim compensation after applying. Adult survivors recommended better public awareness of the availability of crime victim compensation, fewer restrictions on awards, allowing compensation to be claimed even when people have insurance, and making compensation more accessible and quicker.

While few state compensation programs explicitly cover victims of child pornography, they do cover victims of child sexual abuse, and most state victim compensation programs would consider the child pornography as evidence that the crime of child sexual abuse was committed.¹³⁵ Thus, victims of child pornography that depicts sexual contact with the child are likely to be found eligible for victim

¹³⁴ An overview of state victim compensation laws is available at www.nacvcb.org.

¹³⁵ Telephone Interview with Dan Eddy, Exec. Dir., Nat'l Ass'n of Crime Victim Comp. Boards (Oct. 1, 2012).

compensation. Because many compensation programs limit payment to crimes involving death or personal injury, coverage is less clear when the images do not show contact sexual abuse.

Two states have specifically included victims of child pornography in their victim compensation laws. Florida amended its law in 2008 to provide that a victim in a child pornography or child sexual exploitation case “who suffers psychiatric or psychological injury as a direct result of the crime, and who does not otherwise sustain a personal injury or death” is entitled to victim compensation.¹³⁶ This changed has been called “very beneficial” to victims of child pornography, who now have greater access to counseling.¹³⁷ Nevada’s compensation law includes victims of child pornography production in its definition of “victim.”¹³⁸

Victims of child pornography may delay reporting the crime or seeking help for many years, which may make them ineligible for victim compensation. While many states will extend those time limits for a child victim, extensions are typically only until the child reaches 18 or 21.¹³⁹ Indiana extends the time limit till the victim reaches age 31.¹⁴⁰ Kansas sets no firm time limit for child victims of sex crimes, but instead requires that a compensation claim be filed within two years from the time the crime is reported to law enforcement.¹⁴¹ A few states, however, have no set time limit for applying for compensation, or have no time limits for those who were victimized as children.¹⁴²

Some victims in child pornography cases may have higher compensation needs than other victims due to the ongoing nature of the crime. Fear of distribution, or the actual discovery of their images in case after case, may trigger additional trauma requiring counseling. Many states explicitly permit supplemental compensation awards for additional expenses, including counseling, when the compensation already awarded to the victim has not yet reached the maximum payable.¹⁴³

Along with the direct victims of child pornography, victims’ parents and siblings may also need counseling. Coverage for counseling of parents, siblings, and other family members is available in thirty-four state compensation programs for cases involving child sexual abuse.¹⁴⁴ Some of these states limit

¹³⁶ FLA. STAT. § 960.197 (2013).

¹³⁷ Telephone interview with Pamela M Bennett, Program Adm’r, Div. of Victim Servs. & Criminal Justice Programs, FL Office of the Attorney Gen., (Jan. 13, 2013).

¹³⁸ NEV. REV. STAT. § 217.070 (2013).

¹³⁹ See Nat’l Ass’n of Crime Victim Comp. Boards. *Program Directory*. www.nacvcb.org; see e.g., NEV. REV. STAT. § 217.210 (2013).

¹⁴⁰ IND. CODE § 5-2-6.1-16 (2013.).

¹⁴¹ KAN. STAT. ANN. § 74-7305 (2013).

¹⁴² UTAH CODE ANN. § 63M-7-509; VT. STAT. ANN. tit. 13, §§ 5351, 5358a (2013).

¹⁴³ As examples, see 37 PA. CONS. STAT. § 411.18(f) (2013); R.I. GEN. LAWS § 12-25-21 (2013).

¹⁴⁴ ALA. ADMIN. CODE r. 262-X-4-.07 (2013); ARIZ. ADMIN. CODE § R10-4-101 (2013); ARK. CODE ANN. § 16-90-703 (2013); CAL. GOV’T CODE § 13951 (2013); COLO. REV. STAT. § 24-4.1-102 (2013); DEL. CODE ANN. tit. 11, § 9002 (2013); IDAHO CODE ANN. § 72-1019 (2013); 740 ILL. COMP. STAT. 45/2 (2013); IND. CODE § 5-2-6.1-21 (2013); IOWA CODE § 915.86 (2013); KAN. ADMIN. REGS. § 20-2-3 (2013); LA. ADMIN. CODE tit. 22, § XIII.503 (2013); ME. REV. STAT. tit. 5, § 3360-B (2013); MD. CODE ANN. CRIM. PROC. § 11-811 (2013); MICH. COMP. LAWS § 18.361 (2013); MINN. R. 3050.3400 (2013);

coverage to family counseling sessions or to sessions that are necessary to support the recovery of the primary victim. In other states, family members may be reimbursed for counseling necessary for their own recovery.

Victims in child pornography cases may also have expenses relating to transportation, particularly if they travel to other jurisdictions to exercise their rights to be present and heard, and to seek restitution, in criminal cases. These expenses appear to be compensable in at least 13 states.¹⁴⁵

Restitution from the Offender

Victims may also be compensated for the financial impact of child pornography through courts ordering convicted defendants to pay restitution as part of their sentence. Of the 13 parents of victims of child pornography production interviewed during this project, 77 percent had heard of restitution, and restitution had been ordered in about half the cases. Some restitution had been paid in half of the cases where it was ordered. Many noted the difficulty in getting money from the defendant, either because he was in jail or because assets were protected or had been dissipated prior to sentencing. Only one percent of the adult survivors responding to our survey stated that a court had ordered the perpetrator to pay restitution.

At the federal level, courts must order a convicted defendant to pay restitution to the victim in any case involving a violent crime, and certain property crimes, and may order restitution in any other case.¹⁴⁶ In addition, victims in cases involving child pornography have special right to court-ordered restitution for the full amount of the victim's losses.¹⁴⁷ The statute defines those losses as

24-1 Miss. CODE R. §200 (2013); Mo. REV. STAT. § 595.010 (2013); MONT. CODE ANN. § 53-9-128; MONT. ADMIN. R. 23.15.306 (2013); NEV. REV. STAT. § 217.310 (2013); N.H. CODE ADMIN. R. ANN. Jus. 602.23 (2013); N.J. ADMIN. CODE § 13:75-1.28 (2013); N.Y. EXEC. LAW. §§ 624, 626 (McKinney 2013); OHIO REV. CODE ANN. § 2743.01 (2013); OKLA. STAT. tit. 21, § 142.13 (2013); OR. REV. STAT. § 147.035 (2013); 18 PA. CONS. STAT. § 11.707 (2013); S.C. CODE ANN. § 16-3-1340 (2013); TENN. CODE ANN. § 29-13-105 (2013); TEX. CODE CRIM. PROC. ANN. art. 56.01 (West 2013); UTAH ADMIN. CODE r. 270-1-4 (2013); VT. CODE ANN. tit. 13, § 5351 (2013); WASH. REV. CODE § 7.68.080 (2013); W.VA. CODE §14-2A-3 (2013). In addition, Connecticut's victim compensation website states that it will compensate for counseling for relatives of victims of sexual assault and child abuse, though there is no specific provision in the law. See http://www.jud.ct.gov/crimevictim/#Crime_Victim_Compensation. The law does allow counseling for "any other loss ... resulting from the personal injury... which the [compensation program] determines to be reasonable." CONN. GEN. STAT. § 54-210 (2013).

¹⁴⁵ ALA. ADMIN. CODE r. 262-X-4-04 (2013); DEL. CODE ANN. tit. 11, § 9002 (2013); D.C. CODE § 4-501(7)(A) (2013); Miss. CODE ANN. § 99-41-5 (2013); N.J. ADMIN. CODE § 13:75-1.28 (2013); N.Y. EXEC. LAW § 631 (McKinney 2013); N.Y. COMP. CODES R. & REGS. tit. 9, § 525.26 (2013); 37 PA. CONST. STAT. § 411.42 (2013); S.D. ADMIN. R. 67:55:04:05 (2013); TENN. CODE ANN. § 29-13-106 (2013); TEX. CODE CRIM. PROC. ANN. art. 56.32 (West 2013); UTAH ADMIN. CODE r. 270-1-10 (2013); W.VA. CODE § 14-2A-3 (2013). Several other states, including Arkansas, Vermont, and Wyoming, have stated that they cover travel expenses for criminal justice proceedings, but appear to do so under their general legislative authority to cover "other related expenses."

¹⁴⁶ 18 U.S.C. §§ 3663, 3663A (2013).

¹⁴⁷ 18 U.S.C. § 2259 (2013). This law applies to a range of child sexual exploitation crimes, including the production, dissemination, or possession of child pornography.

- (A) medical services relating to physical, psychiatric, or psychological care;
- (B) physical and occupational therapy or rehabilitation;
- (C) necessary transportation, temporary housing, and child care expenses;
- (D) lost income;
- (E) attorneys' fees, as well as other costs incurred; and
- (F) any other losses suffered by the victim as a proximate result of the offense.

Federal courts have differed in their interpretation of this statute—specifically, whether the qualifying language “suffered as a proximate result of the offense” applies to all of the categories of losses enumerated in subsections (A) – (E) or whether it is limited to subsection (F) – “any other losses.”¹⁴⁸ This issue has arisen in cases involving possession of a victim’s image, with courts differing in whether the victim must show a particular degree of harm, or particular expenses, tied to the defendant’s actions in possessing the image. This interpretation is particularly relevant because courts, while recognizing that child pornography possession causes harm to the victim whose images are possessed, have found it difficult to apportion the amount of harm caused any individual possessor.¹⁴⁹ This question is currently under consideration by the U.S. Supreme Court.¹⁵⁰

At the state level, few laws require restitution specifically for victims of child pornography. However, victims in child pornography cases are likely to be encompassed under the general restitution statutes in many states. For example, Washington state law mandates that “[r]estitution shall be ordered whenever. . . an offense result[s] in injury to any person. . .”¹⁵¹ Similarly, Iowa law requires that “. . . the sentencing court shall order that restitution be made by each offender to the victims of the offender’s criminal activities.”¹⁵² There have been a few reported cases of restitution to victims of child pornography ordered in state courts under these general restitution provisions. For example, Wisconsin’s law, requiring restitution be paid to “victim of any crime” unless court finds “substantial reason not to do so,” has been applied in a child pornography possession case.¹⁵³

¹⁴⁸ See *United States v. Lundquist*, No. 06-4105, 2013 U.S. App. LEXIS 18734 (2d Cir. Sept. 9, 2013) (holding proximate cause is required for all enumerated elements of 18 U.S.C. § 2259); see also *Amy v. United States*, 710 F.3d 985 (9th Cir. 2013). But see *United States v. Unknown*, 701 F.3d 749 (5th Cir. 2012) (proximate cause only applies to subsection (F) of 18 U.S.C. § 2259).

¹⁴⁹ See U.S. Sentencing Comm’n. 2010. *Federal Child Pornography Offenses*, 117. http://www.ussc.gov/Legislative_and_Public_Affairs/Congressional_Testimony_and_Reports/Sex_Offense_Topics/201212_Federal_Child_Pornography_Offenses/Full_Report_to_Congress.pdf.

¹⁵⁰ *United States v. Unknown*, 701 F.3d 749 (5th Cir. 2012), cert. granted sub nom., *Paroline v. United States*, 2013 WL 497856 (June 27, 2013) (No. 12-8561).

¹⁵¹ WASH. REV. CODE § 9.94A.753 (2013).

¹⁵² IOWA CODE § 910.2 (2013).

¹⁵³ WIS. STAT. § 973.20 (2013); see *State v. Simonetto*, 606 N.W.2d 275 (Wis. Ct. App. 1999) (approving restitution in a child pornography possession case under Wisconsin law).

Along with the general right of crime victims to restitution, a few states provide a specific right to restitution for victims of child pornography crimes or other forms of child sexual exploitation. Virginia law requires mandatory restitution for victims of the creation, distribution, and possession of child pornography.¹⁵⁴ In a case tried under this new law, the court ordered a man convicted of possession of child pornography to pay \$1,000 each to two identified victims.¹⁵⁵

Louisiana's law requires courts to order restitution in pornography cases for "reasonable costs of counseling that result from the offense." However, this law is limited to those cases involving incest.¹⁵⁶ Florida's conditional release program requires those who have been convicted of certain sexual offenses and crimes against children—including the creation, distribution, or possession of child pornography—to make restitution to the victim upon being released "for all necessary medical and related professional services relating to physical, psychiatric, and psychological care."¹⁵⁷

States are also beginning to address the need for restitution in other sexual exploitation cases, such as human trafficking; some of these statutes are written broadly enough to encompass some victims in cases involving the creation of child pornography, if not possession or distribution. For example, Delaware requires mandatory restitution under its trafficking law for "sexual servitude," defined as when defendant "recruits, entices, harbors, transports, provides or obtains by any means, a minor under 18 years of age, knowing that the minor will engage in commercial sexual activity, a sexually explicit performance, or *the production of pornography*."¹⁵⁸ Other state trafficking restitution laws could also apply to certain victims of child pornography.¹⁵⁹

While two-thirds of child pornography possession or distribution cases are charged at the state level,¹⁶⁰ the extent to which victim restitution is being ordered in those cases is unclear. Given the lack of a mechanism to provide notice to identified victims regarding state and local level prosecutions, victims' ability to exercise their rights, including the right to request restitution, is severely limited.

At the federal level, restitution is being ordered for some victims in child pornography possession cases. However, there appear to be limitations on the ability of restitution orders to meet the needs of victims.

¹⁵⁴ VA. CODE ANN. § 19.2-305.1(E1) (2013) (restitution is to be made "in an amount as determined by the court").

¹⁵⁵ Smith, Portia. 2001. "Convicted Man Ordered to Pay Restitution: Hanover Man Convicted in Child Pornography Case Will Have to Pay Restitution to Young Victims." *Free Lance-Star* (Sept. 17). <http://fredericksburg.com/News/FLS/2011/092011/09172011/652552>.

¹⁵⁶ LA. REV. STAT. ANN. § 14:78.1 (2013).

¹⁵⁷ FLA. STAT. § 947.1405(7)(a) (2013).

¹⁵⁸ DEL. CODE ANN. tit. 11, § 787 (2013) (emphasis added).

¹⁵⁹ See also 9 GUAM CODE ANN. § 26.02 (2013) (defining "sexually-explicit performance" as an act or show, intended to arouse, satisfy the sexual desires of, or appeal to the prurient interests of patrons or viewers, whether public or private, live, *photographed, recorded, or videotaped*) (emphasis added); 720 ILL. COMP. STAT. 5/10-9 (2013) (including pornography under "involuntary sexual servitude"); OKLA. STAT. tit. 21, § 748 (2013) (listing participation in pornography under "commercial sex activity").

¹⁶⁰ Wolak, Finkelhor & Mitchell, 2012a.

One problem concerns the financial status of many federal defendants at the time of sentencing. A recent examination of the assets of defendants in federal child pornography cases revealed that slightly less than half of the offenders in possession cases, and slightly more than half of offenders in production cases, reported a negative net worth during the presentence investigation.¹⁶¹ Importantly, only 15 percent were unemployed (other than because of a disability or retirement) at the time of their arrests for their child pornography offenses. It appears, therefore, that many defendants had a significantly higher net worth at the time of arrest than at the time of sentencing. Two explanations for this reduction have been offered: first, the offender may have lost his employment as the result of the arrest, particularly if he was denied bail.¹⁶² Second, some offenders retained private counsel and spent significant assets on attorneys' fees. It appears, therefore, that the percentage of offenders reporting negative net worth at the time of the presentence report was higher than those with negative net worth at the time of arrest.¹⁶³ Because individual defendants may be unable to pay significant amounts of restitution, it may be necessary for victims to seek restitution from multiple defendants in many separate cases.

Victim access to restitution in cases involving their images at the federal level may be further limited by the uneven rates of prosecution for child pornography across federal districts. Reports from state ICACs indicate a wide range of federal prosecution levels for child sexual exploitation, including child pornography. For example, in FY 2010, of 19 cases referred to federal authorities by the ICAC headed by the Massachusetts State Police, only two were referred for prosecution, and neither of those was prosecuted. The ICAC Task Force headed by the Illinois Attorney General's Office, by contrast, referred 28 cases to federal authorities, of which 19 were submitted for federal prosecution and 17 were accepted for federal prosecution.¹⁶⁴ Similarly, an examination by the U.S. Sentencing Commission found that in federal prosecutions for non-production child pornography cases, seven districts, including the Eastern District of Missouri, accounted for just over 20 percent of all such cases in 2010.¹⁶⁵ While there may be many differences between jurisdictions that account for the disparity, the rates of federal prosecution of child pornography clearly vary between districts.

Civil Actions for Recovery

Victims may also recover for their financial harm by bringing civil actions against the creators, distributors, or possessors of child pornography, or against others bearing responsibility for the offense. While no solid data exist, our interviews of parents and civil attorneys indicate this avenue for recovery is not widely used. While nearly half of the parents of victims of child pornography production knew

¹⁶¹ See U.S. Sentencing Comm'n, *supra* note 121, at 100, 258.

¹⁶² *Id.* at 258 (as 93 percent of production offenders and 57 percent of non-production offenders were in fiscal year 2010).

¹⁶³ *Id.* at 162-63.

¹⁶⁴ Office of Juvenile Justice and Delinquency Programs, Office of Justice Programs, U.S. Dep't of Justice. 2012. *Review of the Internet Crimes Against Children Task Force Program: Interim Report to the Attorney General Fiscal Years 2010 and 2011*, A-20. <http://www.ojjdp.gov/pubs/240146.pdf>.

¹⁶⁵ U.S. Sentencing Comm'n, *supra* note 121, at 128.

abusers could be sued in civil court, only one had retained an attorney for that purpose. One parent stated that she was too exhausted after the criminal proceedings to think about a civil suit. Of adult survivors responding to our survey, only three percent had retained a civil attorney to sue for damages.

Federal law provides an avenue of civil recovery for child victims of sexual exploitation. This includes a general right to bring a civil action for victims of child pornography creation, distribution, or possession. Courts may award injunctive relief, compensatory and punitive damages, and costs and fees for attorneys or expert witnesses.¹⁶⁶ “Masha’s Law” provides an additional civil remedy for victims of federal crimes of child sexual exploitation, including the creation, distribution, or possession of child pornography.¹⁶⁷ That law sets a presumptive amount of damages of \$150,000 plus costs and attorneys’ fees.¹⁶⁸ Cases must be filed within six years of the date the victim suffered personal injury from the underlying offense or within three years of the victim turning 18.¹⁶⁹ Several suits are currently being brought under this provision.¹⁷⁰

Several states have created civil causes of action for victims of child pornography crimes or other forms of child sexual exploitation. Many of these are similar to the federal “Masha’s Law.” Florida was the first, passing the Exploited Children’s Civil Remedy Act, which allows victims of child pornography to bring a civil suit against the producer, promoter, or possessor of their images.¹⁷¹ The act provides that a prevailing plaintiff shall recover the actual damages sustained and the cost of the suit, including reasonable attorney’s fees. If a victim is awarded damages, he or she will be deemed to have sustained

¹⁶⁶ 18 U.S.C. § 2252A (2013).

¹⁶⁷ 18 U.S.C. § 2255 (2013).

¹⁶⁸ Federal courts have been split on whether the civil recovery statute provides guidance for the ordering of criminal restitution. Some have found the presumptive amount of damages set in Masha’s Law as a standard for the amount of restitution to be ordered; others have held that it would not apply in a case that did not involve creation of the images. *See United States v. Cheenue Yang*, No. 1:09-CR-00168 AWI, 2010 U.S. Dist. LEXIS 54925 (E.D. Cal. May 18, 2010) (using § 2252 as a formula to help determine criminal restitution amounts in a child pornography case); *United States v. Baker*, 672 F. Supp. 2d 771 (E.D. Tex. 2009) (using Masha’s law as guidance, the court found restitution in the amount of \$97,900 per victim well below the statutorily mandated amount. The court stated that “[b]ecause Congress deemed \$150,000 to be the minimum amount of damages sustained by a victim of child sexual exploitation, any restitution amount below \$150,000 will fall short of making these minor victims whole.”). *But see United States v. Cantrelle*, No. 2:11-cr-00542-GEB, 2013 U.S. Dist. LEXIS 53767 (E.D. Cal. Apr. 15, 2013) (holding that government did not adequately prove that § 2255 should apply in a criminal restitution case for distribution of child pornography); *United States v. Paroline*, 672 F. Supp. 2d 781 (E.D. Tex. 2009) (arguing that *Baker* clearly applies to child pornography production cases, but not necessarily possession cases. The court states that Masha’s Law “is largely unworkable in the context of criminal restitution.”).

¹⁶⁹ 18 U.S.C. § 2255 (2013).

¹⁷⁰ See Sterman, Joce. 2013. “Mother Sues 200+ “Pedophiles” Who Viewed Child Porn Featuring Her Children.” *ABC2 News* (May 29). http://www.abc2news.com/dpp/news/local_news/investigations/mother-sues-100-pedophiles-who-viewed-child-porn-featuring-her-children; Martin, John, P. 2013. “Victim of Child Pornography Sues Her Exploiters.” *Philly.com* (Aug. 28). http://articles.philly.com/2013-08-28/news/41500826_1_mancuso-defendants-lawyers; Campisi, John. 2013. “Inspiration for “Masha’s Law” Files Class Action Suit Against Viewers of Child Porn Images.” *The Pa. Rec.* (Aug. 28). http://articles.philly.com/2013-08-28/news/41500826_1_mancuso-defendants-lawyers.

¹⁷¹ FLA. STAT. § 847.01357 (2013).

damages of at least \$150,000. The act also authorizes the attorney general to pursue these cases on behalf of the victim at the victim's request. Actions must be brought within three years after the later of (a) the conclusion of the criminal case; (b) the notification to the victim by law enforcement of the creation, possession, or promotion of images; or (c) the victim reaching the age of 18.

Kansas, Nebraska, and Nevada enacted similar laws, all with a presumptive damages amount of \$150,000. ¹⁷² Nebraska's law also explicitly allows for injunctive relief and allows parents of the victim to bring suit. The Nebraska law excludes those victims 16 years of age and older who voluntarily participate in the creation of the images. New Jersey law allows for a civil action to be brought by the child victim, their guardian, or a child advocacy organization. The act allows victims to recover three times the financial gains made by those who exploit them and authorizes injunctive relief to halt the making and distribution of child pornography.¹⁷³

A few states have created civil causes of action for victims of child pornography crimes that allow the recovery of punitive, or exemplary, damages—an award designed to punish a defendant for willful acts that are especially malicious, violent, or otherwise worthy of punishment—in addition to economic damages. For example, Louisiana law allows a court to order exemplary damages if there is “proof that the injuries on which the action is based were caused by a wanton and reckless disregard for the rights and safety of the person through an act of pornography involving juveniles.” Such civil actions do not require the prosecution of the defendant.¹⁷⁴ Oklahoma allows the recovery of the actual, special, and punitive damages and the cost of the suit, including reasonable attorney fees.¹⁷⁵ South Dakota allows the recovery of exemplary damages and pain and suffering, along with economic damages such as costs of treatment or loss of productivity, and attorney fees.¹⁷⁶ Such actions can be brought by the child, the child's parent, legal guardian, or sibling; any entity that funds a treatment program for the child or provided services to the child; or any other person injured by the conduct.¹⁷⁷ South Dakota's law states that actions must be brought within six years of the time the plaintiff knew or had reason to know of any injury caused by the offense. The time period is tolled while the plaintiff is a minor.¹⁷⁸

Interviews with civil attorneys representing victims of child pornography helped illustrate the potential benefits and limitations of civil justice in these cases. Many suits end quickly, as defendants default—fail to contest cases—or settle to avoid publicity. Civil suits have the advantage of reaching individuals who have not yet been criminally convicted, increasing the possibility that the defendant will have assets available to pay a judgment.

¹⁷² KAN. STAT. ANN. § 60-5001 (2013); NEB. REV. STAT. § 25-21, 290 to 296 (2013); NEV. REV. STAT. ANN. § 41.1396 (2013).

¹⁷³ N.J. STAT. ANN. § 2A:30B (2013).

¹⁷⁴ LA. CIV. CODE ANN., art. 2315.3 (2013).

¹⁷⁵ OKLA. STAT. tit. 21, § 1040.56 (2013).

¹⁷⁶ S.D. CODE § 22-24A-10 (2013).

¹⁷⁷ S.D. CODE § 22-24A-8 (2013).

¹⁷⁸ S.D. CODE § 22-24A-13 (2013).

Civil suits are also a flexible remedy, allowing victims to pursue a wide spectrum of potential defendants under a multitude of legal theories. Even when no statutory cause of action exists, civil attorneys can pursue claims under general theories of liability, often against others who might have reliable assets, such as 3rd party defendants. One civil attorney reported success pursuing civil conspiracy claims against multiple defendants involved in child pornography trading. Employers can be reached under the doctrine of *respondeat superior*, which holds that employers are responsible for the actions of their employees during the scope of their employment. For example, a child pornography victim was able to recover damages after suing the perpetrator's employer for negligence and failure to report after the perpetrator used a work computer to store pornographic images of the victim.¹⁷⁹ Other entities, such as schools and religious institutions can also be reached under vicarious liability claims. One civil attorney respondent referenced recovering \$120,000 from a police department for failure to investigate the crime; there was no recovery from the perpetrator due to lack of income.¹⁸⁰

Civil suits have their limitations as well; often these suits do not recover adequate damages to ensure the victim is properly recompensed. Individual defendants may have insufficient funds to cover the victim's losses.¹⁸¹ One civil attorney interviewed described his client's attempt to obtain full financial recovery by bringing a civil claim reverse class action against every known viewer of the series of images involving two young victims.¹⁸² The attorney is proceeding under a theory of joint and several liability; he and his clients intend to collect damages from as many individual viewers as possible until the full amount of damages has been reached. However, given the large number of separate filings against defendants across the country, this case has been costly to administer.

Attorneys interviewed noted other barriers to civil justice, including victims' lack of awareness of the existence of civil remedies, victims' lack of knowledge about where to find attorneys, short statutes of limitation for civil suits,¹⁸³ inability of civil attorneys to be admitted in various federal courts where possessors of their client's images are being charged, emotional barriers that victims and families have in coming forward to bring suit, and interfering institutions. Civil attorneys also noted reluctance from

¹⁷⁹ *Doe v. XYC Corp.*, 887 A.2d 1156 (N.J. Super. Ct. App. Div. 2005).

¹⁸⁰ Telephone Interview with Steve Kelly, Crime Victims' Attorney (Sept. 19, 2013).

¹⁸¹ While homeowners' insurance formerly provided a source of funds for recovery against individual perpetrators for crimes committed in the home, those policies now typically exclude coverage for crimes. See Williams, Marian, R. et al. 2010. *Policing for Profit* (March).

http://www.ij.org/images/pdf_folder/other_pubs/assetforfeituretoemail.pdf.

¹⁸² Telephone Interview with Steve Kelly, Crime Victims' Attorney (Sept. 19, 2013).

¹⁸³ Some states include child pornography possession under statutes that eliminate or extend the civil statute of limitations period for cases of child sexual abuse; however, this occurs in a minority of states. See, e.g., COLO. REV. STAT. § 13-80-103.7 (2013); CONN. GEN. STAT. § 52- 577e (2013); N.M. STAT. ANN. § 37-1-30(A)(1) (2013); N.D. CENT. CODE § 28-01-25.1 (2013). A vast majority of states either have no specific statutes of limitation for child sexual abuse, see, e.g., ALA. CODE § 6-2-38(l) (2013), or the applicable statute does not include child pornography possession within the definition of child sexual abuse. See, e.g., D.C. CODE § 12-301(11) (2013). Additionally, most states have a tolling provision for minors under their general tort statute, but these provisions range in their scope, usually from 1-5 years after the victim reaches the age of majority. See e.g., MICH. COMP. LAWS § 600.5851 (2013); MISS. CODE ANN. § 15-1-59 (2013).

some prosecutors to share case information, and competition for the defendant's resources where the government seeks forfeiture of the defendant's assets and the victim wants to bring a civil action for damages.¹⁸⁴

Recommendations to Improve the Justice System Response to Victims Depicted in Child Pornography

Although the criminal justice system is taking significant steps to address the problem of child pornography, criminal justice proceedings often have a negative impact on victims. More can be done to promote a victim-sensitive approach to these crimes, to ensure and protect victims' exercise of their rights, to improve the investigation and prosecution of these crimes through continued training of law enforcement professionals, and to expand knowledge on all these issues. We recommend the following:

- The Office of Juvenile Justice and Delinquency Prevention (OJJDP) should work with stakeholders to develop victim service standards for Internet Crimes Against Children (ICAC) task forces. Such standards should include the use of trained child forensic interviewers, linking victims and families to supportive services, and training requirements in victimology and victims' rights for ICAC members;
- Policymakers and criminal justice officials should improve CP victim notification by: developing a system to allow victims to request notice by state and local criminal justice agencies in cases of CP dissemination or possession involving their images, building on the currently existing system for federal notification; modifying the federal victim notification system to give victims a choice of receiving notice of ALL case events and proceedings, or only MAJOR events and proceedings; and notifying victims of their right, in federal cases, to be represented by an attorney and where to seek assistance;
- National prosecutor organizations, or nonprofits dedicated to victim related training of prosecutors, should provide training and technical assistance to state and local prosecutors to promote the use of victim impact statements in cases involving dissemination or possession of the victims' images;
- Federal funders should support research regarding the current application of state laws that give victims—especially child victims—a right to a speedy disposition of proceedings, to guide future work to shorten the length of time children must endure the criminal justice process;
- Policy experts should assess the scope and implementation of state laws to protect child victims—including protecting the confidentiality of their personal information and CP images—to guide efforts to reduce the risk of trauma to child victims participating in the criminal justice process; and
- Federal and state law makers should pass legislation to provide a presumptive minimum amount of restitution to be ordered to every identified victim in a case involving their image.

¹⁸⁴ Telephone Interview with Leto Copley, Crime Victims' Attorney (Nov. 5, 2013).

SECTION 8

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SECTION 9

Appendices

Appendix A

"Improving the Response to Victims of Crime Pornography" Advisory Committee Members

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Appendix C

Parent and Child Interview

Appendix D

Trauma Symptom Checklist (TSC-40) Results

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Appendix F

Clinician Interview

Appendix G

What Constitutes a Crime under Victim Rights Laws: Inclusion of Child Pornography Offenses

Appendix A

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Appendix B

Practitioner Survey

PARTICIPANTS WILL RECEIVE THE FOLLOWING EMAIL:

Have you struggled with how to respond to a victim who has been photographed or videoed for child pornography? Have you wondered how to improve system responses to victims depicted in child pornography?

You have been selected to complete an online survey because your organization may serve victims who have been depicted in child pornography. The survey is part of a study funded by the Department of Justice, Office of Victims of Crimes and conducted by the National Center for Victims of Crimes, the Crimes against Children Research Center and the National Children's Alliance. The goal of the study is to improve services to victims depicted in child pornography, including victims whose images have been distributed on the Internet.

The survey will take about 20 minutes. It asks about your experiences with and opinions about the needs of victims. If you have no experience with victims depicted in child pornography, please click on the link below and just answer the first 4 questions.

Participation in this survey is completely voluntary and refusal to participate will not affect you or your workplace in any way. You can refuse to answer any question or stop at any time. The survey does not require information that would identify you or any victim. Your answers will be combined with the answers of other participants and used for statistical purposes only. Data will be kept in secured files, available only to the researchers and designated staff. We will make every effort to maintain the confidentiality of data; however there are rare instances when third parties might have access. (For example, in response to a complaint about the research, officials at our university might access research data.)

Participating in this research will not entail any particular risks to you, but it will contribute to knowledge about the needs of victims and their families and how to help them.

If you have any questions about the survey, please contact:

Wendy Walsh

Crimes against Children Research Center

Wendy.Walsh@unh.edu

603-862-1026

If you have questions about your rights as a research participant you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or Julie.simpson@unh.edu to discuss them.

Please access the survey through the following link:

|LINK1|

Improving the System Response to Victims of Child Pornography

PLEASE READ THIS BEFORE YOU BEGIN THE SURVEY:

This survey aims to improve services to victims depicted in child pornography.

Victims include children, adolescents, and adult survivors.

Child pornography means images of minors age 17 or younger that depict explicit sexual acts, focus on genitals or show nudity in a sexual context.

Distribution occurs when an offender provides images that he or she has created to others. Online distribution occurs when an offender distributes images he or she has created on the Internet.

Use a mouse or the 'tab' key to answer questions. Hitting 'enter' will take you to the next page. You can go back to previous pages. You can also save your responses at the end of any page and return to the survey later.

Thank you for participating!

SECTION 1: INFORMATION ABOUT YOUR WORK [all respondents]

Q1. Please enter your name. OPTIONAL

Name: _____

Q2. Please enter your email address. OPTIONAL

Email Address: _____

Q3. Which of these categories best describes your work?

Clinician or other mental health treatment provider

Forensic interviewer

Law enforcement investigator or computer forensic examiner

Prosecutor

Doctor, nurse, nurse practitioner, other medical practitioner
Social services or child protective service practitioner
Civil attorney
Advocate
Other (please specify)

If you selected other, please specify

Q4. How many years have you been doing this type of work?

1 year or less
More than 1 to 3 years
More than 3 to 5 years
More than 5 to 10 years
More than 10 years

Q5. How many years have you been in your current position?

1 year or less
More than 1 to 3 years
More than 3 to 5 years
More than 5 to 10 years
More than 10 years

Q6. In the past five years, have you had any clients or cases involving a minor or adult survivor who was depicted in child pornography? (Child pornography means an image of a victim age 17 or younger that depicts explicit sexual acts, focuses on genitals or shows nudity in a sexual context.)

Yes
No

Q7. In the past five years, how many such clients or cases have you had? (An estimate is fine.)

One
Two
Three to five
Six to ten
More than 10

Q8. Are you part of a multidisciplinary team?

Yes
No

Q9. Have you received any training specific to working with victims depicted in child pornography?

Yes

No

Q10. What sort of training did you receive?

SECTION 2: MOST RECENT CASE [all respondents]

Q11. We have a few questions about your most recent client or case where a victim was depicted in child pornography. Did this crime involve more than one victim who was photographed or videoed for child pornography?

Yes

No

Don't know

[If yes] If there was more than one victim and one was your client, please answer the following questions with reference to your client. If you saw or assisted more than one victim involved in this case/incident, please answer the following questions with reference to the child who was most seriously victimized by being depicted in child pornography.

Q12. What sex was the victim?

Male

Female

Q13. What age was the victim when the images were created? (*If the images were created over an extended time, enter all ages that apply.*)

5 or younger

6 to 8

9 to 11

12 or 13

14 or 15

16 or 17

Don't know

Refused

Q14. Who created the child pornography images of the victim? (*If there was more than one person who created images, enter all that apply.*)

A family member or member of the victim's household
An acquaintance (knew the victim from neighborhood, school, etc.)
Someone the victim met online
The victim created images of her- or himself
Other (Please Specify) _____
Don't know

Q15. Did this crime involve multiple occasions when the victim was photographed or videoed for child pornography?

No
Yes
Don't know

Q16. Did any of the images that depicted this victim show... (*Enter all that apply.*)

Penetration or other sexual abuse by an adult
Penetration with an object
Sexual interaction with an animal
Torture, bondage, sadism or other violence to the victim
Use of costumes or props
Sexual acts between minors
Masturbation
Focus on genitals
None of the above, but nudity in a sexual context
Don't know

Q17. Please give us a brief description of the crime that was committed against this victim and how the offender created the child pornography that depicted the victim. (For example, did the offender persuade or coerce the victim into posing, secretly film the victim, or get the images some other way?)

Q18. If you didn't mention this already and if you know, please tell us briefly how this case came to the attention of police and how the child pornography was discovered.

Q19. How did the victim react to being depicted in child pornography, as far as you know? For example, was the victim aware of the images? Did s/he deny or refuse to talk about them? Did the victim worry about being viewed as a criminal, feel shame, have some other reaction?

Q20. Were any of the images of this victim distributed on the Internet, as far as you know?

No

Yes

Don't know

Q21. [If yes] How did the victim react to the images being distributed? For example, was the victim aware of the distribution? Did s/he worry about others finding images online? Did s/he fear being viewed as a criminal or as a willing participant?

Q22. [If images were distributed online] Did this victim sue or consider suing for restitution from the offender who created the images or from any offenders who distributed images or downloaded them from the Internet?

No

Yes

Don't know

Q23. [If yes] What happened and what impact did any action about restitution have on the victim and the victim's family?

Q24. Did victim notification laws that could alert the victim or her/his family of prosecutions involving images that depicted the victim apply to this victim's situation?

No

Yes

Don't know

Q25. [If yes] Did this victim or her/his family opt to be notified of prosecutions involving images that depicted the victim?

No

Yes

Don't know

Q26. [If yes or no] Could you describe the main reasons the victim or family decided this way?

Q27. How did family members of the victim react to finding out the victim was depicted in child pornography, as far as you know? For example, did they see the images? Did knowing about the images affect how they viewed the victim's role in the crime? What particular worries or concerns did they have?

Q28. Was the victim concerned about who would see the images during the investigation of the crime and/or how the images would be handled by the criminal justice system?

No
Yes
Don't know

Q29. [If yes] Please describe any concerns the victim had about the images.

Q30. Was this crime reported in the media?

No
Yes
Don't know

Q31. [If yes] What was the impact of the publicity on the victim and the victim's family?

Q32. If there is anything else you would like us to know about this client or case, please write it below.

SECTION 3: QUESTIONS FOR ADVOCATES, MENTAL HEALTH TREATMENT PROVIDERS, CPS WORKERS, FORENSIC INTERVIEWERS, SOCIAL SERVICES

Q33. Are you an advocate, mental health practitioner, CPS worker, forensic interviewer, or social service worker?

No [skips to section 4]

Yes [answers questions in this section]

The following questions refer to victims depicted in child pornography you have worked with in the past five years.

Q34. How many victims depicted in child pornography have you worked with in the past five years? (An estimate is fine.)

Enter number _____

Q35. Of the victims you worked with, about what percentage were girls? (An estimate is fine.)
Enter percentage _____

Q36. How old were the victims you have worked with? (*Enter all that apply.*)

5 or younger

6 to 8

9 to 11

12 or 13

14 or 15

16 or 17

18 or older (adult survivors)

Don't know

Q37. In the past five years, have you worked with victims whose images were distributed online?

No

Yes, once

Yes, more than once

Q38. [If yes] Have you worked with any victims or families that had to decide whether to be notified about suspects prosecuted for possessing or distributing images of the victim under federal or state victim notification laws?

No

Yes, once

Yes, more than once

Q39. [If yes] Please describe what issues arose and any advice you have that might help other practitioners handle this type of situation.

Q40. [If yes, images were distributed online] Have you worked with any victims who participated in prosecutions of suspects who possessed or distributed images of them by testifying or submitting victim impact statements?

No

Yes, once

Yes, more than once

Q41. [If yes] Please describe what issues arose and any advice you have that might help other practitioners handle this type of situation.

Q42. [If yes, images were distributed online], Have you worked with any victims who sued or considered suing for restitution from offenders who distributed or possessed their images?

No

Yes, once

Yes, more than once

Q43. [If yes] Please describe what issues arose and any advice you have that might help other practitioners handle this type of situation.

Q44. [If yes, images were distributed online] Please tell us how much you agree or disagree with the following statements about victims depicted in child pornography whose images were distributed online, based on your experience.

<i>When victims understand the permanence of images that are distributed online...</i>	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know/ Not sure
They feel powerless and helpless.					
They fear that people they know will see the images.					
They worry they will be seen as voluntarily participating in the abuse.					
They cannot find closure because the					

images will always be there.					
------------------------------	--	--	--	--	--

Q45. In the past five years, have you worked with any ... (*Enter all that apply.*)

- Victims of sex trafficking who were depicted in child pornography?
- Victims who were solicited by adults to create images of themselves?
- Victims who were depicted in images that showed torture, bondage or sadism or other violence?
- Victims who were abused and photographed for over a year?
- None of the above

Q46. Have you had a situation where a victim denied being depicted in images that you knew existed or denied being sexually abused when images showed they had been abused?

- No
- Yes, once
- Yes, more than once

Q47. (If yes) Please describe what issues arose and any advice you have that might help other practitioners handle this type of situation.

Q48. Have you had a situation where a victim had never seen the images and wanted to see them?

- No
- Yes, once
- Yes, more than once

Q49. (If yes) Please describe what issues arose and any advice you have that might help other practitioners handle this type of situation

Q50. When you work with victims of child sexual abuse and there is no known child pornography, how often do you assess whether the victim was photographed or videoed for child pornography?

- Never or rarely (skip next Q)
- Sometimes
- Most of the time
- Always

Q51. How do you make this assessment? Please include any special tools you use to determine if a sexual abuse victim has been depicted in child pornography.

Q52. In the past five years, have you worked with parents or caregivers of victims depicted in child pornography?

No

Yes

Q53. [If yes] Please tell us how much you agree or disagree with the following statements about parents and caretakers, based on your experience.

<i>Compared to other child sexual abuse cases, when there were images parents and caretakers...</i>	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know/ Not sure
Were quicker to believe their children had been abused.					
Were angrier at perpetrators and pressed harder for prosecution.					
Felt more emotional distress.					
Found it harder to provide emotional support to victims.					
Usually had significant financial problems related to the crime.					
Usually did not follow through on referrals to treatment providers or continue treatment.					

Q54. What could be done to provide better support to caregivers of victims depicted in child pornography?

Q55. For you, is working with victims depicted in child pornography more difficult or emotionally challenging than responding to other victims of child sexual abuse?

No

Yes

Q56. Could you explain why you feel this way

Q57. Please tell us how much you agree or disagree with the following statements about your own reactions and needs, based on your experiences working with victims depicted in child pornography and their families.

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know/ Not sure
I'm not comfortable talking with victims about their images.					
I'm concerned about causing distress to victims if I bring up the images.					
I don't feel I should confront victims about images or tell them about images if they don't know about them.					
To effectively help victims, I need more information about technical aspects of the Internet.					
I have struggled with feelings of helplessness or powerlessness when working with victims depicted in child pornography.					

Q58. If there is any other advice you would give to other professionals about responding to victims depicted in child pornography, please add it here.

SECTION 4: QUESTIONS FOR CLINICIANS ONLY

Q59. Are you a clinician or other mental health practitioner?

No [skips to section 5]

Yes [answers questions in this section]

Q60. Have you noticed any differences in trauma symptomatology in victims depicted in child pornography compared to other victims of child sexual abuse?

No

Yes

Q61. [If yes] Please describe the differences you have noticed.

Q62. Have you ever used Trauma-Focused Cognitive Behavioral Therapy when treating victims depicted in child pornography?

No

Yes

Q63. [If yes] Please describe the strengths of this treatment approach.

Q64. [If yes] Please describe the weaknesses of this treatment approach or your ideas about how it might be improved.

Q65. Have you ever used Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT) when treating victims depicted in child pornography?

No

Yes

Q66. [If yes] Please describe the strengths of this treatment approach.

Q67. [If yes] Please describe the weaknesses of this treatment approach or your ideas about how it might be improved.

Q68. Have you ever used Cognitive Processing Therapy when treating victims depicted in child pornography?

No

Yes

Q69. [If yes] Please describe the strengths of this treatment approach.

Q70. (If yes) Please describe the weaknesses of this treatment approach or your ideas about how it might be improved.

Q71. Have you used any other treatment approach when treating victims depicted in child pornography?

No

Yes

Q72. (If yes) Please describe the strengths of other treatment approaches you have used.

Q73. (If yes) Please describe the weaknesses of other treatment approaches you have used.

Q74. Have you found a specific intervention or tool particularly helpful when working with victims depicted in child pornography?

No

Yes

Q75. (If yes) Please describe this intervention or tool.

Q76. Have you worked with a victim whose reactions to the images changed over time (for example when the victims reached developmental or life milestones)?

No

Yes, once

Yes, more than once

Q77. (If yes) Please describe how the victim's reaction changed over time.

Q78. Have you had a situation where a victim lived with siblings that were not victimized?

No

Yes, once

Yes, more than once

Q79. (If yes) Please describe what issues arose and any advice you have that might help other practitioners handle this type of situation.

Q80. Have you encountered any characteristics of child or family strength that seem to improve outcomes for victims depicted in child pornography?

No

Yes

Q81. (If yes) Please describe these child or family characteristics that seem to improve outcomes.

Q82. Based on your experiences working with victims depicted in child pornography in the past 5 years, how much do you agree with the following statements.

<i>Victims depicted in child pornography...</i>	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know/ Not sure
Usually do not acknowledge that images were taken					
Usually refuse to talk about the images					
Often deny being abused, even when					

images show what happened					
Are often neglected or physically abused, in addition to being sexually abused					
Are more complex to work with than other sexually abused children					

Q83. What is the most difficult situation you have faced when working with a victim depicted in child pornography and how did you respond to it?

Q84. In your experience, does the existence of images change how victims process what happened to them?

No
Yes

Q85. (If yes) Could you explain how it changes this?

Q86. In your experience, does the existence of images change the nature of the victim-practitioner relationship in any way?

No
Yes

Q87. (If yes) Could you explain how images change the nature of the victim-practitioner relationship?

Q88. We are interested in hearing about successful interventions/treatment approaches when working with victims depicted in child pornography. Would you be willing to participate in a telephone interview about your experiences treating victims?

No
Yes

Q89. (If yes) Please give us your first name and a telephone number where we could contact you sometime in the next few months to schedule an interview.

SECTION 5: QUESTIONS FOR PROSECUTORS

Q90. Are you a prosecutor?

No [skips to section 6]

Yes

Q91. How many cases have you prosecuted in the past five years that involved identified victims depicted in child pornography. This includes prosecutions of suspects who produced child pornography or who possessed or distributed images of identified victims when such victims testified, submitted victim impact statements or participated other ways? (An estimate is fine.)

Enter number _____

Q92. What percentage of these cases involved suspects who photographed or videoed victims to produce child pornography? (An estimate is fine.)

Enter percentage _____

Q93. What percentage of these cases involved suspects who distributed or possessed child pornography that depicted identified victims who testified, submitted victim impact statements or participated other ways? (An estimate is fine.)

Enter percentage _____

Q94. Do you think a guardian ad litem should be appointed by the court for a victim depicted in child pornography?

Usually, no

Usually, yes

Q95. Please describe why you feel this way

Q96. What suggestions do you have to help ensure that the privacy of victims depicted in child pornography is protected during the investigation and prosecution? For example, measures to limit who sees the images.

Q97. Have you been involved in any child pornography possession or distribution cases that included restitution to identified victims?

No

Yes

Q98. How could the process of obtaining restitution for identified victims be improved?

Q99. How could the victim notification process be improved?

Q100. Have you noticed any differences in how quickly criminal cases are resolved when they involve victims depicted in child pornography compared to other cases involving child sexual abuse?

No

Yes

Q101. (If yes) Please describe the differences you have noticed.

Q102. What is the most difficult situation you have faced when prosecuting a case involving a victim depicted in child pornography and how did you respond to it?

Q103. Are there other issues we should know about or suggestions that you have to ensure that victims depicted in child pornography receive justice?

No

Yes

Q104. (If yes) Please describe

Q105. Please tell us how much you agree or disagree with the following statements, based on your experiences working with victims depicted in child pornography and their families.

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know/ Not sure
<i>Compared to other child sexual abuse cases, when there were images</i>					
Parents/caretakers are quicker to believe their children have been abused.					
Parents/caretakers are angrier at perpetrators and press harder for prosecution.					
Cases have higher conviction rates because of the existence of images.					
Offenders get longer sentences because of the existence of images.					
Victims usually are concerned and upset that images will be shown to judges and juries.					
Victims are less likely to have to testify in cases where there are images.					

SECTION 6: QUESTIONS FOR MEDICAL PROVIDERS

Q106. Are you a physician, nurse or other medical provider?

No [skips to section 7]

Yes

Q107. In the past five years, how many cases have you had where you knew that a victim had been depicted in child pornography? (An estimate is fine.)

Enter number _____

Q108. When you provide care to victims of child sexual abuse, do you usually ask them directly about the abuse they suffered?

No

Yes

Q109. When you provide care to victims depicted in child pornography, do you usually ask them directly about the impact of being shown in such images?

No

Yes

Q110. Have you ever had to photograph or video a child pornography victim as part of a forensic medical exam?

No

Yes

Q111. (If yes) Please describe what issues arose and any advice you have that might help other practitioners handle this type of situation

Q112. Are there any special accommodations or approaches to treatment that you have used with victims depicted in child pornography?

No

Yes

Q113. (If yes) Could you please describe these accommodations or approaches?

SECTION 7: QUESTIONS FOR LAW ENFORCEMENT [ANY OTHER GROUPS WE MAY HAVE LEFT OUT?]

Q114. Are you a law enforcement investigator?

No [skips to section 8]

Yes

Q115. In the past five years, how many cases have you handled that involved victims depicted in child pornography? This includes cases where suspects produced child pornography and cases where suspects possessed or distributed images of identified victims when such victims testified or submitted victim impact statements? (An estimate is fine.)

Enter number _____

Q116. Are you part of an ICAC (Internet Crimes Against Children) Task Force?

No

Yes

Q117. Do you work with a Children's Advocacy Center (CAC) or a multi-disciplinary team (MDT)?

No

Yes

Q118. Have you ever submitted images to the NCMEC (National Center for Missing and Exploited Children) Child Victim Identification Program?

No

Yes

Q119. How did you feel the NCMEC process worked?

Q120. How could the victim notification process be improved?

Q121. Have you received any specialized training about investigating child pornography?

No

Yes

Q122. Is there any type of training regarding investigating child pornography that you would like to receive?

No

Yes

Q123. What type of training would be helpful?

Q124. What is the most difficult situation you have faced when working with a victim depicted in child pornography and how did you respond to it?

Q125. What could be done to better support victims depicted in child pornography and their caregivers?

Q126. Are there other issues we should know about or suggestions that you have to ensure that victims depicted in child pornography receive justice?

No

Yes

Q127. (If yes) Please describe

SECTION 8: QUESTIONS FOR CIVIL ATTORNEYS

Q128. Are you a civil attorney who has represented victims of child sex abuse?

No (skips to section 9)

Yes

Q129. In the past five years, how many cases have you filed that involved victims depicted in child pornography? (An estimate is fine.)

Enter number _____

Q130. How do your clients know to get a civil attorney?

Q131. How are your clients referred to you?

Q132. How often is there a concurrent criminal prosecution involving a victim depicted in child pornography that you represent?

Never or rarely

Sometimes

Always or almost always

Q133. [If sometimes or always] Have you noticed any differences in victim needs or reactions when there is a concurrent criminal prosecution?

No

Yes

Q134. (If yes) Please describe the differences you have noticed.

Q135. What types of barriers exist for access to civil legal representation for families of victims depicted in child pornography?

Q136. Do you think a guardian ad litem should be appointed in criminal prosecutions for victims depicted in child pornography?

Usually, no

Usually, yes

Q137. Please describe why you feel this way

Q138. What suggestions do you have to help ensure that the privacy of victims depicted in child pornography is protected during investigation, prosecution and civil proceedings? For example, measures to limit who sees the images.

Q139. Have you sued for restitution from an offender who distributed or possessed their images on behalf of any of your clients?

No

Yes, once

Yes, more than once

Q140. [If yes] Please describe what issues arose and any advice you have that might help other attorneys handle this type of situation.

Q141. [If yes] Has any such suit you filed been successful?

- No
- Yes, once
- Yes, more than once

Q142. How could the process of restitution be improved?

Q143. How could the victim notification process be improved?

Q144. In your most recent case representing a victim depicted in child pornography that has been resolved, against whom did you file suit? (*Enter all that apply.*)

- A producer of the images
- A possessor of the images
- A distributor of the images
- Someone else (Please specify) _____

Q145. In that case, what damages did the victim suffer as a result of the CP production?

Q146. How did you quantify those damages?

Q147. Did the victim recover against any of the defendants?

- No
- Yes

Q148. [If yes] Who did the victim recover from? (Check all that apply)

- A producer of the images
- A possessor of the images
- A distributor of the images
- Someone else (specify)

Q149. [If yes] Please describe how much the victim was awarded against each defendant and how much they were able to collect against each defendant.

Q150. What is the most difficult situation you have faced in a civil case on behalf of a victim depicted in child pornography and how did you respond to it?

Q151. Are there other issues we should know about or suggestions that you have to ensure that victims depicted in child pornography receive justice?

No

Yes

Q152. (If yes) Please describe

Q153. Please tell us how much you agree or disagree with the following statements, based on your experiences working with victims depicted in child pornography and their families.

<i>Compared to other child sexual abuse cases, when there were images</i>	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know/ Not sure
Parents/caretakers are quicker to believe their children have been abused.					
Parents/caretakers are angrier at perpetrators and press harder for prosecution.					
Cases have higher conviction rates because of the existence of images.					
Offenders get higher sentences because of the existence of images.					
Victims usually are concerned and upset that images will be shown to judges and juries.					

Victims are less likely to have to testify in cases where there are images.					
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SECTION 9: SUGGESTIONS FOR SURVEY OF VICTIMS AND FAMILIES

Q154. As part of this project, we will be interviewing victims and families to identify ways to improve the system response to victims depicted in child pornography. We would like your suggestions about what to ask victims and families. Please use the space below to identify important areas or specific questions to include in the survey.

END

Thank you for contributing your experience and knowledge to this survey. If you have any questions, please contact:

Wendy Walsh, Ph.D.
Crimes against Children Research Center
University of New Hampshire
Wendy.Walsh@unh.edu
603-862-1026

Appendix C

Parent and Child Interview

IMPROVING THE RESPONSE TO VICTIMS OF CHILD PORNOGRAPHY

INTRODUCTION TO PARENT INTERVIEW

THE INTERVIEW MUST BE DONE WITH THE PERSON WHO SIGNED THE CONSENT FORM.

WHEN YOU REACH THE RESPONDENT SAY:

When you visited the [name of child advocacy center] recently, you gave us permission to call you about a study we are doing to help families that visit child advocacy centers. We would like to tell you a little more about our study and see if you would be interested in answering some questions.

Is this an okay time to tell you a little more about that study?

IF YES: CONTINUE BELOW.

IF NO: ASK IF YOU CAN CALL THEM BACK EITHER LATER TODAY OR TOMORROW.

Researchers at the University of New Hampshire are interviewing about 200 parents across the country to find out how to better support children and families when children have been sexually abused. These are telephone interviews that take about 20 minutes. The study is sponsored by the U.S. Department of Justice, Office of Victims of Crime.

This research is completely voluntary. It will have no effect on your child's case or your involvement with [name of child advocacy center].

The questions ask about whether you and your child got the help that you needed and how you felt about the people you had to deal with, like social workers and police. Some of the questions ask about what happened to your child and how it affected you and your child. You can skip any questions you don't want to answer and you can stop the interview at any time. To thank you for participating, we will send you a [figure out].

If you decide to participate, your answers to the telephone interview will be entered into a computer. Your name will not be attached to the answers. All information will be reported as a group, and not individually. Information will be used in reports and presentations. Also, your answers will be kept confidential. Answers will not be shared with the [name of child advocacy center] staff or any other person involved in your child's case.

Also, if you decide to participate, you will be providing information that could improve how investigators, counselors, social workers and others help families when children have been abused. Parents who have answered similar types of questions in other surveys say they appreciated being able to give information that could help other families, and that it was helpful to talk to someone about something they don't usually discuss.

There is a small risk that you could feel upset when answering questions about what happened to your child and how it affected your family. Remember that you can skip questions that you do not want to answer and stop the interview at any point. Also, you can contact [name] here at [telephone number], if you want to talk to someone after the interview.

Do you have any questions for me? Are you interested in participating? If this is a bad time to talk, I can call back at a better time for you. If there are too many people around for you to talk freely, just let me know and I can call back later.

IF NO

Thank you for taking my call. Good-bye.

IF YES

Thanks. Is this a good time to continue with the survey or would you like to set up a better time to talk in the next couple of days?

IF LATER, SCHEDULE A TIME TO CALL THEM BACK IN NEXT COUPLE OF DAYS.

IF NOW, CONTINUE WITH SURVEY.

START OF PROGRAMMED INTERVIEW

Q: INT1

I just want to confirm that you have a child, who was seen at the [name of CAC] and the reason for your visit involved sexual abuse. Is this accurate?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

(ONLY CONTINUE WITH INTERVIEW IF "YES")

Q: INT2

Before we get started, I want to remind you that some of these questions ask about sensitive things. Remember that you can skip questions that you do not want to answer and stop the interview at any point. Are you somewhere private where no children or other people can listen to your answers?

IF NO:

Could you go to a room where other people won't be able to hear your answers to these questions? Some of these questions are short answer and some are open ended. This is an important survey and the information could improve how counselors and other professionals try to help families when children have been sexually abused. Are you ready to start?

(CONTINUE ONCE PRIVACY IS CONFIRMED)

Q: P1

About how much time has gone by since your first visit to the [name of CAC]?

- 1 Less than one month
- 2 More than 1 to 2 months
- 3 More than 2 to 3 months
- 4 More than 3 to 6 months
- 5 More than 6 to 9 months
- 6 More than 9 months to one year
- 7 More than one year
- 97 Don't know
- 98 Refused

Q: P2

And how old is your child right now?

ENTER AGE _____

Q: P3

Is your child a

- 1 Boy
- 2 Girl
- 97 Don't know
- 98 Refused

Q: P4

Also, I have a question about the abuse that happened to your child. Sometimes sexual abusers take pictures or videos of victims. Did this happen in your child's case?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

IMPACT OF INCIDENT

Q: IMP1d

I have some questions about how the abuse affected your child. Thinking about the past month, please tell me how often your child has had the following problems?

ASK ALL NO MATTER WHAT AGE CHILD IS.

d. Problems in school?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP1e

e. Physical problems, like aches and pains, with no known medical cause?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP1f

f. Inappropriate sexual behavior?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP1g

g. Fighting, aggression?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP1h

h. Eating problems?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP1i

i. Hurting her/himself?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP1j

j. Suicidal thoughts or attempts?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP1k

k. Problems with drugs or alcohol?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IMP2

Have you noticed any changes in your child's social behavior, either with peers or with adults, since you learned of the abuse?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: IMP2a

What types of changes have you noticed? OPEN ENDED

CHILD SERVICES AND NEEDS

Q: CSV1

Has your child received any mental health therapy or professional counseling (including individual or group counseling) since you learned of the abuse? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CSV1a

Specify any comments regarding child's counseling experience. (Example: Specify type of counseling - individual vs. group therapy, CAC vs. outside referral, etc.) OPEN ENDED

SKIP TO CSV4 IF CHILD DID NOT RECEIVE COUNSELING

Q: CSV1b

How helpful was this therapy or counseling to your child? Would you say it was...

- 1 Not at all helpful
- 2 A little helpful
- 3 More than a little helpful
- 4 Very helpful
- 97 Don't know
- 98 Refused

Q: CSV2

Is there anything that you really appreciated about how the counselor helped your child?

[IF MORE THAN ONE COUNSELOR, THE ONE THE CHILD SAW MOST OFTEN.]

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CSV2a

Could you describe what you really appreciated (or specify other comments)? OPEN ENDED

Q: CSV3

Was there anything the counselor could have done better to help your child (or anything that really bothered your child)? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CSV3a

Could you describe what the counselor could have done better or did that really bothered your child (or specify any other comments)? OPEN ENDED

ASK FOLLOWING QUESTIONS ONLY IF CHILD DID NOT GO TO COUNSELING.

OTHERWISE SKIP TO CSV5

Q: CSV4

Since this incident was reported, did you receive a referral to counseling for your child but did not make an appointment (or made an appointment by did not go)?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP NEXT QUESTION IF NO REFERRAL MADE

Q: CSV4a

There are a lot of reasons people don't go to counseling. Do you mind telling me the reasons you couldn't or didn't make an appointment for your child (or didn't go)? OPEN ENDED

Q: CSV5

Has a doctor or other provider prescribed any medications for your child to treat symptoms related to the abuse (for example, emotional or behavioral problems)?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CSV5a

What types of medications were prescribed and what symptoms were they intended to treat?
OPEN ENDED

Q: CSV5b

What effects do you believe these medications have had on your child? Have these effects been positive or negative? OPEN ENDED

Q: CSV6

Since the investigation began, have you ever wanted any type of help for your child that you did not get? (I mean help to deal with the abuse and what has happened since because of it).

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CSV6a

Please describe the type of help you wanted for your child or specify other comments. OPEN ENDED

CAREGIVER SERVICES AND NEEDS

Q: PSV2

Could you tell me in your own words about your first visit to the [name of CAC]? What were your first impressions? How was your child treated? How were you treated? OPEN ENDED

Q: PSV3

How would you rate the helpfulness of (most of) the people at the [name of CAC] in providing emotional support or other assistance? Would you say...

- 1 Not at all helpful
- 2 A little helpful
- 3 More than a little helpful
- 4 Very helpful
- 97 Don't know
- 98 Refused

Q: PSV4

Have you talked to a counselor about what happened to your child (including group therapy or a support group)? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: PSV4a

Specify any comments regarding your (parent's) counseling experience. (Example: Specify type of counseling - individual vs. group therapy, CAC vs. outside referral, etc.) OPEN ENDED

SKIP THE FOLLOWING QUESTIONS IF R DID NOT ATTEND COUNSELING

Q: PSV4b

How helpful would you rate the counseling in helping you to understand and deal with what happened?

- 1 Not at all helpful
- 2 A little helpful
- 3 More than a little helpful
- 4 Very helpful
- 97 Don't know
- 98 Refused

Q: PSV5

Is there anything that you really appreciated about how the counselor worked with you? [IF MORE THAN ONE COUNSELOR, THE ONE R SAW MOST OFTEN] SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: PSV5a

Could you describe what you really appreciated or specify other comments? OPEN ENDED

Q: PSV6

Was there anything that the counselor could have done better to help you or did that really bothered you? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: PSV6a

Could you describe what the counselor could have done better or did that really bothered you (or specify other comments)?

OPEN ENDED

ASK THE FOLLOWING QUESTIONS ONLY IF R DID NOT ATTEND COUNSELING.

OTHERWISE SKIP TO PSV8

Q: PSV7

Did you receive a referral to counseling for yourself, but for some reason did not make an appointment (or made an appointment but did not go)?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP NEXT QUESTION IF NO REFERRAL MADE

Q: PSV7a

There are a lot of reasons people don't go to counseling. Do you mind telling me the reasons you couldn't or didn't make an appointment for yourself (or didn't go)? OPEN ENDED

Q: PSV7b

LEAVE BLANK/SKIP QUESTION

Q: PSV8

Since this happened, have you ever wanted any type of help for yourself that you did not get? I mean help dealing with the abuse to your child and what has happened because of it.

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: PSV8a

Please describe the type of help you wanted (or specify other comments). OPEN ENDED

UCLA PTSD Index - Parent Version

Q: UCLA1

I have a list of problems children sometimes have after very stressful experiences. Thinking about your child's experience, how often or how much of the time during the past month did your child have the following problems?

1. (How often would you say) Your child watches out for danger or things that he/she is afraid of?

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA2

2. (How often would you say) When something reminds your child of what happened he/she gets very upset, scared or sad.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA3

3. (How often would you say) Your child has upsetting thoughts, pictures or sounds of what happened come into his/her mind when he/she does not want them to.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA4

4. (How often would you say) Your child feels grouchy, angry or mad.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA5

5. (How often would you say) Your child has dreams about what happened or other bad dreams.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week

- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA6

6. (How often would you say) Your child has flashbacks of what happened; he/she feels like he/she is back at the time when the bad thing (the abuse) happened living through it again.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA7

7. (How often would you say) Your child feels like staying by him/herself and not being with his/her friends.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA8

8. (How often would you say) Your child feels alone inside and not close to other people.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA9

9. (How often would you say) Your child tries not to talk about, think about, or have feelings about what happened.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA10

10. (How often would you say) Your child has trouble feeling happiness or love.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA11

11. (How often would you say) Your child has trouble feeling sadness or anger.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA12

12. (How often would you say) Your child feels jumpy or startles easily, for example, when he/she hears a loud noise or when something surprises him/her.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA13

13. (How often would you say) Your child has trouble going to sleep or wakes up often during the night.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA14

14. (How often would you say) Your child feels that some part of what happened is his/her fault.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA15

15. (How often would you say) Your child has trouble remembering important parts of what happened.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA16

16. (How often would you say) Your child has trouble concentrating or paying attention.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA17

17. (How often would you say) Your child tries to stay away from people, places, or things that make him/her remember what happened.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA18

18. (How often would you say) When something reminds your child of what happened, he/she has strong feelings in his/her body like heart beating fast, headaches, or stomach aches.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA19

19. (How often would you say) Your child thinks that he/she will not live a long life.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA20

20. (How often would you say) Your child is afraid that the bad thing (the abuse) will happen again.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

Q: UCLA21

21. (How often would you say) Your child plays games or draws pictures that are like some part of what happened.

During the past month, would you say...

- 1 None of the time
- 2 2 times in the past month
- 3 1 to 2 times a week
- 4 2 to 3 times a week
- 5 Almost every day
- 97 Don't know
- 98 Refused

IMPACT OF EVENT (IES) SCALE

Q: IES1

Now I have a list of comments made by people about stressful life events. For each item that I read, please tell me how often it was true for YOU during the past seven (7) days, in respect to what happened to your child.

1. (How often would you say) You thought about what happened when you didn't mean to.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES2

2. (How often would you say) You avoided letting yourself get upset when you thought about it or were reminded of it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES3

3. (How often would you say) You tried to remove it from memory.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES4

4. (How often would you say) You had trouble falling asleep or staying asleep, because of pictures or thoughts that came into your mind.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES5

5. (How often would you say) You had waves of strong feelings about it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES6

6. (How often would you say) You had dreams about it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES7

7. (How often would you say) You stayed away from reminders of it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES8

8. (How often would you say) You felt as if it hadn't happened or wasn't real.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know

98 Refused

Q: IES9

9. (How often would you say) You tried not to talk about it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES10

10. (How often would you say) Pictures about it popped into your mind.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES11

11. (How often would you say) Other things kept making you think about it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES12

12. (How often would you say) You were aware that you still had a lot of feelings about it, but you didn't deal with them.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely

- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES13

13. (How often would you say) You tried not to think about it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES14

14. (How often would you say) Any reminders brought back feelings about it.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

Q: IES15

15. (How often would you say) Your feelings about it were kind of numb.

In the past 7 days, would you say...

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 97 Don't know
- 98 Refused

CHARACTERISTICS OF INCIDENT

Q: IN1

Now, I have a few questions about what happened to your child. These are very general questions.

Remember you can skip any questions you don't want to answer. **How long did the abuse to your child go on (from the time the abuser first hurt your child until it ended)?**

- 1 One day or less
- 2 More than a day to one week
- 3 More than a week to one month
- 4 More than a month to three months
- 5 More than three months to six months
- 6 More than six months to one year
- 7 More than a year
- 97 Don't know
- 98 Refused

Q: IN2

What age (or ages) was your child when this happened?

(ENTER AGE RANGE IF CHILD WAS MORE THAN ONE AGE DURING INCIDENT).

Enter age or age range _____

- 97 Don't know
- 98 Refused

Q: IN3

What year did the abuse end?

ENTER YEAR _____

- 97 Don't know
- 98 Refused

Q: IN4

What year was the abuse reported to authorities (police or social services)?

ENTER YEAR _____

- 97 Don't know
- 98 Refused

Q: IN5

Did your child disclose the abuse before or after the pictures were discovered?

- 1 Before
- 2 After
- 3 Same time
- 4 No pictures
- 97 Don't know
- 98 Refused

Q: IN6

After the abuse was reported, did your child have a medical examination to determine the extent of the abuse?

- 1 Yes

2 No
97 Don't know
98 Refused

Q: IN7

Thinking about the sexual abuse, what upset you the most or has been hardest to handle?
OPEN ENDED, DO NOT PROBE

Q: IN8

What about your child, what do you think s/he found most upsetting or hardest to handle?
OPEN ENDED, DO NOT PROBE

ASK THE FOLLOWING QUESTIONS ONLY IF THERE WERE IMAGES
OTHERWISE SKIP to CT1 IF NO IMAGES

Q: MG1

Now, I have some questions about the pictures the abuser took of your child. I won't ask what the pictures showed. Did the abuser share or give any of these images to other people, as far as you know?
SPECIFY ANY COMMENTS ON NEXT PAGE

1 Yes
2 No
97 Don't know
98 Refused

Q: MG1a

Specify any comments regarding sharing of images by abuser. OPEN ENDED

Q: MG2

Were any of the images of your child distributed on the Internet, as far as you know?

1 Yes
2 No
97 Don't know
98 Refused

Q: MG3

Does your child know the images exist? SPECIFY ANY COMMENTS ON NEXT PAGE

1 Yes
2 No
97 Don't know
98 Refused

Q: MG3a

Specify any comments regarding child's awareness of the images. OPEN ENDED.

SKIP to MG4 IF CHILD IS NOT AWARE THAT IMAGES EXIST

Q: MG3b

Has she/he seen the images?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: MG4

How were the images discovered? OPEN ENDED

Q: MG5

How did you find out about the images?

- 1 Notified by police
- 2 Some other way (Specify)
- 97 Don't know
- 98 Refused

Q: MG5a

Specify other way R found out about the images. OPEN ENDED

Q: MG5b

Have you seen any of the images? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: MG5c

Specify any comments R made about seeing the images. OPEN ENDED

Q: MG7

Is there anything you would change about how the people at the [name of CAC] talked about or handled the images?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: MG7a

Could you describe what you would change? OPEN ENDED

Q: MG8

Overall, how comfortable were you with how the police, social workers and others involved in your child's case talked about the images or showed them to others? (For example, were they sensitive to your feelings or your child's possible reactions?)

1	Very uncomfortable
2	Mostly uncomfortable
3	Mostly comfortable
4	Very comfortable
97	Don't know
98	Refused

ASK FOLLOWING QUESTIONS ONLY IF CHILD KNOWS IMAGES EXIST.

SKIP TO MG12 IF CHILD DOES NOT KNOW

Q: MG9

Children who have been photographed or videoed by an abuser can have a lot of different reactions. Could you tell me about some of the reactions your child has had to the images, starting with her/his first reactions? OPEN ENDED

Q: MG9a

How have your child's feelings changed? What kind of reactions is your child having now? OPEN ENDED

Q: MG10

Is there anything about these images that your child worries about? OPEN ENDED
IF NO, PROBE: FOR EXAMPLE, SOMETHING THAT MIGHT HAPPEN IN THE FUTURE

Q: MG12

What about yourself? What thoughts and feelings do you have about the images?
OPEN ENDED. PROBE FOR CONCERNS AS CHILD GROWS OLDER.

ASK FOLLOWING QUESTIONS ONLY IF THERE WERE IMAGES AND THE RESPONDENT WENT TO COUNSELING.

Q: MG15

When you went to counseling, did the counselor specifically talk to you about the images of your child?

1	Yes
2	No
97	Don't know
98	Refused

Q: MG16

Was there anything the counselor did or said that was particularly helpful?

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: MG16a

Could you describe what was helpful or specify other comments? OPEN ENDED

Q: MG17

Was there anything the counselor could have done better to help you cope with the images (or did that really bothered you)? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: MG17a

Could you describe what the counselor could have done better or what really bothered you (or specify other comments)? OPEN ENDED

ASK THE FOLLOWING QUESTIONS ONLY IF THERE WERE IMAGES AND CHILD WENT TO COUNSELING

Q: MG18

Did the counselor your child saw specifically talk to her/him about the images that were taken (as far as you know)? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: MG18a

Specify any comments regarding whether or not counselor talked to child about images. OPEN ENDED

ASK FOLLOWING QUESTIONS ONLY IF COUNSELOR TALKED TO CHILD ABOUT IMAGES

Q: MG18b

How helpful would you rate the counselor in helping your child to cope with the images?

- 1 Not at all helpful
- 2 A little helpful
- 3 More than a little helpful
- 4 Very helpful

97 Don't know
98 Refused

Q: MG19

Was there anything the counselor could have done better to help your child cope with the images (or anything that really bothered your child)? SPECIFY ANY COMMENTS ON NEXT PAGE

1 Yes
2 No
97 Don't know
98 Refused

Q: MG19a

Could you describe what the counselor could have done better or what really bothered your child (or specify other comments)? OPEN ENDED

INTERACTIONS WITH COURT

Q: CT1

Have any criminal charges been filed against the abuser?

1 Yes
2 No
97 Don't know
98 Refused

SKIP TO RM1 IF CHARGES HAVE NOT BEEN FILED

Q: CT2

Did your child have a victim advocate or support person during the criminal proceedings?

1 Yes
2 No
3 No criminal proceedings yet
97 Don't know
98 Refused

SKIP TO CT5 IF NO VICTIM ADVOCATE

Q: CT2a

How helpful was the advocate?

1 Not at all helpful
2 A little helpful
3 More than a little helpful

- 4 Very helpful
- 97 Don't know
- 98 Refused

Q: CT3

Is there anything that you really appreciated about how the advocate helped your child?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CT3a

Could you describe what you really appreciated? OPEN ENDED

Q: CT4

Was there anything the advocate could have done to better support your child during the criminal process (or anything the advocate did that really bothered your child)?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CT4a

Could you describe what the advocate could have done better (or did that really bothered your child)?
OPEN ENDED

Q: CT5

Was a guardian ad litem (or GAL) appointed for your child during the criminal proceedings? This is someone who acts to protect the child's interests in a court case.

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CT5a

Specify any comments about whether or not GAL was appointed. OPEN ENDED

SKIP TO CT8 IF NO GAL

Q: CT5b

How helpful was the guardian ad litem?

- 1 Not at all helpful
- 2 A little helpful
- 3 More than a little helpful
- 4 Very helpful
- 97 Don't know
- 98 Refused

Q: CT6

Is there anything that you really appreciated about how the guardian ad litem helped your child?
SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CT6a

Could you describe what you really appreciated (or specify other comments)? OPEN ENDED

Q: CT7

Was there anything the guardian ad litem could have done to better help your child during the criminal proceedings (or anything that really bothered your child)? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CT7a

Could you describe what the guardian ad litem could have done better or did that really bothered your child (or specify other comments)? OPEN ENDED

Q: CT8

Is there anything else you would like us to know about how to improve going to court for children in this situation? OPEN ENDED

LEGAL REMEDIES

Q: RM1

Has anyone ever told you or have you heard that if a person is convicted of a crime like sexual abuse, courts can order them to pay expenses to victims, like for counseling or medical care? This is called restitution.

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No

97 Don't know
98 Refused

Q: RM1a

Specify any comments regarding awareness of restitution. OPEN ENDED

ONLY ASK THE FOLLOWING QUESTIONS IF CRIMINAL CHARGES HAVE BEEN FILED
OTHERWISE SKIP TO RM4

Q: RM2

Has the abuser in your child's case been convicted?

1 Yes
2 No
97 Don't know
98 Refused

SKIP TO RM4 IF ABUSER NOT YET CONVICTED

Q: RM2a

Did the court order the offender(s) to pay restitution to your child?

1 Yes
2 No
97 Don't know
98 Refused

SKIP TO RM3 IF NO RESTITUTION

Q: RM2b

What was ordered by the court? OPEN ENDED

Q: RM2c

Have you been able to collect any restitution money from the offender?

1 Yes
2 No
97 Don't know
98 Refused

Q: RM3

Do you have any suggestions for improving the process for obtaining restitution?

OR IF R WAS AWARE OF RESTITUTION BUT DID NOT RECEIVE IT:

Do you have any comments about why restitution was not ordered as part of the perpetrator's sentence?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: RM3a

Please tell us your suggestions. OPEN ENDED

OR IF R WAS AWARE OF RESTITUTION BUT DID NOT RECEIVE IT:

Please description the reason(s) why restitution was not part of the perpetrator's sentence.

OPEN ENDED

Q: RM4

Have you heard about state victim compensation funds? These are funds that help pay for the expenses such as mental health counseling and medical costs.

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO RM7 IF NOT AWARE OF FUNDS

Q: RM5

Have you been able to apply for compensation from a victim compensation fund in your state?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO RM6 IF NOT YET ABLE TO APPLY FOR FUNDS

Q: RM5a

Have you received any compensation from the fund?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: RM6

Do you have any suggestions for improving the process for obtaining compensation?

- 1 Yes
- 2 No

97 Don't know
98 Refused

Q: RM6a

Please tell us your suggestions. OPEN ENDED

Q: RM7

Has anyone ever told you or have you heard that sexual abusers can be sued in civil court for damages for harm caused?

1 Yes
2 No
97 Don't know
98 Refused

SKIP TO RM10 IF NOT AWARE OF CIVIL COURT

Q: RM8

Have you retained a civil attorney to sue the abuser for damages for the harm caused to your child?

1 Yes
2 No
97 Don't know
98 Refused

SKIP TO RM9 IF NO CIVIL ATTORNEY HAS BEEN RETAINED

Q: RM8a

Can you please tell us the status of the civil suit? OPEN ENDED

Q:RM9

Do you have any suggestions for improving the process of suing in civil court?

OR IF R WAS AWARE OF THE OPTION TO RETAIN A CIVIL ATTORNEY BUT CHOSE NOT TO OR WAS UNABLE TO DO SO:

Do you have any comments about why you chose not to or were unable to retain a civil attorney?

1 Yes
2 No
97 Don't know
98 Refused

Q: RM9a

Please tell us your suggestions for improving the process of suing in civil court or specify any comments about why you were unable to or chose not to retain a civil attorney. OPEN ENDED

Q: RM10

Have you retained a victim's rights attorney? This is an attorney that you might hire to ensure your child's rights are upheld during the criminal and civil process.

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

ONLY ASK THE FOLLOWING QUESTIONS IF THERE WERE IMAGES, OTHERWISE SKIP TO PV1.

Q: RMG1

Has anyone ever told you or have you heard about victim notification laws that could alert you to prosecutions of persons who are arrested with illegal sexual images of your child?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO PV1 IF NOT AWARE OF NOTIFICATION LAWS

Q: RMG2

Have you signed a form under a victim notification law that states whether you or your child wants to be notified of prosecutions of persons who have images of your child?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO RMG8 IF NO FORM SIGNED FOR NOTIFICATION

Q: RMG3

Did you or your child decide to be notified or not to be notified?

- 1 Notified
- 2 Not notified
- 97 Don't know
- 98 Refused

Q: RMG3a

Could you describe the main reasons for this decision? OPEN ENDED

ASK THE FOLLOWING QUESTIONS ONLY IF VICTIM/PARENT OPTED FOR NOTIFICATION

OTHERWISE SKIP TO PV1

Q: RMG4

Have you been notified of any prosecutions of persons who have images of your child?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO RMG8 IF NOT NOTIFIED OF ANY PROSECUTIONS

Q: RMG4a

About how many prosecutions have you been notified of?

Enter number _____

- 97 Don't know
- 98 Refused

Q: RMG5

Have you or your child participated in any of these prosecutions by testifying, submitting victim impact statements or any other way?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO RMG6 IF THEY HAVE NOT PARTICIPATED IN PROSECUTIONS

Q: RMG5a

Could you please describe how you have participated? OPEN ENDED

Q: RMG6

Has a court ever ordered an offender who possessed your child's image to pay restitution to your child?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: RMG7

Have you ever retained a civil attorney to sue an offender who downloaded or possessed images of your child for damages?

- 1 Yes

2	No
97	Don't know
98	Refused

SKIP TO RMG8 IF NO CIVIL ATTORNEY RETAINED FOR THIS PURPOSE

Q: RMG7a

Could you please tell us the status of the civil suit? OPEN ENDED

Q: RMG8

How do you feel about this notification process? PROBE: IS IT A GOOD IDEA, WHY OR WHY NOT - OPEN ENDED

PRIVACY

Q: PV1

Have there been any newspaper or TV or radio stories about your child's case?

1	Yes
2	No
97	Don't know
98	Refused

Q: PV1a

Could you describe how this publicity has affected you, your child and your family? OPEN ENDED

OR IF THERE WAS NO MEDIA COVERAGE OF THE CASE:

Do you have any comments about the fact that there was no media coverage in your child's case?
OPEN ENDED

Q: AD1

Is there anything else you would like us to know about how your child's case could have been handled better? OPEN ENDED

Q: AD2

If you could give a piece of advice to families going through a similar situation, what would it be?
OPEN ENDED

PERSONAL CHARACTERISTICS

Q: CR1

I have a few more questions. Remember that you can skip any questions you don't want to answer.
How old are you (years)? _____

ENTER AGE 00-95

- 96 AGE 96 or older
- 97 Don't know
- 98 Refused

Q: CR2

What is your marital status? Are you currently....

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never married
- 97 Don't know
- 98 Refused

Q: CR3

How many children live in the house with you currently?

Enter number _____

- 97 Don't know
- 98 Refused

Q: CR4

What is the highest grade in school or level of education that you've completed?

- 1 Some high school or less
- 2 High school graduate or G.E.D.
- 3 Some college or technical school
- 4 College graduate
- 5 Post-college degree
- 97 Don't know
- 98 Refused

Q: CR5

Are you Hispanic or Latino/a?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: CR6

Which race do you identify as? Would you say you are...

- 1 White

- 2 Black or African American
- 3 Asian
- 4 American Indian or Alaska Native
- 5 Something else
- 97 Don't know
- 98 Refused

Q: CR7

ENTER GENDER BASED ON INTERVIEW

- 1 Male
- 2 Female
- 97 Don't know

Q: RS1

How important do you think it is to participate in research like this to help other families who have experienced these kinds of problems? Would you say...

- 1 Not at all important
- 2 A little important
- 3 More than a little important
- 4 Very important
- 97 Don't know
- 98 Refused

Q: RS2

Knowing now what was in the survey, would you still have agreed to do it?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO RS3 IF THEY WOULD STILL HAVE AGREED TO DO THE SURVEY

Q: RS2a

Is this because....?

ENTER ALL THAT APPLY

- 1 It was too long
- 2 The kinds of questions that were asked
- 3 Some other reason (SPECIFY)
- 4 Don't know
- 5 Refused
- 6 Click to continue

Q: RS2b

Specify other reason. OPEN ENDED

Q: RS3

How upsetting were the questions in the survey, would you say?

- 1 Not at all upsetting
- 2 A little upsetting
- 3 More than a little upsetting
- 4 Very upsetting
- 97 Don't know
- 98 Refused

Q: END1

SWITCH TO PAPER FORM TO RECORD CONTACT INFO TO SEND \$40 GIFT CARD

FOLLOW SCRIPT TO THANK PARENT FOR PARTICIPATION

END INTERVIEW IF CHILD UNDER AGE 13.

IF CHILD IS 18 OR OLDER, ASK FOR PARENT'S CONSENT TO REFER THEM TO THE ADULT SURVIVOR SURVEY, THEN THANK AND END INTERVIEW.

IF CHILD IS 13 TO 17, ASK FOR CONSENT TO INTERVIEW HIM/HER USING PAPER PARENT CONCLUSION SCRIPT AND CONFIRM IN NEXT QUESTION.

Q: CKP2

IF CHILD IS 13 OR OLDER, ASK FOR PARENT'S CONSENT TO INTERVIEW.

OTHERWISE THANK AND END INTERVIEW (SKIP TO C17).

CONCLUSION TO PARENT INTERVIEW – ON PAPER FORM, NOT CONNECTED TO SURVEY ANSWERS

Finally, could we call you again in the future to see how you and your child are doing or for other surveys about experiences kids have? You would be paid for doing the surveys.

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Great. Could we have your email address so we can contact you about future survey opportunities?

(INTERVIEWER: Read back the email address to ensure it was recorded correctly)

EMAIL ADDRESS: _____

Now I just need to get your name and address to send you the \$40 Walmart gift card. This information will not be connected to your answers. I will write it on a separate form. It will be kept confidential and only be used to send you the gift card.

What name should we send the gift card to?
What is the address (record house number and street)?
City?
State?
Zip?

NAME _____

HOUSE NUMBER AND STREET _____

CITY, STATE AND ZIP CODE _____

You should receive this within the next 4 weeks. If you do not receive it or if you have any questions about this study later on you can call this toll-free number: 1-855-548-7551.

IF CHILD IS AGE 12 OR YOUNGER, THANK AND END INTERVIEW USING FOLLOWING SCRIPT:

Thank you so much for helping us with this survey. We know these can be difficult things to talk about. I have two numbers for you to call if you would like to talk to someone about feelings this interview might have brought up. Do you want me to wait for you to get a pencil and paper? The first number is for [name] at the [name of CAC] who could talk with you. Her/his number is [number]. I also have a phone number to the [name] hotline. This is a number that you can call to have a private conversation about anything. The number is [number]. Thank you again for your help.

IF CHILD IS AGE 13 OR OLDER, REQUEST CONSENT TO TALK TO CHILD

Thank you so much for answering my questions. As I mentioned before, we are conducting this survey to help provide better support to families where children have been sexually abused. Often, victims of sexual abuse are teenagers, like your daughter/son. We would like to get your permission to ask your daughter/son if they would be willing to answer some questions for this study. These will be general questions about what people and experiences helped them after the episode was disclosed and what advice they may have for teens in similar situations. We will not ask any questions about the sexual abuse.

The interview will take about 15 minutes and can be done at any time that is convenient for her/him. The interview will be completely confidential; your child's name will not be recorded or linked to the answers that she/he provides. She/he can, of course, refuse to participate in the interview. If she/he

says yes, she can skip any questions she/he does not want to answer or end the interview at any point. If your daughter/son participates in the interview, we will send her/him a gift card to [TBD] for \$20.

If you would like to check on the authenticity of this study, I can give you our toll-free number to confirm it--- [1-855-548-7551](tel:1-855-548-7551). We would also be happy to send you a letter before the interview, if you would like that.

May we speak with your daughter/son to see if they would like to participate?

Thank you so much for helping us with this survey. We know these can be difficult things to talk about. I have two numbers for you to call if you would like to talk to someone about feelings this interview might have brought up. Do you want me to wait for you to get a pencil and paper? The first number is for [name] at the [name of CAC] who could talk with you. Her/his number is [number]. I also have a phone number to the [name] hotline. This is a number that you can call to have a private conversation about anything. The number is [number]. Thank you again for your help.

Q: CON1

May we speak with your son/daughter to see if they would like to participate?

- 1 Yes
- 2 No

IF PARENT DENIES PERMISSION TO INTERVIEW CHILD, SKIP TO C17

END OF PARENT SURVEY / START OF CHILD SURVEY

INTRODUCTION TO CHILD INTERVIEW

Hello [name]. I'm [name] from the University of New Hampshire. Your [mother/father/guardian] said I could ask you if you are willing to answer some questions for a research study. Before I ask you though, I need to tell you some things about the study.

We want to learn how to better help kids who have to talk to police or social workers or other people about sexual things that happened to them. But I won't ask you any questions about what happened. The questions are about what helped you after people found out and your thoughts about what might help other kids in this situation.

The interview should take about 15 minutes. If you decide to answer questions, you can change your mind at any time with no problem. Also, if there is a question you don't want to answer, just tell me, "I don't want to answer that," and we'll go to the next question. To thank you for your help, we will send you a \$20 Walmart gift card.

If you decide to answer questions, the answers will be entered into a computer. Your name will not be attached to the answers. Also, your answers will be kept confidential. That means that no one, except the people who are doing the study, will know how you answer the questions—not your parents or anyone else.

The only time we would have to let someone know is if you tell us that someone is being abused or in danger right now. By state law, we have to report that kind of information to authorities. But we are not going to ask you any questions about that. Answers from all the kids we interview will be grouped together, not reported individually. The information will be used in reports and presentations.

If you decide to be part of the study, your answers could help us understand how to help other teens who have been in your situation. There is a chance you might feel upset when you talk to us, and I'll check in with you about how you are feeling. Also, remember you can skip any questions or stop the interview at any time.

If this is a bad time to talk, I can call back at a better time for you. If there are too many people around for you to talk freely, just let me know and I can call back later.

Do you have any questions for me? Would you like to answer some questions?

If no: "Okay, thank you very much." END INTERVIEW

If yes: START PROGRAMMED INTERVIEW

Q: CINT1
FOLLOW PAPER SCRIPT TO DESCRIBE STUDY TO CHILD.

Do you have any questions for me? Would you like to answer some questions?

IF YES, ENTER 1 AND CONTINUE WITH INTERVIEW

IF NO, ENTER 2 AND SAY "Okay, thank you very much" AND END INTERVIEW

1	Yes
2	No

SKIP TO C17 IF CHILD DECLINES THE INTERVIEW

Q: CINT2

Thanks. Are you in a place where you can talk privately? If not or if there are too many people around for you to talk freely, just let me know and I can call back later.

CONTINUE ONCE CHILD CONFIRMS PRIVACY

Q: C1

Before we start, let me remind you that you can stop at any point or skip any questions.

First, how old are you?

ENTER AGE _____

Q: C2

I have some questions about people and things that have helped you. Could you think back to when people first found out about what happened to you? Was there a person who really helped you to get through that time? SPECIFY ANY COMMENTS ON NEXT PAGE

IF THEY SAY NO, PROBE:

IT MIGHT HAVE BEEN SOMEONE IN YOUR FAMILY OR SCHOOL OR CHURCH...

SOMEONE WHO TALKED TO YOU ABOUT WHAT HAPPENED, LIKE A COUNSELOR...

IT MIGHT HAVE BEEN A FRIEND...

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C2a

Who was that person (or specify other comments)? OPEN ENDED

ASK FOLLOWING QUESTION ONLY IF CHILD IDENTIFIED SOMEONE WHO HELPED THEM GET THROUGH WHAT HAPPENED. OTHERWISE SKIP TO C3

Q: C2b

What did they do that really helped? OPEN ENDED

IF R CAN'T THINK OF ANYTHING, PROBE: TAKE A MINUTE TO THINK ABOUT YOUR RELATIONSHIP WITH ... AND TIMES YOU WERE WITH THEM. THAT MIGHT HELP YOU REMEMBER SOMETHING.

Q: C3

Did you talk to a counselor after people found out about what happened? (I mean someone you visited, probably in an office, who talked to you about your feelings about what happened.)

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C3a

Specify any comments regarding whether or not child saw a counselor. OPEN ENDED

ASK FOLLOWING QUESTIONS ONLY IF CHILD SAW A COUNSELOR. OTHERWISE SKIP TO C4

Q: C3b

About how many times did you see the counselor (after people found out about what happened)?

NOTE: SOME YOUTH RESPONDENTS MAY HAVE BEEN IN COUNSELING BEFORE THE INCIDENT WAS DISCLOSED.

Would you say...

- 1 Just one time
- 2 Two or three times
- 3 More than three times
- 97 Don't know
- 98 Refused

Q: C3c

Did the counselor help you feel better about what happened? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C3ca

Specify any comments regarding whether or not counselor helped child feel better about what happened. OPEN ENDED

ASK FOLLOWING QUESTIONS ONLY IF CHILD SAID COUNSELOR HELPED HER/HIM FEEL BETTER

Q: C3cb

Can you tell me about something the counselor taught you that helped you when you were feeling anxious, upset or unhappy? OPEN ENDED

IF R CAN'T THINK OF ANYTHING, PROBE:

TAKE A MINUTE TO THINK ABOUT YOUR VISITS WITH THE COUNSELOR
AND WHAT YOU TALKED ABOUT. THAT MIGHT HELP YOU REMEMBER SOMETHING.

Q: C3cc

Can you tell me about other ways the counselor helped you? OPEN ENDED

IF R CAN'T THINK OF ANYTHING, PROBE:

TAKE A MINUTE TO THINK ABOUT YOUR VISITS WITH THE COUNSELOR
AND WHAT YOU TALKED ABOUT. THAT MIGHT HELP YOU REMEMBER SOMETHING.

ONLY ASK FOLLOWING QUESTION IF CHILD SAYS COUNSELING NOT HELPFUL, OTHERWISE SKIP TO C4

Q: C3d

It helps counselors to know when they do things that are unhelpful, wrong, or annoying. Could you tell me more about how or why the counselor didn't help? OPEN ENDED

Q: C4

Did you ever want to talk to a counselor about what happened?

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C4a

Specify comments about why child did or did not want to talk to a counselor. OPEN ENDED

SKIP NEXT QUESTION IF CHILD DID GO TO COUNSELING, OTHERWISE SKIP TO C5

Q: C4c

Was there anything that prevented you from going to counseling?

PROBE: SOMETIMES IT'S HARD TO GET THERE OR DOESN'T FIT IN YOUR SCHEDULE.

Q: C5

Thinking about the people who knew what happened to you, is there anyone else who really helped you? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C5a

Specify who other helpful person was and what they did (or specify any comments if no other helpful person is identified)? OPEN ENDED

Q: C6

Sometimes when bad things happen, people make changes in their lives or do things for themselves that help. Is there anything you did on your own or changed that really helped you?

SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C6a

What did you do (or specify other comments)? OPEN ENDED

Q: C7

Sometimes when young people are in this situation, there are stories about it in newspapers or on TV or on the radio. Did this happen to you? SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C7a

Would you mind telling me what happened and how you felt about this (or specify other comments)?
OPEN ENDED

Q: C8

Were you ever interviewed by the police or someone else about what happened? (I mean they asked you questions about it.) SPECIFY ANY COMMENTS ON NEXT PAGE

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C8a

Specify any comments regarding whether or not child was interviewed. OPEN ENDED

ASK NEXT QUESTION ONLY IF CHILD TALKED TO A POLICE OFFICER, OTHERWISE SKIP TO C9

Q: C8b

What might make it easier for kids who have to answer questions in these situations? OPEN ENDED

Q: C9

Did you ever see a doctor because of what happened?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

Q: C9a

Specify any comments regarding whether or not child saw a doctor. OPEN ENDED

ASK FOLLOWING QUESTION ONLY IF CHILD SAW A DOCTOR, OTHERWISE SKIP TO C10

Q: C9b

What would you say to doctors about how they can make it easier for kids who have to see them in these situations? OPEN ENDED

Q: C10

I also have a question about parents. Parents can be really helpful, but sometimes they make things harder for kids. What would you say to parents about how they can help when kids are in this situation? OPEN ENDED

Q: C11

What would you tell other kids about how they can help when things like this happen? OPEN ENDED

Q: C12

Now I'm going to read some sentences that describe how people sometimes feel about themselves. Please listen carefully to each sentence and tell me how much it describes how YOU feel about YOURSELF.

Tell me whether it is very true about you, a little true, or not true.

Q: C12a

1. You are happy with yourself.

(Very true, a little true or not true?)

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12b

2. You have a lot to be proud of.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12c

3. You sometimes feel useless.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12d

4. You often feel helpless in dealing with problems.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12e

5. Sometimes you feel that you are being pushed around in life.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12f

6. You cannot change important things in your life.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12g

7. When you make plans you know you can make them work.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12h

8. You have little control over the things that happen to you.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12i

9. You think you are a failure.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12j

10. There is no way you can solve some of the problems you have.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C12k

11. You take a positive attitude toward yourself.

- 1 Very true
- 2 A little true
- 3 Not true
- 97 Don't know
- 98 Refused

Q: C13

Is there anything else you would like to tell us about? OPEN ENDED

Q: C14

How important do you think it is to participate in research like this to help other kids who have experienced these kinds of problems? Would you say...

- 1 Not at all important
- 2 A little important
- 3 More than a little important
- 4 Very important

Q: C15

Knowing now what was in the survey, would you still have agreed to do it?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

SKIP TO C16 IF CHILD WOULD STILL HAVE AGREED TO DO SURVEY

Q: C15a
Is this because....?

ENTER ALL THAT APPLY

- 1 It was too long
- 2 The kinds of questions that were asked
- 3 Some other reason (SPECIFY)
- 4 Don't know
- 5 Refused
- 6 Click to continue

Q: C15b
Specify other reason. OPEN ENDED

Q: C16
Overall, did answering the questions in the survey upset you?

- 1 Yes
- 2 No
- 97 Don't know
- 98 Refused

IF CHILD NOT UPSET BY INTERVIEW, SKIP TO CONTACT

Q: C16a
How upsetting were the questions in the survey, would you say?

- 1 A little upsetting
- 2 More than a little upsetting
- 3 Very upsetting
- 97 Don't know
- 98 Refused

Q: CONTACT
SWITCH TO PAPER FORM TO GET CHILD'S CONTACT INFORMATION TO
SEND \$20 GIFT CARD. THANK AND END INTERVIEW ONCE COMPLETE.

Q: C17
ENTER CHILD'S SEX - DO NOT ASK VERBALLY

- 1 Male
- 2 Female

Q: EDIT

GO BACK TO EDIT AT THIS POINT, OR PRESS '1' TO END INTERVIEW

END OF PROGRAMMED INTERVIEW

CONCLUSION TO CHILD INTERVIEW – ON PAPER FORM, NOT CONNECTED TO SURVEY ANSWERS

That's all I have to ask you. I want to send you a \$20 Walmart gift card to thank you for helping us. You could give me your name and address, or I could send it to your parents (since I already have that information) if you would prefer. If you give me your name, it will not be connected to your answers. I will write your contact information on a separate form. It will be kept confidential and only be used to send you the gift card.

What name should we send the gift card to?

What is the address (record house number and street)?

City?

State?

Zip?

NAME _____

HOUSE NUMBER AND STREET _____

CITY, STATE AND ZIP CODE _____

Thank you for taking the time to answer all of our questions. We know these can be difficult things to talk about. I have two numbers for you to call if you would like to talk to someone about feelings this interview might have brought up. Do you want me to wait for you to get a pencil and paper?

The first number is for [name] at the [name of CAC] who could talk with you. Her/his number is [number]. I also have a phone number to the [name] hotline. This is a number that you can call to have a private conversation about anything. The number is [number].

Thank you again for your help.

Appendix D

Trauma Symptom Checklist (TSC-40) Results

Trauma Symptom Checklist (TSC-40) <i>Please respond how often you have experienced each of the following in the last two months.</i>	N = 133 % (n)
<u>Headaches</u> Never Rarely Sometimes Often Skipped	12 (16) 23 (31) 29 (39) 33 (44) 2 (3)
<u>Insomnia (trouble getting to sleep)</u> Never Rarely Sometimes Often Skipped	9 (12) 13 (18) 18 (24) 57 (76) 2 (3)
<u>Weight loss (without dieting)</u> Never Rarely Sometimes Often Skipped	35 (46) 27 (36) 22 (29) 13 (18) 3 (4)
<u>Stomach problems</u> Never Rarely Sometimes Often Skipped Missing	17 (22) 13 (18) 35 (46) 32 (43) 2 (3) 1 (1)
<u>Sexual problems</u> Never Rarely Sometimes Often Skipped	7 (10) 14 (19) 24 (32) 51 (68) 3 (4)
<u>Feeling isolated from others</u> Never Rarely Sometimes Often	5 (7) 9 (12) 20 (27) 64 (85)

Skipped	1 (1)
Missing	1 (1)
<u>"Flashbacks" (sudden, vivid, distracting memories)</u>	
Never	7 (10)
Rarely	8 (11)
Sometimes	35 (46)
Often	49 (65)
Skipped	1 (1)
<u>Restless sleep</u>	
Never	6 (8)
Rarely	7 (10)
Sometimes	29 (39)
Often	56 (74)
Skipped	1 (1)
<u>Low sex drive</u>	
Never	18 (24)
Rarely	18 (24)
Sometimes	31 (41)
Often	30 (40)
Skipped	2 (3)
Missing	1 (1)
<u>Anxiety attacks</u>	
Never	11 (14)
Rarely	14 (19)
Sometimes	33 (44)
Often	40 (53)
Skipped	1 (2)
Missing	1 (1)
<u>Sexual over-activity</u>	
Never	34 (45)
Rarely	21 (28)
Sometimes	22 (29)
Often	20 (27)
Skipped	3 (4)
<u>Loneliness</u>	
Never	5 (7)
Rarely	11 (15)
Sometimes	28 (37)
Often	55 (73)
Skipped	1 (1)
<u>Nightmares</u>	
Never	12 (16)
Rarely	15 (20)
Sometimes	29 (39)
Often	43 (57)
Skipped	1 (1)

<u>"Spacing out" (going away in your mind)</u>	
Never	7 910)
Rarely	8 (11)
Sometimes	29 (39)
Often	54 (72)
Skipped	1 (1)
<u>Sadness</u>	
Never	5 (6)
Rarely	11 (14)
Sometimes	29 (38)
Often	55 (73)
Skipped	1 (1)
Missing	1 (1)
<u>Dizziness</u>	
Never	29 (39)
Rarely	24 (32)
Sometimes	29 (39)
Often	16 (21)
Skipped	1 (2)
<u>Not feeling satisfied with your sex life</u>	
Never	12 (16)
Rarely	15 (20)
Sometimes	29 (39)
Often	37 (49)
Skipped	7 (9)
<u>Trouble controlling your temper</u>	
Never	17 (23)
Rarely	31 (41)
Sometimes	31 (41)
Often	19 (25)
Skipped	1 (2)
Missing	1 (1)
<u>Waking up early in the morning and can't get back to sleep</u>	
Never	17 (22)
Rarely	13 (18)
Sometimes	32 (43)
Often	37 (49)
Skipped	1 (1)
<u>Uncontrollable crying</u>	
Never	28 (37)
Rarely	32 (43)
Sometimes	25 (33)
Often	13 (18)
Skipped	1 (2)
<u>Fear of men</u>	

Never	18 (24)
Rarely	18 (24)
Sometimes	32 (43)
Often	29 (38)
Skipped	2 (3)
Missing	1 (1)
<u>Not feeling rested in the morning</u>	
Never	9 912)
Rarely	11 (14)
Sometimes	24 (32)
Often	55 (73)
Skipped	1 (2)
<u>Having sex that you didn't enjoy</u>	
Never	24 (32)
Rarely	12 (16)
Sometimes	36 (48)
Often	20 (27)
Skipped	2 (3)
<u>Trouble getting along with others</u>	
Never	18 (24)
Rarely	31 (41)
Sometimes	29 (39)
Often	19 (26)
Skipped	2 (3)
<u>Memory problems</u>	
Never	13 (17)
Rarely	22 (29)
Sometimes	34 (45)
Often	31 (41)
Skipped	1 (1)
<u>Desire to physically hurt yourself</u>	
Never	27 (36)
Rarely	21 (28)
Sometimes	26 (34)
Often	25 (33)
Skipped	1 (2)
<u>Fear of women</u>	
Never	40 (53)
Rarely	29 (38)
Sometimes	22 (29)
Often	7 (10)
Skipped	2 (3)
<u>Waking up in the middle of the night</u>	
Never	11 (15)
Rarely	14 (19)
Sometimes	34 (45)

Often	38 (51)
Skipped	1 (2)
Missing	1 (1)
<u>Bad thoughts or feelings during sex</u>	
Never	13 (18)
Rarely	13 (18)
Sometimes	32 (42)
Often	32 (42)
Skipped	8 (11)
Missing	1 (2)
<u>Passing out</u>	
Never	68 (91)
Rarely	17 (23)
Sometimes	8 (11)
Often	3 (4)
Skipped	2 (3)
Missing	1 (1)
<u>Feeling that things are “unreal”</u>	
Never	21 (28)
Rarely	18 (24)
Sometimes	33 (44)
Often	26 (34)
Skipped	2 (3)
<u>Unnecessary or over-frequent washing</u>	
Never	44 (59)
Rarely	23 (31)
Sometimes	19 (25)
Often	11 (15)
Skipped	1 (2)
Missing	1 (1)
<u>Feelings of inferiority</u>	
Never	13 (17)
Rarely	12 (16)
Sometimes	30 (40)
Often	44 (59)
Skipped	1 (1)
<u>Feeling tense all the time</u>	
Never	10 (13)
Rarely	13 (17)
Sometimes	32 (42)
Often	44 (59)
Skipped	1 (2)
<u>Being confused about your sexual feelings</u>	
Never	23 (31)
Rarely	13 (17)
Sometimes	24 (32)

Often	35 (47)
Skipped	4 (5)
Missing	1 (1)
<u>Desire to physically hurt others</u>	
Never	59 (79)
Rarely	23 (31)
Sometimes	8 (11)
Often	6 (8)
Skipped	2 (3)
<u>Feelings of guilt</u>	
Never	17 (22)
Rarely	11 (15)
Sometimes	31 (41)
Often	41 (54)
Skipped	1 (1)
<u>Feelings that you are not always in your body</u>	
Never	21 (28)
Rarely	15 (20)
Sometimes	30 (40)
Often	31 (41)
Skipped	1 (2)
Missing	1 (2)
<u>Having trouble breathing</u>	
Never	29 (38)
Rarely	21 (28)
Sometimes	29 (39)
Often	19 (26)
Skipped	1 (2)
<u>Sexual feelings with you shouldn't have them</u>	
Never	31 (41)
Rarely	22 (29)
Sometimes	19 (26)
Often	23 (30)
Skipped	4 (5)
Missing	1 (2)

Appendix E

Adult Survivors of Child Pornography Production Survey

Q1 Adult Survivors of Child Pornography Production

The survey is part of a larger study funded by the Department of Justice, Office of Victims of Crimes and conducted by the National Center for Victims of Crimes and the Crimes against Children Research Center at the University of New Hampshire. The goal of the study is to improve services to victims depicted in child pornography.

The survey will take about 15 minutes. It asks about services you have received and suggestions for improving the response to victims of child pornography. It also includes a few general questions about the crimes that you experienced.

Participation in this survey is completely voluntary. You need to be at least 18 years of age to participate. You can skip any question or stop at any time. The survey does not require information that would identify you. Your answers will be anonymous. Also, answers will be combined with the answers of other participants and used for statistical purposes only such as in publications or presentations. It is anticipated that 100 people will participate. Data will be kept in secured files, available only to the researchers and designated staff although in rare instances third parties might have access. (For example, in response to a complaint about the research, officials at our university might access research data.)

Participating in this research will not entail any particular risks or benefits to you, but it will contribute to knowledge about the needs of victims and their families and how to help them. People who have answered similar types of questions in other surveys say they appreciated being able to give information that could help others.

Resources:

If you would like to speak to someone about any feelings that come up while answering these questions, you can call the National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). The hotline is staffed 24 hours a day, 7 days a week and can provide crisis intervention, information, literature, and referrals to additional resources, including resources for adult survivors. All calls are anonymous and confidential. Adult survivors may also wish to call the National Sexual Violence Hotline at 1-800-656-HOPE.

Online resources include the Rape, Abuse, & Incest National Network (RAINN) at www.rainn.org/get-help and the National Organization on Male Sexual Victimization at www.malesurvivor.org.

If you have any questions about the survey, please contact:

Wendy Walsh
University of New Hampshire Crimes against Children Research Center
Wendy.Walsh@unh.edu
603-862-1026

If you have questions about your rights as a research participant you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or Julie.simpson@unh.edu to discuss them.

Q2 For the following questions, please note that you can skip any multiple choice question by selecting "Skip Question" and you can skip any open-ended question by leaving the box blank. 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.

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To End of Survey

Q3 Have you ever received any individual mental health therapy or professional counseling that addressed this crime and its effect on your life?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Have you attended any support groups ...

Q4 Did any of the counselors you saw specifically talk to you about the images created during the crime?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Have you attended any support groups ...

Q5 Was there anything a counselor did or said that particularly helped you to cope with the images?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q6 Was there anything a counselor did or said about the images that bothered you or that you really didn't like?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q7 Have you attended any support groups where you felt comfortable discussing the images and their impact on your life?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Have you ever found an online discuss...

Q8 Could you please describe how you found the support group and how it was helpful or not helpful to you?

Q9 Have you ever found an online discussion group or other online site where you felt comfortable discussing the images and their impact on your life?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Since this crime occurred, have you e...

Q10 Could you please describe how you found the online discussion group and how it was helpful or not helpful to you?

Q11 Since this crime occurred, have you ever wanted any type of help to deal with the images and their effects on your life that you did not get?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q12 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.

Q13 Have these images of you been treated as evidence in any criminal investigations or court proceedings?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Has a court ever ordered a perpetrato...

Q14 Is there anything that you really appreciated about how the images were handled when they were treated as evidence?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q15 Was there anything that bothered you or that you really didn't like about how the images were handled when they were treated as evidence?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q16 Did you have a victim advocate or other support person during any investigation or criminal proceeding that included images treated as evidence?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Please tell us any advice you have fo...

Q17 Is there anything that you really appreciated about how an advocate helped you?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q18 Did an advocate do anything that really bothered you or that you really didn't like?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q19 Please tell us any advice you have for others who are going through a court case involving images treated as evidence.

Q20 Has a court ever ordered a perpetrator to pay restitution to you for harm related to producing or possessing images of you?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Have you ever applied for compensatio...

Q21 Have you been able to collect any of the restitution money?

- Yes (1)
- No (2)
- Skip Question (3)

Q22 Did you have any problems obtaining restitution or do you have any suggestions for improving this process?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q23 Have you ever applied for compensation from a victim's compensation fund for treatment or other costs related to images (or has anyone ever applied on your behalf)?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Have you ever retained a civil attorn...

Q24 Did you ever receive any victim's compensation?

- Yes (1)
- No (2)
- Skip Question (3)

Q25 Do you have any suggestions for improving the process for obtaining compensation?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q26 Have you ever retained a civil attorney to sue a perpetrator for damages related to producing or possessing images of you?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Have you ever signed a form under a v...

Q27 Could you please tell us the status of the civil suit?

Q28 Do you have any suggestions for improving the process of suing in civil court?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q29 Have you ever signed a form under a victim notification law that states whether you want to be notified of prosecutions of persons who possess illegal images of you (or has someone ever done this on your behalf)?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To The next few questions are about the ...

Q30 Did you decide to be notified or not to be notified?

- Notified (1)
- Not notified (2)
- Skip Question (3)

Q31 Could you describe the main reasons for this decision?

Answer If Did you decide to be notified or not to be notified? Notified Is Selected

Q32 Have you been notified of any prosecutions of persons who possessed images of you?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Do you think this notification proces...

Answer If Did you decide to be notified or not to be notified? Notified Is Selected

Q33 About how many prosecutions have you been notified of?

- Enter number (1) _____
- Skip Question (2)

Answer If Did you decide to be notified or not to be notified? Notified Is Selected

Q34 Have you participated in any of these prosecutions by testifying, submitting victim impact statements or any other way?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Has a court ever ordered a perpetrator...

Answer If Did you decide to be notified or not to be notified? Notified Is Selected

Q35 Could you please describe how you have participated?

Answer If Did you decide to be notified or not to be notified? Notified Is Selected

Q36 Has a court ever ordered a perpetrator who possessed your image to pay restitution to you?

- Yes (1)
- No (2)
- Skip Question (3)

Q37 Do you think this notification process is a good idea? Why or why not?

Q38 What would you tell other people in this situation who have to decide whether to be notified of prosecutions of persons who have downloaded or possessed images of themselves or their child?

Q39 The next few questions are about the crime. If there was more than one perpetrator, please answer about the main perpetrator. If there was more than one crime, please answer about the most recent one. Remember you can select "Skip Question" to skip any questions you don't want to answer.

Q40 How old were you when the images were created? (If you were more than one age, please enter the ages or age range.)

- Enter Age or Age Range (1) _____
- Don't know (2)
- Skip Question (3)

Q41 How did you know the perpetrator who created the images (or caused them to be created)?

- Family member (1)
- Acquaintance (knew you from neighborhood, school, etc.) (2)
- Met on the Internet (3)
- Someone else (Please describe how you knew the perpetrator) (4) _____
- Don't know (5)
- Skip Question (6)

Q42 Were you sexually molested during this crime? (Sometimes children are photographed without being molested.)

- Yes (1)
- No (2)
- Don't know (3)
- Skip Question (4)

Q43 How long did this crime go on? (By crime, we mean the production of child pornography and any other aspects of the abuse.)

- One day or less (1)
- More than a day to one week (2)
- More than a week to one month (3)
- More than a month to three months (4)
- More than three months to six months (5)
- More than six months to one year (6)
- More than a year (7)
- Don't know (8)
- Skip Question (9)

Q44 How long ago did this happen? The crime ended...

- Within the past year (1)
- Between one and five years ago (2)
- Between five and ten years ago (3)
- More than 10 years ago (4)
- Don't know (5)
- Skip Question (6)

Q45 Does anyone else know about this crime?

- Yes (1)
- No (2)
- Don't know (3)
- Skip Question (4)

If Yes Is Not Selected, Then Skip To Thinking of everything that happened ...

Q46 Did you tell someone or was the crime disclosed some other way?

- I told someone (1)
- It was disclosed some other way (Please describe) (2) _____
- Skip Question (3)

Q47 Was the crime reported to the police or a child welfare agency?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Thinking of everything that happened ...

Q48 Did the police or child welfare agency know or find out about the images?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Was there a police investigation?

Q49 Could you describe your first reactions to the police or the child welfare agency knowing about the images?

Q50 Was there a police investigation?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Thinking of everything that happened ...

Q51 Was the perpetrator arrested or charged?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Thinking of everything that happened ...

Q52 Was the perpetrator convicted?

- Yes (1)
- No (2)
- Skip Question (3)

Q53 Thinking of everything that happened to you as part of this crime, what upset you the most or has been hardest to handle?

Q54 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?

- Yes (Please describe specific problems or difficulties related to the images) (1)

- No (2)
- Skip Question (3)

Q55 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.

	Never (1)	Rarely (2)	Sometimes (3)	All the time (4)	Skip Question (5)
Thinking the images were not a big deal compared to the other things that happened during the crime (1)	<input type="radio"/>				
Thinking that people believed what happened because of what the pictures showed (2)	<input type="radio"/>				
Refusing to talk to police or counselors about the images (3)	<input type="radio"/>				
Refusing to talk to anyone about the images (4)	<input type="radio"/>				
Denying there were any images (5)	<input type="radio"/>				
Feeling ashamed, guilty	<input type="radio"/>				

or humiliated (6)					
Feeling it was your fault the images were created (7)	○	○	○	○	○
Feeling embarrassed about police, social workers or people in the court system seeing the images (8)	○	○	○	○	○
Worrying that people who saw the images would think you were a willing participant (9)	○	○	○	○	○
Worrying that people who saw the images would recognize you in public (10)	○	○	○	○	○
Worrying about friends or other people you knew seeing the images (11)	○	○	○	○	○
Refusing to be photographed or videoed by family or friends (12)	○	○	○	○	○

Other reaction (please describe below) (13)	<input type="radio"/>				
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Answer If Children who have been depicted in sexual images have a l... Other reaction (please describe below) - Rarely Is Selected Or Children who have been depicted in sexual images have a l... Other reaction (please describe below) - Sometimes Is Selected Or Children who have been depicted in sexual images have a l... Other reaction (please describe below) - All the time Is Selected

Q56 Please describe your other reaction.

Q57 Have any of your reactions to the images changed over time?

- Yes (1)
- No (2)
- Skip Question (3)

If Yes Is Not Selected, Then Skip To Is there anything about the images th...

Q58 Please describe how your reactions to the images have changed over time.

Q59 Is there anything about the images that you particularly worry about? Please describe this.

Q60 Were any of the images of you illegally shared or given to other people, as far as you know?

- Yes (1)
- No (2)
- Don't know (3)
- Skip Question (4)

If Yes Is Not Selected, Then Skip To Is there anything you changed or did ...

Q61 Were any of the images distributed on the Internet, as far as you know?

- Yes (1)
- No (2)
- Don't know (3)
- Skip Question (4)

Q62 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?

- Yes (Please describe) (1) _____
- No (2)
- Skip Question (3)

Q63 What else would you like us to know that you believe would improve how professionals work with victims of child pornography?

Q64 Thank you for taking the time to share your experiences and suggestions. The last few questions ask about how you have been doing more recently and list a number of things people sometimes feel or act like. Please respond how often you have experienced each of the following in the last two months.

	Never (1)	Rarely (2)	Sometimes (3)	Very Often (4)	Skip Question (5)
Headaches (1)	<input type="radio"/>				
Insomnia (trouble getting to sleep) (2)	<input type="radio"/>				
Weight loss (without dieting) (3)	<input type="radio"/>				
Stomach problems (4)	<input type="radio"/>				
Sexual problems (5)	<input type="radio"/>				
Feeling isolated from others (6)	<input type="radio"/>				
“Flashbacks” (sudden, vivid, distracting memories) (7)	<input type="radio"/>				
Restless sleep (8)	<input type="radio"/>				
Low sex drive (9)	<input type="radio"/>				

Anxiety attacks (10)	○	○	○	○	○
Sexual over-activity (11)	○	○	○	○	○
Loneliness (12)	○	○	○	○	○
Nightmares (13)	○	○	○	○	○
“Spacing out” (going away in your mind) (14)	○	○	○	○	○
Sadness (15)	○	○	○	○	○
Dizziness (16)	○	○	○	○	○
Not feeling satisfied with your sex life (17)	○	○	○	○	○
Trouble controlling your temper (18)	○	○	○	○	○
Waking up early in the morning and can’t get back to sleep (19)	○	○	○	○	○
Uncontrollable crying (20)	○	○	○	○	○

Fear of men (21)	○	○	○	○	○
Not feeling rested in the morning (22)	○	○	○	○	○
Having sex that you didn't enjoy (23)	○	○	○	○	○
Trouble getting along with others (24)	○	○	○	○	○
Memory problems (25)	○	○	○	○	○
Desire to physically hurt yourself (26)	○	○	○	○	○
Fear of women (27)	○	○	○	○	○
Waking up in the middle of the night (28)	○	○	○	○	○
Bad thoughts or feelings during sex (29)	○	○	○	○	○
Passing out (30)	○	○	○	○	○
Feeling that things are	○	○	○	○	○

“unreal” (31)					
Unnecessary or over-frequent washing (32)	○	○	○	○	○
Feelings of inferiority (33)	○	○	○	○	○
Feeling tense all the time (34)	○	○	○	○	○
Being confused about your sexual feelings (35)	○	○	○	○	○
Desire to physically hurt others (36)	○	○	○	○	○
Feelings of guilt (37)	○	○	○	○	○
Feelings that you are not always in your body (38)	○	○	○	○	○
Having trouble breathing (39)	○	○	○	○	○
Sexual feelings when you shouldn’t have them (40)	○	○	○	○	○

Q65 Are you...

- Male (1)
- Female (2)
- Trans-sexual or other (3)
- Skip Question (4)

Q66 How old are you?

- Enter Age (1) _____
- Skip Question (2)

Q67 Are you currently...

- Married or living with a partner (1)
- Separated or divorced (2)
- Widowed (3)
- None of the above (4)
- Skip Question (5)

Q68 What level of education have you completed?

- Some high school or less (1)
- High school graduate or G.E.D. (2)
- Some college or technical school (3)
- College graduate (4)
- Post-college degree (5)
- Skip Question (6)

Q69 Are you Hispanic or Latino/a?

- Yes (1)
- No (2)
- Skip Question (3)

Q70 Which race do you identify as? Would you say you are...

- White or Caucasian (1)
- Black or African American (2)
- Asian (3)
- American Indian or Alaska Native (4)
- Something else (5)
- Skip Question (6)

Q74 How important do you think it is to participate in research like this to help others who have experienced these kinds of problems? Would you say...

- Not at all important (1)
- A little important (2)
- More than a little important (3)
- Very important (4)
- Don't Know (5)
- Skip Question (6)

Q75 Knowing now what was in the survey, would you still have agreed to do it?

- Yes (1)
- No (2)
- Don't Know (3)
- Skip Question (4)

If No Is Not Selected, Then Skip To Overall, did answering the question...

Q76 Is this because....? CHECK ALL THAT APPLY

- It was too long (1)
- The kinds of questions that were asked (2)
- Some other reason (Please describe) (3) _____
- Don't Know (4)
- Skip Question (5)

Q77 Overall, did answering the questions in the survey upset you?

- Yes (8)
- No (9)
- Don't Know (10)
- Skip Question (11)

If Yes Is Not Selected, Then Skip To Is there anything else you would like...

Q78 How upsetting were the questions in the survey, would you say?

- A little upsetting (1)
- More than a little upsetting (2)
- Very upsetting (3)
- Don't know (4)
- Skip Question (5)

Q79 Is there anything else you would like us to know?

Q71 Thank you for taking the time to complete this survey. Please feel free to forward the link to the survey if you know of others who may like to participate.

If answering these questions brought up difficult thoughts or feelings, please consider speaking about them to someone you trust. If you would like more information about available resources, we recommend contacting the National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). The hotline is staffed 24 hours a day, 7 days a week and can provide crisis intervention, information, literature, and referrals to additional resources, including resources for adult survivors. All calls are

anonymous and confidential. Adult survivors may also wish to call the National Sexual Violence Hotline at 1-800-656-HOPE.

Online resources include the Rape, Abuse, & Incest National Network (RAINN) at www.rainn.org/get-help and the National Organization on Male Sexual Victimization at www.malesurvivor.org.

If you have any questions about the survey, please call the researchers toll-free at 1-855-548-7551 or contact:

Wendy Walsh
Crimes against Children Research Center
Wendy.Walsh@unh.edu
603-862-1026

If you have questions about your rights as a research participant you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or Julie.simpson@unh.edu to discuss them.

Appendix F

Clinician Interview

Q1 UNIQUE IDENTIFICATION NUMBER

Q2 HOW WAS CLINICIAN SELECTED FOR SURVEY?

- Online Survey Volunteer (1)
- Word of Mouth/Referred by CAC, NCA, or Other Agency (2)

If Word of Mouth/Referred by C... Is Selected, Then Skip To CLINICIANS REFERRED BY EXPERTS IN THE...

Q3 CLINICIANS WHO COMPLETED THE ONLINE SURVEY Last year you completed the Responses to Victims of Child Pornography (RVCP) Practitioner Survey (an online survey) and indicated that you would be interested in sharing your experiences providing mental health treatment for victims depicted in child pornography. We are now conducting a telephone survey to gather more in-depth information about this topic. The online survey you previously completed and this telephone survey are both part of a study funded by the Department of Justice, Office of Victims of Crimes and conducted by the National Center for Victims of Crimes, the Crimes against Children Research Center and the National Children's Alliance. The goal of the study is to identify treatment needs and promising practices to improve mental health services for victims depicted in child pornography. The survey will take about 30 minutes. Are you interested in participating in the survey?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you know of any other clinicians w...If Yes Is Selected, Then Skip To Participation in this survey is com...

Q4 CLINICIANS REFERRED BY EXPERTS IN THE FIELD (“WORD OF MOUTH”) You were identified as a mental health clinician who may have provided treatment within the past 5 years for victims depicted in child pornography. Because of this, you have been selected to complete a telephone survey regarding

your experiences and opinions about this topic. The survey is part of a study funded by the Department of Justice, Office of Victims of Crimes and conducted by the National Center for Victims of Crimes, the Crimes against Children Research Center and the National Children's Alliance. The goal of the study is to identify treatment needs and promising practices to improve mental health services for victims depicted in child pornography. The survey will take about 30 minutes. Are you interested in participating in the survey?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you know of any other clinicians w...

Q5 Participation in this survey is completely voluntary and refusal to participate will not affect you or your workplace in any way. You can refuse to answer any question or stop at any time. The survey does not require information that would identify you or any victim. Your answers will be combined with the answers of other participants. Information will be used in reports and presentations. We anticipate talking to approximately 30 clinicians. Data will be kept in secured files, available only to the researchers and designated staff. We will make every effort to maintain the confidentiality of data; however there are rare instances when third parties might have access. (For example, in response to a complaint about the research, officials at our university might access research data.) Participating in this research will not entail any particular risks or benefits to you, but it will contribute to knowledge about the needs of victims and their families and how to help them. If you have any questions about the survey, please contact: Wendy Walsh Crimes against Children Research Center Wendy.Walsh@unh.edu 603-862-1026 If you have questions about your rights as a research participant you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or Julie.simpson@unh.edu to discuss them.

Q6 About how many clients have you had in the past five years who were depicted in child pornography? ENTER NUMBER

Q7 Does this include youth who may have produced sexual images of themselves ("sexting")? How many of these clients have you seen?

- None (1)
- Enter Number (2) _____

Q7 How many of these clients were minors at the start of treatment? ENTER NUMBER

Q8 How many of these clients were adults at the start of treatment (adult survivors of child pornography production)?ENTER NUMBER

Q9 How much time has passed since you last provided therapy to someone who was depicted in child pornography?

- Currently providing therapy to such a client (1)
- 1 year or less (2)
- More than 1 year, but less than 3 years (3)
- More than 3 years, but less than 5 years (4)
- Don't Know (5)
- Refused (6)

Q10 What type(s) of mental health treatment have you provided these clients (at any point in treatment)? Check all that apply.

- Individual Therapy (1)
- Group Therapy (2)
- Family Therapy (3)
- Other (Specify) (4) _____

Q11 How many years have you been working as a mental health treatment provider?

- 1 year or less (1)
- More than 1 to 3 years (2)
- More than 3 to 5 years (3)
- More than 5 to 10 years (4)
- More than 10 years (5)
- Don't Know (6)
- Refused (7)

Q12 What type of agency do you work for? (Please describe)

Q13 In cases of child sexual assault, do you take steps to determine if the perpetrator took photographs or video of the abuse? If so, how do you approach the subject? Is this part of a standardized assessment procedure or more of an informal process?

Q14 Are there circumstances in which you would be more likely to assess for child pornography in cases of known child sexual assault or do you always ask about it?

Q15 At what point in treatment do victims of child pornography production generally disclose the existence of images? For example, does this come up during the first one or two sessions or do clients wait until many sessions have passed before disclosing this information?

Q16 What is your experience regarding the willingness of victims of child pornography production to acknowledge that images exist or talk about images? What factors, if any, have you noticed that either increase or decrease a client's willingness to discuss the images?

Q17 What advice do you have for other clinicians to help their clients to be more comfortable discussing the images in therapy?

Q18 Have there been any times when you felt uncomfortable discussing child pornography images with your client(s)? Could you describe what happened and why it felt uncomfortable?

Q19 What personal or professional challenges, if any, do these cases present for you as a treatment provider? Do these challenges differ from the impact of other child sexual abuse cases?

Q20 Have you noticed any differences in presenting concerns for victims of child pornography production compared to victims of other child sexual abuse?

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To What types of treatment approaches ha...

Q21 What differences in presenting concerns have you noticed?

Q22 What types of treatment approaches have you found to work particularly well with children who have been depicted in child pornography? [Do you use evidence-based treatments (such as Trauma-Focused Cognitive Behavioral Therapy, TF-CBT) or less standardized approaches that you find effective?]

Q23 What modifications, if any, do child pornography cases require compared to how you use these treatment approaches with other clients?

Q24 What factors do you consider when choosing a treatment approach for these victims? [For example, do you consider the child's age (young children versus adolescents)?]

Q25 Have you noticed any differences in reactions to treatment for victims of child pornography production compared to victims of other child sexual abuse?

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To In your experience, do treatment outc...

Q26 What differences in reactions to treatment have you noticed?

Q27 In your experience, do treatment outcomes differ between clients depending on how and when they disclose the existence of images?

Q28 Have you ever provided therapy to a child pornography victim whose images were distributed online?

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To Have you had any cases where a victim...

Q29 What issues does online distribution of images present for treatment in these cases (compared to cases where images were not distributed over the Internet)?

Q30 Have you had any cases where a victim was unaware of the pictures at the time they were taken, but found out about them later?

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To What advice or opinions do you have a...

Q31 Could you describe how they found out and what impact finding out had on them?

Q32 Have there been any situations where you were aware of an aspect of the child pornography crime that your client was not aware of (such as distribution of the images)? What were the ethical implications in terms of addressing this with your client and how did you handle this situation?"

Q33 Have you had any child pornography cases in which your client had a very close relationship with the perpetrator? How was this relationship impacted by the disclosure of the crime and what issues did this raise for treatment? How did you handle this situation?

Q34 Have you ever provided therapy to clients who created sexual images of themselves or of other minors (whether by their own decision or at the request of a perpetrator)? DO NOT ASK IF ALREADY ADDRESSED EARLIER IN THE SURVEY

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To What are some of the issues that come...

Q35 In cases where a client created sexual image of themselves or of other minors (whether by their own decision or at the request of a perpetrator) did these cases differ from other child pornography cases in terms of presenting concerns and/or how you approached treatment?

- Yes (Please describe) (1) _____
- No (2)
- Don't Know (3)
- Refused (4)

Q72 What types of approaches, if any, have you found to be effective while treating clients who produced sexual images of themselves?

Q36 Are there any issues that come up when (non-offending) caregivers or other family members are involved in the treatment of child pornography victims? Do these challenges differ from the involvement of caregivers in other child sexual abuse cases?

Q37 What advice would you give to other clinicians regarding the involvement of parents and family members in the course of therapy for victims of child pornography production?

Answer If How many of these clients were adults at the start of treatment Text Response Is Greater Than 0

Q38 In what ways, if any, do adult survivors of child pornography differ from victims seeking treatment as children? What are some of the challenges you have experienced with providing therapy to adult survivors?

Q39 Have you ever provided therapy to a client who was involved in any criminal proceedings against an individual who created or possessed child pornography depicting the client?

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To Have you received any training specific...

Q40 How did this legal process impact the victim?

Q41 What issues, if any, did this legal process raise in treatment?

Q42 Have you received any training specific to providing therapy to victims depicted in child pornography?

- Yes (Please Describe) (1) _____
- No (2)
- Don't Know (3)
- Refused (4)

If Yes (Please Describe) Is Not Selected, Then Skip To What types of (additional) trainings,...

Q43 How helpful have these trainings been? Have you been able to use the techniques you learned in these trainings while providing therapy to your client(s)? If yes, which techniques?

Q44 What types of (additional) trainings, if any, do you think would be helpful for you to provide better treatment to clients depicted in child pornography?

Q45 Do you feel that you have a supervisor or other clinician in your agency or in your area who is knowledgeable about these types of cases and with whom you feel comfortable discussing any issues that arise?

- Yes (Please describe) (1) _____
- No (2)
- Don't Know (3)
- Refused (4)

If Yes (Please describe) Is Not Selected, Then Skip To Does your agency have specific polici...

Q46 How often do you utilize supervision or collaboration with other clinicians at your agency or in your area to discuss issues that come up in these cases?

Q47 Does your agency have specific policies relating to child pornography? For example, are there procedures specific to these cases that all clinicians are expected or required to follow?

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To Are there any differences of opinion ...

Q48 Please describe these policies and procedures.

Q49 Are there any differences of opinion within your agency in terms of how to approach these clients?

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

If Yes Is Not Selected, Then Skip To We're interested in finding out about...

Q50 Please describe these differences of opinion and any impact they may have on treatment.

Q51 We're interested in finding out about resources specific to providing therapy to victims of child pornography production. What resources (trainings, websites, research articles, or treatment handbooks) have you used?

Q52 What research do you think is most needed concerning victims of child pornography production?

Q53 Is there anything else you think we should know about providing therapy to victims of child pornography production?

Q54 Are you interested in receiving a summary of the results of this study?

- Yes (Please provide email address) (1) _____
- No (2)

Q55 Do you know of any other clinicians who have provided therapy to victims of child pornography and may be interested in sharing their experiences for our research?

- Yes (Name & Contact info) (1) _____
- No (2)
- Maybe (R will ask and either get back to me with the information or pass my information on to that person) (3)

Q56 Thank you very much for taking the time to share your experiences with me for our study. Information about how to treat child pornography victims is still very limited, so we hope to use this research to improve services for these victims and their families. Do you have any questions for me before I let you go? RESPOND TO ANY QUESTIONS. Thank you again. Have a great day!

Appendix G

What Constitutes a Crime under Victim Rights Laws: Inclusion of Child Pornography Offenses

What Constitutes a Crime under Victim Rights Laws: Inclusion of Child Pornography Offenses

NATIONAL CENTER FOR VICTIMS OF CRIME

--Current as of August 26, 2013--

Prepared by:

Brittany Erickson, Staff Attorney
Susan Howley, Project Manager, Director Public Policy

This chart shows the general definition of “crime” under state victim rights statutes. Offenses must fall under this definition of crime for a to be covered under, and benefit from, the protective rights under the statute. Of the 50 states and the District of Columbia, 19 states define cri any felony or misdemeanor; 5 states cover any felony and violent misdemeanors; 7 states cover any felony and listed misdemeanors; one state Hampshire) cover felonies only. 7 states cover violent felonies and misdemeanors; 10 states cover listed felonies and misdemeanors; Mississi covers violent felonies and listed misdemeanors. Two states, Florida and Rhode Island, do not have any specific definition of crime, but pres cover all crimes.

For child pornography, 40 states cover the production, distribution, and possession of child pornography as crimes under their victim rights statute. One state, Delaware, covers the production and distribution, but not the possession of child pornography. The District of Columbia and Kentucky include only the production of child pornography. The remaining 8 states do not mention any child pornography offense, but the sta likely encompass at least the victims of child pornography production, since child pornography production charges are often accompanied by offense charges.



	Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Alabama Ala. Code § 15-23-60		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		Criminal offense. Conduct that gives a law enforcement officer or prosecutor probable cause to believe that a felony involving physical injury, the threat of physical injury, or a sexual offense, or any offense involving spousal abuse or domestic violence has been committed. Child pornography offenses are listed under “Offenses Against Health and Morals,” not “Offenses Involving Danger to the Person,” which includes “Sexual Offenses.”	*		

* = Even though these states do not specifically include any child pornography crimes under their victim rights statutes, the statutes likely encompass at least the victims of child pornography production, since child pornography production charges are often accompanied by sexual offense charges.

¹⁸⁵ “violent” = involving physical injury, the threat of physical injury, or a sexual offense.

¹⁸⁶ “violent” = involving physical injury, the threat of physical injury, or a sexual offense.

		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Alaska Alaska Stat. § 12.61.900 Alaska Stat. § 11.61.123 Alaska Stat. § 11.61.125 Alaska Stat. § 11.61.127	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				Simply “an offense.”	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arizona Ariz. Rev. Stat. Ann. § 13-4401 Ariz. Rev. Stat. Ann. § 13-3552	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Criminal offense” means conduct that gives a peace officer or prosecutor probable cause to believe that a felony, a misdemeanor, a petty offense, or a violation of a local criminal ordinance has occurred.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Arkansas Ark. Code Ann. § 16-90-1101 Ark. Code Ann. § 5-27-603	<input checked="" type="checkbox"/> ¹⁸⁷			<input checked="" type="checkbox"/> ¹⁸⁸			“Crime” means an act or omission committed by a person, whether or not competent or an adult, which is punishable by incarceration if committed by a competent adult; “Victim” means a victim of a sex offense or an offense against a victim who is a minor and a victim of any violent crime. “Sex offense” includes: (P) Computer child pornography, § 5-27-603;	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹⁸⁷ Also includes any felony offense against a minor victim.

¹⁸⁸ Also includes any misdemeanor offense against a minor victim.

							Notes			
								CP Production	CP Distribution	CP Possession
California Cal. Penal Code § 679.01 Cal. Penal Code § 311.1 Cal. Penal Code § 311.3 Cal. Penal Code § 311.11	<input checked="" type="checkbox"/>		Violent Felonies¹⁸⁵		Listed Felonies	<input checked="" type="checkbox"/>	Any Misdemeanors	<input checked="" type="checkbox"/>	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors

							Notes				
		Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors		CP Production	CP Distribution	CP Possession
Connecticut Conn. Gen. Stat. § 51-286e Conn. Gen. Stat. § 53a-196b-g	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Crime” means any act which is a felony, as defined in section 53a-25, or misdemeanor, as defined in section 53a-26, and includes any crime committed by a juvenile.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delaware Del. Code. Ann. § 9401			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		“Crime” means an act or omission committed by a person, whether or not competent or an adult, which, if committed by a competent adult, is punishable by incarceration and which violates 1 or more of the following sections of this title: § 1108. Sexual exploitation of a child; class B felony.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
District of Columbia D.C. Code § 23-190 D.C. Code § 22-3102	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			The commission of any felony or violent misdemeanor in violation of any criminal statute in the District of Columbia.	<input checked="" type="checkbox"/>		

	<input checked="" type="checkbox"/> Any Felony	Violent Felonies ¹⁸⁵	<input checked="" type="checkbox"/> Listed Felonies	<input checked="" type="checkbox"/> Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	<input checked="" type="checkbox"/> Listed Misdemeanors	Notes			
							CP Production	CP Distribution	CP Possession	
Florida							No statutory definition, but: Florida ATTORNEY GENERAL OPINIONS 2008 Office of the Attorney General of the State of Florida, No. 2008-54 (2008) <u>Question</u> Pursuant to section 960.001(1) of the Florida Statutes, under what circumstances is a law enforcement official required to provide a crime victim with a victim's right information card or brochure? <u>Conclusion</u> Section 960.001(1) of the Florida Statutes requires law enforcement officials to provide a victim's right information card or brochure "at the crime scene, during the criminal investigation, and in any other appropriate manner" to crime victims at "the earliest possible time." Because nothing in section 960.001(1) limits the application of this provision to certain victims or crimes, all crime victims, regardless of the nature of the crime, must be provided with a victim's right information card or brochure.			

		Any Felony	Violent Felonies ¹⁸⁵	<input checked="" type="checkbox"/> Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	<input checked="" type="checkbox"/> Listed Misdemeanors	Notes	* CP Production	CP Distribution	CP Possession
Georgia Ga. Code Ann. § 17-17-3				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	“Crime” means an act committed in this state which constitutes any violation of Chapter 5 of Title 16 (Crimes against persons); Chapter 6 of Title 16 (sexual offenses); Article 1, 3, or 4 of Chapter 7 of Title 16; Article 1 or 2 of Chapter 8 of Title 16 (Theft and deprivation); Chapter 9 of Title 16 (Forgery and Fraud); Part 3 of Article 3 of Chapter 12 of Title 16 (Sale and distribution of harmful material to minors); Code Section 30-5-8 (Failure to report abuse); Code Section 40-6-393; Code Section 40-6-393.1; or Code Section 40-6-394 (serious traffic offenses).	*		
Hawaii Haw. Rev. Stat. § 801D-2 Haw. Rev. Stat. § 707-750 Haw. Rev. Stat. § 707-751 Haw. Rev. Stat. § 707-752				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	“Crime” means an act or omission committed by an adult or juvenile that would constitute an offense against the person under the Penal Code of this State.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

							Notes			
		Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors			
Idaho		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
Idaho Code Ann. § 19-5306										
Idaho Code Ann. § 18-1506										
Idaho Code Ann. § 18-1507										
Idaho Code Ann. § 18-1507A										
Illinois			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
725 Ill. Comp. Stat. 120/3										
720 Ill. Comp. Stat. 5/11-20.1										
720 Ill. Comp. Stat. 5/11-20.1B										
720 Ill. Comp. Stat. 5/11-20.3										

		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Indiana Ind. Code § 35-40-4-3 Ind. Code § 35-42-4-4	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Crime” includes a delinquent act.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Iowa Iowa Code § 915.10 Iowa Code § 728.12	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> ¹⁸⁹			“A public offense or a delinquent act, other than a simple misdemeanor, committed in this state.”	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹⁸⁹ This may include a few (arguably) non-violent, but serious, misdemeanors, such as theft.

		Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Kansas Kan. Stat. Ann. § 74-7301 Kan. Stat. Ann. § 21-3516	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Criminally injurious conduct” means conduct that: (1) (A) Occurs or is attempted in this state or occurs to a person whose domicile is in Kansas who is the victim of a violent crime which occurs in another state, possession, or territory of the United States of America may make an application for compensation if: (i) The crimes would be compensable had it occurred in the state of Kansas; and (ii) the places the crimes occurred are states, possessions or territories of the United States of America not having eligible crime victim compensation programs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kentucky Ky. Rev. Stat. Ann. § 421.500 Ky. Rev. Stat. Ann. § 531.310			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		Commission of a crime classified as stalking, unlawful imprisonment, use of a minor in a sexual performance, unlawful transaction with a minor in the first degree, terroristic threatening, menacing, harassing communications, intimidating a witness, criminal homicide, robbery, rape, assault, sodomy, kidnapping, burglary in the first or second degree, sexual abuse, wanton endangerment, criminal abuse, or incest.	<input checked="" type="checkbox"/>		

	Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Louisiana		<input checked="" type="checkbox"/> ¹⁹⁰			<input checked="" type="checkbox"/> ¹⁹¹		<p>“Crime” means an act defined as a felony, misdemeanor, or delinquency under state law.</p> <p>“Victim” means a person against whom any of the following offenses have been committed:</p> <ul style="list-style-type: none"> (a) Any homicide, or any felony offense defined or enumerated in R.S. 14:2(13). (b) Any sexual offense. (c) The offenses of vehicular negligent injuring and first degree vehicular negligent injuring. (d) Any offense against the person as defined in the Criminal Code committed against a family or household member as defined in R.S. 46:2132(4) or dating partner as defined in R.S. 46:2151(B). 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹⁹⁰ Includes negligent driving offenses.

¹⁹¹ Includes negligent driving offenses.

							Notes			
								CP Production	CP Distribution	CP Possession
Maine Me. Rev. Stat. tit. 17A, § 1171 Me. Rev. Stat. tit. 17-A, § 282 Me. Rev. Stat. tit. 17A, § 283 Me. Rev. Stat. tit. 17A, § 284	<input checked="" type="checkbox"/> Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	<input checked="" type="checkbox"/> Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors	CRIME. “A criminal offense in which, as defined, there is a victim.”	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

						Notes			
		<input checked="" type="checkbox"/> Any Felony		Violent Felonies ¹⁸⁵					
				<input checked="" type="checkbox"/> Listed Felonies					
Maryland		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Any Misdemeanors		<input checked="" type="checkbox"/> Violent Misdemeanor ¹⁸⁶			<input checked="" type="checkbox"/> CP Production <input checked="" type="checkbox"/> CP Distribution <input checked="" type="checkbox"/> CP Possession
Md. Code Ann. Crim. Law § 11-104							“Crime or delinquent act.” ¹⁹²		
Md. Code Ann. Crim. Law § 11-207									
Md. Code Ann. Crim. Law § 11-208									

¹⁹² No general definition, this is in the notice section.

						Notes			
Massachusetts	<input checked="" type="checkbox"/> Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	<input checked="" type="checkbox"/> Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors			
Mass. Gen. Laws Ch. 258B, § 1									<input checked="" type="checkbox"/> CP Production
Mass. Gen. Laws Ch. 272, § 29A									<input checked="" type="checkbox"/> CP Distribution
Mass. Gen. Laws Ch. 272, § 29B									<input checked="" type="checkbox"/> CP Possession
Mass. Gen. Laws Ch. 272, § 29C									

						Notes				
		Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors			
Michigan Mich. Comp. Laws § 780.752 Mich. Comp. Laws § 750.145c Mich. Comp. Laws § 811.	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<p>"Crime" means a violation of a penal law of this state for which the offender, upon conviction, may be punished by imprisonment for more than 1 year or an offense expressly designated by law as a felony.</p> <p>"Victim" means any of the following:</p> <p>(i) An individual who suffers direct or threatened physical, financial, or emotional harm as a result of the commission of a serious misdemeanor,</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

						Notes				
		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors			
Minnesota		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/> ¹⁹³	<p>“Crime” means conduct that is prohibited by local ordinance and results in bodily harm to an individual; or conduct that is included within the definition of “crime” in section 609.02, subdivision 1...</p> <p>609.02 DEFINITIONS.</p> <p>Subdivision 1. Crime. “Crime” means conduct which is prohibited by statute and for which the actor may be sentenced to imprisonment, with or without a fine.</p>		
Minn. Stat. § 611A.01										
Minn. Stat. § 617.241										
Minn. Stat. § 617.246										
Minn. Stat. § 617.247										

¹⁹³ Only includes misdemeanors where imprisonment is permitted.

							Notes				
		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors				
Mississippi		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<p>“Criminal offense” means conduct that gives a law enforcement officer or prosecutor probable cause to believe that a felony involving physical injury, the threat of physical injury, a sexual offense, or any offense involving spousal abuse or domestic violence has been committed.</p> <p>This depends on whether child pornography counts as a sexual offense. It is termed a sex crime under mandatory reporting laws, so it probably applies.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Missouri		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<p>“Crime,” an act which would constitute a violation of any criminal statute including any act which may result in an adjudication of delinquency.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

							Notes			
								CP Production	CP Distribution	CP Possession
Montana Mont. Code Ann. § 46-24-104 Mont. Code Ann. § 45-5-325	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		Felony offense or a misdemeanor offense involving actual, threatened, or potential bodily injury to the victim. ¹⁹⁴	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nebraska Neb. Rev. Stat. § 81-1848			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	A homicide under sections 28-302 to 28-306, a first degree sexual assault under section 28-319, a first degree assault under section 28-308, a sexual assault of a child in the second or third degree under section 28-320.01, a sexual assault of a child in the first degree under section 28-319.01, a second degree assault under section 28-309, a first degree false imprisonment under section 28-314, a second degree sexual assault under section 28-320, or a robbery under section 28-324, DUI victims.	*		

¹⁹⁴ This definition comes from the right to notice/consultation section of the victim rights act; Montana does not have an overarching definition of crime, but all sections presumably encompass this definition, and some sections could potentially be expanded to victims of any crime.

	<input checked="" type="checkbox"/> Any Felony	Violent Felonies ¹⁸⁵	<input checked="" type="checkbox"/> Listed Felonies	<input checked="" type="checkbox"/> Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	<input checked="" type="checkbox"/> Listed Misdemeanors	Notes		
							CP Production	CP Distribution	CP Possession
Nevada Nev. Rev. Stat. § 178.569 Nev. Rev. Stat. § 200.720 Nev. Rev. Stat. § 200.275 Nev. Rev. Stat. § 200.730	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			No clear definition applying across rights. This comes from the protection chapter. Just “a crime.”	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
New Hampshire N.H. Rev. Stat. Ann. § 21-M:8-k N.H. Rev. Stat. Ann. § 649-A:3 N.H. Rev. Stat. Ann. § 649-A:3A N.H. Rev. Stat. Ann. § 649-A:3B	<input checked="" type="checkbox"/>						“Crime” means a violation of a penal law of this state for which the offender, upon conviction, may be punished by imprisonment for more than one year or an offense expressly designated by law to be a felony.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

							Notes			
		Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors			
New Jersey N.J. Const. Art. I, § 22 N.J. Stat. Ann. § 2C:24-4	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Result of crime or incident involving another person operating a motor vehicle while under the influence of drugs or alcohol.”	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
New Mexico N.M. Stat. Ann. § 31-26-3			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	See § 31-26-3 (B)(1)-(21).	*		

	Any Felony	Violent Felonies ¹⁸⁵	<input checked="" type="checkbox"/> Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	<input checked="" type="checkbox"/> Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
New York N.Y. Exec. Law § 261 N.Y. Penal Law § 263.15			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<p>“Victim” shall mean (a) a person who suffers personal physical injury as a direct result of a crime; (b) a person who is the victim of either the crime of (1) unlawful imprisonment in the first degree as defined in section 135.10 of the penal law, (2) kidnapping in the second degree as defined in section 135.20 of the penal law, (3) kidnapping in the first degree as defined in section 135.25 of the penal law, (4) labor trafficking as defined in section 135.35 of the penal law, or (5) sex trafficking as defined in section 230.34 of the penal law; or a person who has had a frivolous lawsuit filed against them.</p> <p>“Crime” shall mean (a) an act committed in New York state which would, if committed by a mentally competent criminally responsible adult, who has no legal exemption or defense, constitute a crime as defined in and proscribed by law.</p> <p>“Child victim” shall mean a person less than eighteen years of age who suffers physical, mental or emotional injury, or loss or damage, as a direct result of a crime or as a result of witnessing a crime.</p>	*		

	Any Felony	Violent Felonies ¹⁸⁵	<input checked="" type="checkbox"/> Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	<input checked="" type="checkbox"/> Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
North Carolina			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<p>Victim. -- A person against whom there is probable cause to believe one of the following crimes was committed:</p> <ul style="list-style-type: none"> a. A Class A, B1, B2, C, D, or E felony. b. A Class F felony if it is a violation of one of the following: <u>G.S. 14-16.6(b); 14-16.6(c); 14-18; 14-32.1(e); 14-32.2(b)(3); 14-32.3(a); 14-32.4; 14-34.2; 14-34.6(c); 14-41; 14-43.3; 14-43.11; 14-190.17; 14-190.19; 14-202.1; 14-277.3A; 14-288.9; 20-138.5; or former G.S. 14-277.3.</u> c. A Class G felony if it is a violation of one of the following: <u>G.S. 14-32.3(b); 14-51; 14-58; 14-87.1; or 20-141.4.</u> d. A Class H felony if it is a violation of one of the following: <u>G.S. 14-32.3(a); 14-32.3(c); 14-33.2; 14-277.3A; or former G.S. 14-277.3</u> e. A Class I felony if it is a violation of one of the following: <u>G.S. 14-32.3(b); 14-34.6(b); or 14-190.17A.</u> f. An attempt of any of the felonies listed in this subdivision if the attempted felony is punishable as a felony. g. Any of the following misdemeanor offenses when the offense is committed between persons who have a personal relationship as defined in <u>G.S. 50B-1(b): G.S. 14-33(c)(1); 14-33(c)(2); 14-33(a); 14-34; 14-134.3; 14-277.3A; or former G.S. 14-277.3.</u> h. Any violation of a valid protective order under <u>G.S. 50B-4.1.</u> 			

							Notes				
		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors				
North Dakota		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	“Crime” includes all felony offenses; class A misdemeanors, excluding violations of section 6-08-16.1 for no-account checks; all violations of chapters 12.1-17 and 12.1-20, including all corresponding violations of municipal ordinances; and any of the offenses in this subsection that may result in adjudication of delinquency.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N.D. Cent. Code § 12.1-34-01											
N.D. Cent. Code § 12.1-27.2-04											
N.D. Cent. Code § 12.1-27.2-04.1											
Ohio		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	“Crime” means any of the following: (1) A felony; (2) A violation of section 2903.05, 2903.06, 2903.13, 2903.21, 2903.211 [2903.21.1], 2903.22, 2907.06, 2919.25, or 2921.04 of the Revised Code, a violation of section 2903.07 of the Revised Code as it existed prior to March 23, 2000, or a violation of a substantially equivalent municipal ordinance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ohio Rev. Code Ann. § 2930.01											
Ohio Rev. Code Ann. § 2907.322											
Ohio Rev. Code Ann. § 2907.323											

							Notes			
								CP Production	CP Distribution	CP Possession
Oklahoma Okla. Stat. tit. 21, § 142A-1 Okla. Stat. tit. 21, § 1021 Okla. Stat. tit. 21, § 1024.2	<input checked="" type="checkbox"/> Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	<input checked="" type="checkbox"/> Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors	"Crime victim" or "victim" means any person against whom a crime was committed. ¹⁹⁵	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹⁹⁵ Oklahoma's victim compensation statute (Okla. Stat. tit. 21, §§ 142.1-18) and the victim rights statute's provision for victim impact statements (Okla. Stat. tit. 21, § 142A-1 (9)) only apply to victims of violent crime.

							Notes			
	Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors				
Oregon Or. Rev. Stat. § 147.500 Or. Rev. Stat. § 163.684 Or. Rev. Stat. § 163.686 Or. Rev. Stat. § 163.687 Or. Rev. Stat. § 163.688 Or. Rev. Stat. § 163.689	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			“Crime” includes an act committed by a person who is under 18 years of age that, if committed by an adult, would constitute a misdemeanor or felony.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Pennsylvania 18 Pa. Cons. Stat. § 11.103 18 Pa. Cons. Stat. § 6312	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Crime.” An act which was committed: (1) In this Commonwealth by a person, including a juvenile, without regard to legal exemption or defense which would constitute a crime under the following: (ii) 18 Pa.C.S. (relating to crimes and offenses). (iii) The laws of the United States.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rhode Island R.I. Gen. Laws § 12-28-3 R.I. Gen. Laws § 11-9-1.3	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				No definition, just “crime.”	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Any Felony	Violent Felonies¹⁸⁵	<input checked="" type="checkbox"/> Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	<input checked="" type="checkbox"/> Listed Misdemeanors	Notes			
							CP Production	CP Distribution	CP Possession	
South Carolina							“Criminal offense” means an offense against the person of an individual when physical or psychological harm occurs, or the property of an individual when the value of the property stolen or destroyed, or the cost of the damage to the property is in excess of one thousand dollars. This includes both common law and statutory offenses, the offenses contained in Sections 16-25-20, 16-25-30, 16-25-50, 56-5-1210, 56-5-2910, 56-5-2920, 56-5-2930, 56-5-2945, and the common law offense of attempt, punishable pursuant to Section 16-1-80. However, “criminal offense” specifically excludes the drawing or uttering of a fraudulent check or an offense contained in Title 56 that does not involve personal injury or death.			

	Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors	Notes			
							CP Production	CP Distribution	CP Possession	
South Dakota S.D. Codified Laws § 23A-28C-4		<input checked="" type="checkbox"/> ¹⁹⁶			<input checked="" type="checkbox"/> ¹⁹⁷		A crime of violence as defined by subdivision 22-1-2(9), simple assault between family or household members as defined in subdivision 25-10-1(2), stalking as defined in chapter 22-19A, a violation of chapter 22-22 [sex offenses], or a driving under the influence vehicle accident, under the laws of South Dakota or the laws of the United States. “Crime of violence” includes any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in § 22-22-7, felony child abuse as defined in § 26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device.	*		

¹⁹⁶ Includes DUI offenses.

¹⁹⁷ Includes DUI offenses.

							Notes			
		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors			
Tennessee		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	As used in this part, unless the context otherwise requires:		<input checked="" type="checkbox"/>
Tenn. Code Ann. § 40-38-302								(1) “Crime” means:		
Tenn. Code Ann. § 39-17-1003								(A) Any offense the punishment for which is a Class A, B, C, D or E felony;		
Tenn. Code Ann. § 39-17-1004								(B) First degree murder; or		
Tenn. Code Ann. § 39-17-1005								(C) Assault under § 39-13-101(a)(1).		
Texas			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Offense of sexual assault, kidnapping, aggravated robbery, or injury to a child, elderly individual, or disabled individual or who has suffered personal injury or death as a result of the criminal conduct of another.	*	
Tex. Code Crim. Proc. Ann. art. 56.01										

							Notes				
		Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors				
Utah Utah Code Ann. § 77-37-5	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	The provisions of this chapter shall apply to: (1) any felony filed in the courts of the state; (2) to any class A and class B misdemeanor filed in the courts of the state; and (3) to cases in the juvenile court as provided in Section 78A-6-114.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vermont Vt. Stat. Ann. tit. 13, § 5301			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	See § 5301 (7)(A)-(EE).	*		
Virginia Va. Code Ann. § 19.2-11.01 Va. Code Ann. § 198.2-374.1 Va. Code Ann. § 198.2-374.1:1	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	Commission of a felony or of assault and battery in violation of § 18.2-57 or § 18.2-57.2, stalking in violation of § 18.2-60.3, sexual battery in violation of § 18.2-67.4, attempted sexual battery in violation of § 18.2-67.5, maiming or driving while intoxicated in violation of § 18.2-51.4 or § 18.2-266.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

		Any Felony	Violent Felonies¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Washington		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			“Crime” means an act punishable as a felony, gross misdemeanor, or misdemeanor under the laws of this state or equivalent federal or local law.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wash. Rev. Code § 7.69.020											
Wash. Rev. Code § 9.68A.050											
Wash. Rev. Code § 9.68A.060											
Wash. Rev. Code § 9.68A.070											
West Virginia		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> ¹⁹⁸			A felony, or, where a death occurs during the commission of a felony or a misdemeanor. ¹⁹⁹	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
W. Va. Code § 61-11A-2											
W. Va. Code § 61-8C-3											
W. Va. Code § 61-8D-6											

¹⁹⁸ Includes only some violent misdemeanors (when a death occurs during commission).

		Any Felony	Violent Felonies ¹⁸⁵	Listed Felonies	Any Misdemeanors	Violent Misdemeanor ¹⁸⁶	Listed Misdemeanors	Notes	CP Production	CP Distribution	CP Possession
Wisconsin Wis. Stat. § 950.02 Wis. Stat. § 948.05 Wis. Stat. § 948.12	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Crime” means an act committed in this state which, if committed by a competent adult, would constitute a crime, as defined in s. 939.12. 939.12 A crime is conduct which is prohibited by state law and punishable by fine or imprisonment or both.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wyoming Wyo. Stat. Ann. § 1-40-202 Wyo. Stat. Ann. § 6-4-303	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				“Criminal act” means conduct which would constitute a crime as defined by the laws of this state.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹⁹⁹ This definition comes from the right to testify section of the victims’ rights act; West Virginia does not have an all encompassing definition of crime, but generally focuses on felonies and violent misdemeanors.