



BE THE SUPPORT

Helping Victims of
Child Sexual Abuse Material:
A Guide for Mental Health Professionals



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"P11 shout outs were great to see! I really only have compliments on everything. Anything I have noted is more what I felt and thought about while processing all this great information. I loved the outline and how easy everything (the whole way through) is so easy to understand."

- Survivor Advocate

"This publication was super informative and capture survivor voices so well, thank you guys for ensure we have a chance to contribute."

- Survivor Advocate

"Thank you for pulling this document together. This is such an amazing publication and so needed. Thank you for allowing me to be part of this process."

- Mental Health Professional

INTRODUCTION

There is no question sexual abuse cases are among the most difficult a mental health professional may have to encounter. The trauma the victim has suffered can be deep and long-lasting, and it takes enormous training, skill, and compassion to be supportive of the victim and help guide them through the healing process.

But there is one crime presenting unique and modern challenges – the creation and distribution of what traditionally has been known as child pornography, which we now refer to as **child sexual abuse material (CSAM)**.¹

While victims of sex abuse crimes can suffer deeply, the stark reality is survivors of child sexual abuse material can live with an additional, debilitating fear – the photos and videos created of the sexual abuse they suffered as children, once shared on the internet, will forever remain online for anyone to see. And this fear is not ungrounded. Time and again, we have seen these victims grow into adulthood, only to find evidence the horrific images are still being shared. And the fear someone will recognize them from those pictures and videos – even years after the original crime was committed – can be devastating.

At the National Center for Missing & Exploited Children® (NCMEC), we've reviewed hundreds of millions of child sexual abuse images. We've witnessed the victimization of children worldwide, and we've helped law enforcement locate the children in these images. Often, we are heartened to report, this has led to law enforcement removing those children from abusive situations.

Out of our work has come a unique perspective. It has given us a chance to listen to the survivors of this crime, which seems to have no end. And it has given us a chance to learn from them and the professionals who have treated them about what does and does not work in helping them on their healing journey.

This guide draws on the enormous body of data and information we have gathered over the years. At NCMEC our CyberTipline® has received more than 112 million reports of suspected child sexual exploitation from its launch in 1998 through 2021. It has grown exponentially since its inception with more than 29 million of those tips received in 2021 alone.² The overwhelming majority of these reports contain child sexual abuse material – a stunning indictment of the insatiable demand for this abusive imagery on the internet.

In the last decade, there's been enormous progress made in disrupting the distribution of these images and prosecuting those who share the experience of victimizing children with other offenders. In large part, this progress is due to technological advances helping to locate these images online and in turn leading to an increased number of reports to NCMEC's CyberTipline®. Thanks to new technology, resources, and training, more children in these images are being identified by law enforcement with more than 20,600 children having been enrolled at NCMEC as identified victims of CSAM as of December 31, 2021.²

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

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

This trauma associated with the ongoing use of the material – the feeling they have been “captured forever” and can never escape the cycle of fear and shame – is deep, is painful, and can be difficult to treat.

Difficult, but not impossible.

Separate from the progress made in disrupting the distribution, great progress is being made in understanding how to treat those who have been captured in the insidious web of child sexual abuse material.

Beyond what we have learned from the years of speaking with and helping survivors, NCMEC has conducted a series of roundtables with them and professionals to better understand their trauma and engage professionals about this growing population of survivors.

Many of them suffer in silence. In this guide we share their voices loud and clear.

NCMEC realized the first type of health care professionals who many survivors encountered were mental health professionals. Some had been doing this work for more than two decades, while some had just encountered their first client victimized by CSAM. Bringing together a group of these clinicians was, we believe, the first step in discussing best practices and being able to build a treatment methodology that works.

We should take a moment to discuss why we are not using the term “child pornography.” United States federal law defines child pornography as any visual depiction of sexually explicit conduct involving a minor. But outside of the legal system, NCMEC chooses to refer to these images as child sexual abuse material or CSAM to reflect more accurately what is depicted – the sexual abuse and exploitation of children. Not only do these images and videos document victims’ exploitation and abuse, but when these files are shared across the internet, child victims can suffer revictimization each time the image of their sexual abuse is viewed. Changing perceptions begins with changing language, and it is vitally important to recognize this material is a clear and horrendous form of abuse.

Our goal in this guide is threefold, and this guide is structured in three sections.

1. Voices of the Victims

First, to allow you to hear the honest, unflinching voices of the survivors and what they say are the unique problems associated with this crime.

2. Parameters of the Problem

Second, to outline the extent to which this crime has grown, exponentially, since the rise of the internet. And to look at the factors that can contribute to making the repercussions of this crime so painful to live with and so persistently difficult to treat.

3. Seeking Solutions

Third, to offer concrete ideas, based on what we have learned from mental health professionals; attorneys; law enforcement; victim advocates; and, most importantly, from the survivors themselves.

We encourage readers to recognize the complex nature of this type of crime and the unique treatment implications for survivors, while committing to work alongside other helping professionals in a continuum of care model to help ensure justice, healing, and post-traumatic growth within this previously unseen population.

It is our hope this guide will help you find ways to be most effective in treating those who have suffered and continue to suffer impacts from being the subject of child sexual abuse material.

FOCUS ON SELF-CARE

This work can be taxing, emotional, and difficult for you as the mental health professional. NCMEC strongly encourages you to practice good self-care early in your career and often throughout your career. It is an essential component of your profession and ethically responsible for you to do so as a practitioner. For tips and techniques, please consult your professional codes of ethics, consult your professional organizations and networks, and utilize your colleagues. For more tips, visit: positivepsychology.com/self-care-therapists/.

A Note on Terminology: Words Matter

“Child Pornography” or “Child Sexual Abuse Material”?

The updated terminology “child sexual abuse material” spotlights the true nature of the recording, dissemination, and possession of material depicting the sexual abuse of children. Child sexual abuse material is an inclusive term, representing both images and videos, as well as written and audio media. Child sexual abuse imagery may be used by some interchangeably and conveys the importance of the terminology change; however, it is a subsection of CSAM.

“Victim” or “Survivor”?

The terms “victim” and “survivor” are used interchangeably to describe a person who has experienced CSAM related exploitation. We appreciate the wisdom shared by survivor advocates explaining they live in a space of duality, feeling both victorious by surviving child sexual abuse yet continually victimized by the memorialization and distribution of their child sexual abuse material. In this document, readers will see both terms, referencing each state of being as related to the subject area discussed recognizing while we can learn from shared experiences, abuse does not define these individuals.



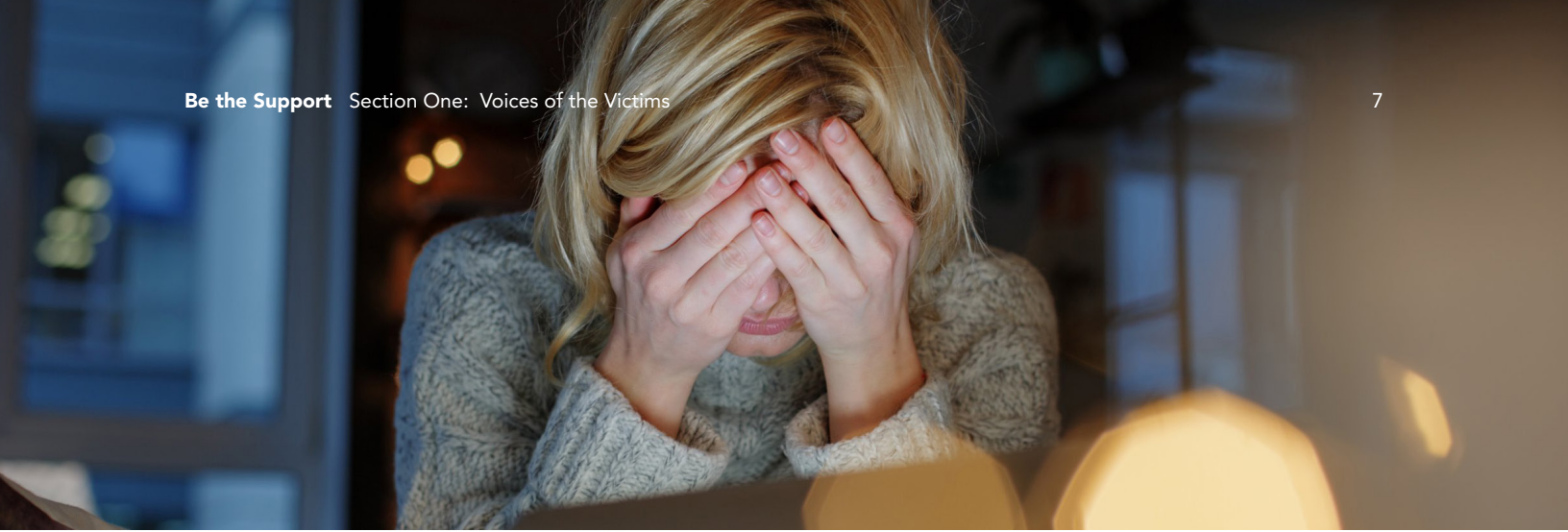
“All of us are survivors.
All of us are victims.
All of us are survivors of our
ongoing victimization.”

– Phoenix 11 Community
Impact Statement⁵

Trauma – A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.³

Intervention – An effort made by individuals or groups to improve the well-being of someone else who is either in need of help but refusing it or is otherwise unable to initiate or accept help.⁴

Grooming – When someone builds a relationship, trust, and emotional connection with a child or young person so they can manipulate, exploit, or abuse them. For more information, visit nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/.



SECTION ONE: Voices of the Victims

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

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

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

"I worry about this every day. I'm afraid for my children's safety, try to avoid going out ... [I'm] really paranoid when I take my kids to places like the zoo."⁶

Many victims of CSAM and their families we have worked with over the years, have provided enormously helpful insights into this crime. One of the groups central to our learning became known as the Phoenix 11,⁷ a group of survivors whose child sexual abuse was recorded and, in numerous cases, distributed online. This group was among the first generation of victims whose imagery was produced and simultaneously uploaded to the internet. Many of those images are still traded today. These 11 brave survivors have banded together as a powerful force to challenge what they saw as – and we came to understand as – the inadequate responses to the prevalence of child sexual abuse images on the internet.

NCMEC was moved by the voices of the Phoenix 11 and leveraged our decades of experience to initiate and host targeted roundtables to help identify solutions. These roundtables have been comprised of the victims themselves, as well as professionals across many disciplines, including mental health professionals, attorneys, and law enforcement. More roundtables will occur to include nonoffending caregivers, child protective services workers, victim advocates, educators, and the media. For more information about NCMEC's Continuum of Care, refer to [Appendix 1](#).

NCMEC continues to grow and diversify our work with survivors of CSAM. While it is true, as noted above, the Phoenix 11 are a small group of survivors, it has been the experience of NCMEC that their words reach beyond their immediate circumstances and have been meaningful and helpful to survivors of CSAM of many different demographics and with many different histories. That is why we focus here on some of the distinct roadblocks they encountered during their therapy experience, on the path toward healing. And, indeed, their words have been echoed by many victims we have helped.

FOCUS ON SURVIVORS: The Phoenix 11

In February 2018, the National Center for Missing & Exploited Children, along with the Canadian Centre for Child Protection, organized the first retreat for a unique group of survivors of CSAM in North America. Out of this retreat grew a brave and powerful group that came to be known as the “Phoenix 11,” a group of survivors whose child sexual abuse was recorded, and in the majority of cases, distributed online.

Since then, they have used their collective voice in the pursuit of change for survivors of what was once called “child pornography” but which, with their help, has come to be understood as child sexual abuse material. They also challenged what they saw as the inadequate responses to this crime. Their insights are based on their own experiences with law enforcement on local, state, and federal levels, both as children and adults.

Their cases were investigated by law enforcement between 2001 and 2018. The Phoenix 11 acknowledge and appreciate much has changed in the law enforcement approach to this crime. However, they hope their experience can continue to inform the importance of implementing trauma-informed, evidence-based, and child-centered approaches to CSAM.

Hearing their open and honest discussion has been a breakthrough experience for many who are working on unraveling this frustratingly difficult issue. What they have to say about how therapists work with victims of CSAM can be uncomfortable, but it’s vital we approach what they have to say with an open perspective. For more information about how this group of survivors experienced therapy, please see [Appendix 2](#).

Understanding these five distinct problems is the first key to helping victims unlock the prison this trauma can create.

1. Shock Factor

The Phoenix 11 have told us, because of the shocking and unusual nature of this crime, therapists often react with strong emotions when survivors start to open up. Some, they say, have even started to cry. Survivors feel the need to comfort or protect therapists – an odd reversal of the therapist-patient role. Members of the group said they felt unable to truly open up, only sharing small glimpses of their experience. And still, therapists can react very strongly to even these surface details, unintentionally dissuading the victims from opening up further.

2. Expressing Their Experience

As with many who have suffered deep and lasting trauma, survivors of CSAM say it's hard to find the words to describe such an intense experience. Some don't feel they have the vocabulary to adequately express it.

3. Establishing Trust

Being a victim of CSAM is a complex issue to unravel. The story of what these survivors endured is never as simple as it might seem, and it's difficult for victims to discuss their experience for fear of being judged. Did they not resist enough? Why did they not tell someone earlier? Were there times when they lied about what was happening? All these fears – ungrounded, perhaps, but certainly understandable – make it difficult to open up to a therapist.

Conversely, some survivors also see the therapist as a friend in what is a very lonely situation. For this reason, they hesitate to share details they fear might threaten this relationship.

4. Caseload Size

Some survivors experienced therapists who had large caseloads and were not able to give them the attention required for their intense needs. Some of these therapists would need refreshers at the beginning of each visit on what the client's needs were, did not have a clear treatment plan, or were not able to give the survivor adequate individualized attention.

5. Lack of Training

This is clearly the most problematic area, and yet the one offering the most hope. Many survivors experienced therapists who simply did not know what to do to help them.

Survivors agree treating them like a client who experienced sexual abuse alone is not effective, because it does not address the other complicated symptoms of their ongoing trauma. Survivors need therapists who have training in working with complicated trauma, understand how the revictimization impacts the survivor, and are able to address issues holistically.

While this is of grave concern, there is hope for a solution:

Training about child sexual abuse material could radically change the landscape for its victims.

As one of the best introductions to the voices of the victims we have seen in the years of addressing CSAM, the Phoenix 11 put together an incredibly powerful list of things they felt therapists need to understand to help survivors begin to untangle the complex web of issues they face, which can be found in [Appendix 2](#). They are as follows, in their own words.

We have difficulty having empathy for ourselves. It is easy to care about others first and neglect ourselves. We will reject ourselves before others reject us.

We are lonely. Our experience is unique and makes us feel set apart from others.

Our identity has been messed with by our abusers and those who have viewed our images online. We need help forming a new cohesive identity apart from our trauma. Difficulties with school or work make it harder to form a new identity.

Opening up to friends or significant others about our traumatic past or the images of it is a huge step we may need support with.

We require a unique approach. Our issues are more complicated than the abuse we experienced as children.

Sex and sexuality are complicated for us, and we may need help navigating that. Sometimes we are afraid to be sexy. It is difficult to trust others enough to be vulnerable. We will probably have good days and bad days in this area and need support to form healthy patterns.

Having children or even thinking about having children brings up a whole new layer of issues for us. It may require redoing some work on our trauma in a new context. There may be a lot of fear about bringing children into the kind of world where such traumatic things can happen to children. We may worry constantly about the safety of children in our life and act in hypervigilant and exhausting ways, such as refusing to let other people watch our children. Seeing our children in certain normal situations can trigger painful memories. We may be especially triggered by cameras around children.

Quotes from Phoenix 11

In addition, they created a list of things they have in common. Again, it is important to note all victims are different and as the type of CSAM changes, mental health professionals will continue to be challenged with treating the needs of a very diverse group. Mental health professionals can support the similarities and differences between experiences, so survivors can feel connected when needed, and as unique individuals with important individual experiences when needed.

Nevertheless, NCMEC has found this list can be enormously helpful to survivors of CSAM in beginning to recognize and express some of the impacts of their trauma.

Based on the words of the Phoenix 11, the list of effects of trauma from CSAM includes:

Most of us put off dating till late high school or after high school.

Most of us have had a negative experience with the media that made us feel exploited all over again.

Most of us have only had between 1-3 significant others.

Most of us have triggers or worries related to kids, even those of us who have kids. For example, "What if we pass on abuser DNA to our kids?" "What if we develop inappropriate thoughts toward kids at some point?" and seeing pictures of friends' kids in the bath on social media causes anxiety.

Most of us have dogs and find animals very comforting. They make us feel safe and less lonely. They never judge us. We can tell them anything.

We all have had difficulties with employment because of anxiety and other post-traumatic stress disorder (PTSD) symptoms.

Most of us had fears about appearing "sexy" that affect the way we dress and our presence on social media.

Most of us experienced difficulties with school because of anxiety and other PTSD symptoms, and some of us have found online school to be the better option.

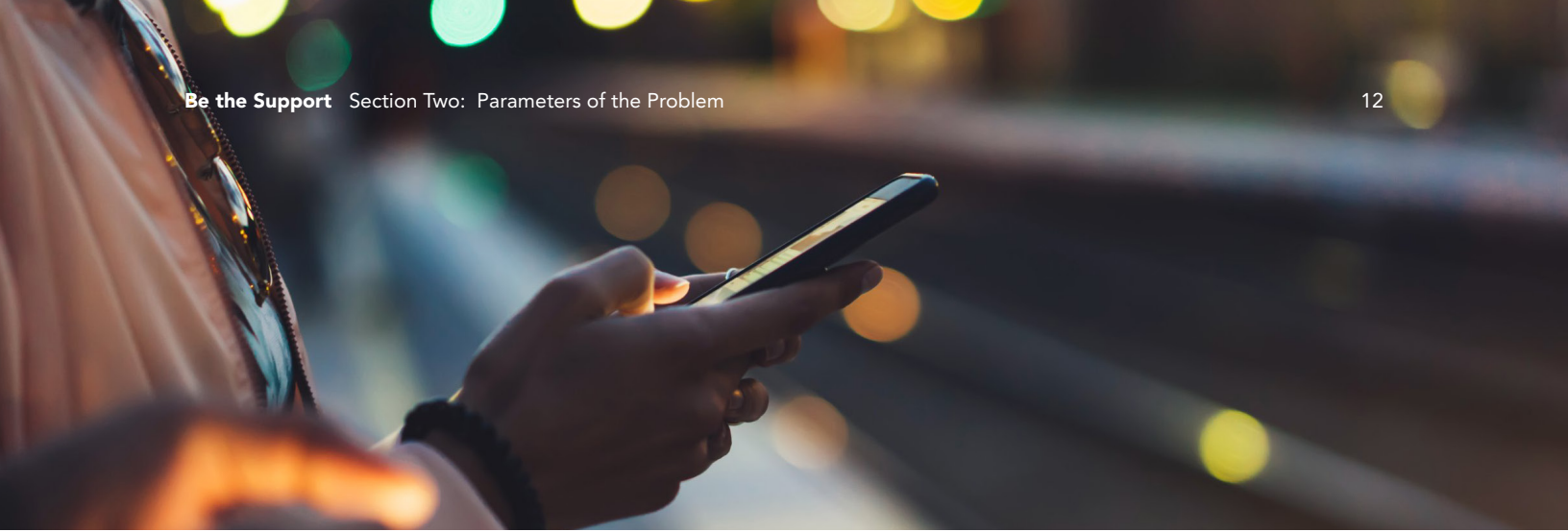
Many of us were worried about being "compared to each other" before we met.

We all have really vivid and highly detailed dreams. Many of us have lucid dreams. Many of us struggle with recurring nightmares.

Quotes from Phoenix 11

So those are some of the things we've heard when listening to the voices of the victims. This list started with the Phoenix 11, but over the years we have heard from victims far and wide about how many of these resonated with them.

Hearing their voices is the first step in learning how to help them heal.



SECTION TWO: Parameters of the Problem

Before we can begin a discussion about how to help these survivors, and how we can better train ourselves to address their trauma, it's important to understand how this problem has grown exponentially in the last two decades. Specifically, how the internet has fueled the demand for child sexual abuse material (CSAM), and what is being traded online. Sexual abuse of children is not new, nor is it unique to any country, culture, or socioeconomic status. Before the internet, child sex abuse imagery was published in illegal print magazines, shipped through the mail via VHS tapes and DVDs, or shared in person.

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

In addition to our ongoing roundtables, and our decades-long involvement with the victims of this crime and their families, we've learned about the scope of the problem from three key sources: NCMEC's CyberTipline, NCMEC's Child Victim Identification Program, and a survey of more than 150 survivors around the globe.

In 1998, the National Center for Missing & Exploited Children® (NCMEC) launched the **CyberTipline®**, the designated location in the US to report suspected child sexual exploitation.⁸ Our analysts began reviewing these images and identifying the jurisdiction where the offender may be located.

NCMEC created the **Child Victim Identification Program**⁹ in 2002 after staff working on reports of child sexual exploitation submitted to NCMEC's CyberTipline repeatedly saw images of the same children and began to track which children had not been identified and were still potentially in abusive situations. Today, NCMEC operates CVIP for two central purposes, to help:

1. Verify if CSAM submitted to NCMEC depicts children who have been previously identified and rescued by law enforcement so appropriate information can be provided for victim notification purposes.
2. Identify and locate unidentified child victims depicted in CSAM files.

In 2018, NCMEC recognized a third role that could be filled. By coordinating with two other teams at NCMEC: the Family Advocacy Division and Office of Legal Counsel, trauma recovery services and restitution support became a more robust resource than ever before. The trauma intervention expertise provided by NCMEC's mental health and peer advocacy team, legal resources through our legal counsel, and the technical and analytical support by NCMEC's analysts offered survivors, their families, and their private legal counsel a solid foundation forward through recovery, healing, and justice.

By leveraging NCMEC's unique lens and data, a collaborative research study was conducted in cooperation with NCMEC, Thorn, the Royal Ottawa Health Care Group, the Medical University of South Carolina, and the University of Edinburgh. The study, titled, *Production and Active Trading of Child Sexual Exploitation Images Depicting Identified Victims*,¹⁰ provides insights about offenders and their likely victims.

Additionally, **a survey of more than 150 survivors around the globe** was spearheaded by the Canadian Centre for Child Protection with collaboration from NCMEC in January 2016. The goal of this survey was to learn more about these survivors and determine what policy, legislative, and therapeutic changes are needed. The findings uncovered significant gaps in their care and the results were published in September 2017 in the *Survivors' Survey*.⁶

Based on this specific data-driven information, as well as the vast wealth of anecdotal evidence provided by victims, we can outline these specific areas showing the parameters of this problem.

The Scope of CSAM Circulation

The global reach of even a single set of CSAM images or videos – images that may circle the globe over and over across decades – is a complicating factor on many levels. Because these images – which are digital depictions of crime scenes – could have been distributed anywhere in the world, it is often not immediately apparent in what city, state, or country the imagery was traded online, or in which jurisdiction the images should be reported and prosecuted.

More importantly, the internet has facilitated the sharing of images and videos of child victims by offenders around the globe. A single image of CSAM can now have millions of instances of distribution, regardless of the original location.

Therefore, it is not just the creation having unclear jurisdiction. Because of the nature of the internet, distribution can be similarly difficult to trace for purposes of prosecution, especially if it is traded through purposefully hidden or anonymous channels.

Content

The clearest and most disturbing change in the last 20 years has been a trend toward more egregious sexual content over time. More recent reports have involved more extreme sexual content. In contrast, there were no obvious trends in terms of child victim age or gender.

Contact

The sexual abuse of children recorded and then shared on the internet is, more often than not, carried out by an offender who is known to the child; has access to the child, and has ongoing contact with the child.

Inadequate Treatment

Lack of Training

Most mental health professionals are not aware of, nor have they been trained about, the unique trauma recovery needs of survivors depicted in sexual abuse material. Help generally centers solely on the child sexual abuse endured in the past, not the additional trauma resulting from the production and distribution of imagery of that abuse, which can create current trauma as well as anticipatory fear.

Most mental health professionals are not aware of, nor have they been trained about, the unique trauma recovery needs of survivors depicted in sexual abuse material.

Lack of Research

For decades, research has been devoted to understanding and treating child sexual abuse survivors. However, as the distribution of child sexual abuse material online has skyrocketed, the field has yet to adequately research how to respond to the survivors of this crime and considerations of the long-term impacts.

Unique Victims

As we've discussed, there are several ways in which those who've become the subject of CSAM are impacted differently than other crime victims and understanding the parameters of the problem requires a focus on these unique distinctions. They include:

- **Loss of Control**

Many survivors say, because they have no control over the spread of the abusive material online, they live in fear. They don't know who's seen their images or videos online, so they constantly worry about being recognized in public. It can interfere with all aspects of their lives. In addition, the mere knowledge images were produced of the abuse creates a fear of being discovered, even if there is no proof those images were shared or distributed online.

- **Attempts to Learn More About the Imagery**

Victims of CSAM grapple with a difficult question, and it's important for a therapist to anticipate and plan for this moment. Victims may ask questions about the images that are distributed and will want to understand what is in the images. Some victims have told us knowing what's "out there" gives them a sense of control. Others have said seeing those images creates feelings of revictimization. And often, victims of CSAM report having both responses, sometimes simultaneously. It is another way in which the crime of CSAM is unique in its recurrence, its reverberation across time, and in its ongoing impact on the survivors.

- **Exposure During Investigation**

Often during investigations, law enforcement officers and/or forensic interviewers may find the need to show the original imagery during the victim interview, to prompt the victim to disclose details about the crime. Or these images may become part of the court case during the legal disclosure process. The victims and mental health professionals we consulted with agreed this presentation of evidence could cause harm for a victim and specifically cited dissociative symptoms as a result. Additionally, long-term impacts of this exposure have yet to be studied.

- **Development and Sexuality**

Body image issues that can emerge within the population of CSAM victims differ in significant ways from other child sex abuse survivors. Specifically, offenders may have shown child sexual abuse images of other children to their victims – a technique used to “normalize” the offender’s actions and desensitize the child victim. Survivors of CSAM, in later years, may reimagine images of themselves and the abuse through the sexualized eyes of their offender and a multitude of unknown offenders worldwide. This cognitive dissonance can be magnified if they were exposed to images of other victims.

Aging presents a unique challenge, specifically for those victimized as young children, in which survivors disclosed feelings of disgust and shame about entering puberty.

For some survivors, this population’s learned definition of sexuality comes from being shown child sexual abuse material. Knowing images of this abuse are being viewed by others for sexual pleasure, as discussed above, can add new layers of shame, fear, and guilt. Many survivors were taught by their abusers their young, childlike bodies were beautiful and more desirable than older bodies. This cognitive distortion can cause additional distress when body changes occur related to age, childbearing, parenting, and health issues.

A survivor’s perspective of sexuality may be connected to the value placed on the attributes of their body. If you are working with a younger child, the developmental changes during puberty could cause cognitive dissonance and potential identity ruptures. If you are working with an older child or adult, it’s important to recognize the significance of this time in their developmental past and the impact this could have on choices regarding their body today.

A survivor’s perspective of sexuality may be connected to the value placed on the attributes of their body.

The Connection to Other Forms of Exploitation

Some survivors described a linkage between bribery to “participate” in the creation of the images and the exploitation felt knowing they received “something” as a result of the abuse and imagery. The “something” received could be attention, love,

gifts, food, or money. There is another crime category that defines this interaction perfectly, the exchange of sexual acts for food, gifts, housing, or money. This is called child sex trafficking (CST). Survivors described many grooming and manipulation tactics that created added shame and a lifelong impact. Another complicating layer is the way sexuality and selling of sex is portrayed in the media and on the internet with many survivors feeling they can't escape the more normalized views of exploitation existing today. It's also important to note that images are taken of CST victims by the offenders who want to sell children for sex. CSAM and CST victims live with the reality that their images are (and were) used to facilitate and perpetuate the crimes they were forced to endure. An offender's ability to exploit children through the use of their CSAM images connects these survivors in ways helping professionals are still learning to understand.

Use of Imagery to Groom Others

In addition, these victims carry the additional trauma of knowing a cycle can continue in which their own abuse imagery may be used as a grooming technique for other, younger children. So, as unfair as it is to them, they imagine they are part of the ongoing cycle of abuse. The lack of consent present in the original abuse is echoed in the survivors' lack of consent in the imagery being used in this way. If these images are now a currency to break down the defenses of other children, and contribute to the lies propagated by the abuser, it can lead to new layers of fear and guilt.

This phenomenon is not uncommon. More than 50% of respondents to the *Survivors' Survey*⁶ reported being shown adult pornography as a grooming technique, and more than 40% reported being shown child pornography. Nearly two-thirds of respondents reported being shown their own abuse images by the offender, and 57% of respondents said the offender told them others would be shown the abuse images, either because the images were being traded or as a threat intended to control the victim or maintain their silence.

Additional Impacts to Consider

In addition to these issues, survivors – including the Phoenix 11 – have outlined many personal issues endemic to those who have suffered this trauma, although some may not be unique to survivors of CSAM. Those include:

- **Employment**

Many survivors experienced challenges when working in service types of jobs involving random people coming, going, and approaching them, such as retail or food service. Many survivors have quit a new job within the first week because of panic attacks. Some survivors feel conflicted between disclosing their PTSD to their boss in order to gain understanding and

CSAM and CST victims live with the reality that their images are (and were) used to facilitate and perpetuate the crimes they were forced to endure.

a better working relationship or protecting their privacy and dealing with the consequences of appearing “flaky.”

- **Education**

Survivors report difficulty concentrating in school because of ongoing court cases, classmates recognizing their case from media, or social anxiety in general. Online classes can be an answer but creating and managing an online presence can itself be triggering.

- **Online Presence**

Most of the survivors felt they had to be cautious with their online presence to avoid harassment and/or stalking by offenders. Many avoid social media altogether or use variations of their name, rather than their actual name online to protect themselves from being approached by offenders who have seen their images or others who might troll them because of what has been written about them in the media. Some survivors have reported this continues to be misunderstood by therapists.

- **Sexuality**

Survivors may struggle with sexuality in their adult relationships. They may struggle to connect emotionally during sex. They may also be extra sensitive to and hurt or angered by a partner’s use of pornography.

- **Interpersonal relationships**

Survivors have trouble trusting others, especially people who may not understand the complexity of abuse nor the circumstances surrounding the exploitation. Victims share stories of rumors being spread about them, feeling exposed and vulnerable to their peers, and being seen as complicit in the abuse/exploitation. In addition, survivors of this type of abuse often find it hard to relate to the problems their peers may be facing, furthering the divide between what they have in common with others.

Emotional Responses

It’s important for mental health professionals to recognize some commonly occurring emotional responses of survivors of CSAM, which can include but are not limited to:

- **Fear** from lack of control over the spread of abusive material online.
- **Anxiety and Dread** over images being seen by others who derive sexual pleasure from their abuse, or in some cases the knowledge these images could be used to manipulate or abuse other children because of the victim’s own experience during abusive episodes, such as being shown images of other children.
- **Shame** the images showed them smiling or otherwise depict somatic responses.
- **Embarrassment** regarding their peers and other community members learning details of the sexual assault through media or other means.
- **Betrayal** by those in positions of trust who may have violated that trust, or by those who misunderstand the victimization suffered and place blame or responsibility on the victim.
- **Sadness** at the loss of innocence, childhood, safety, and security that becomes fragile as a victim of CSAM. These victims will go through stages of grief because of the abuse they endured and the continued distribution of their images.

Legal Issues

The Notification Question

If you were a victim of child sex abuse material – if you knew those images of you were out there and being circulated – would you want to know if they popped up in a different court case? What about if multiple offenders went to court for using or distributing CSAM, and you could be notified each time. Would you want to know? Would not knowing be frightening? Would the repeated notifications be overwhelming?

These are questions many victims face. We hear these are tough decisions with many pros and cons to consider, and it is never easy, no matter what they choose.

Under the U.S. Victims' Rights and Restitution Act (34 U.S.C. §20141) and the Crime Victims' Rights Act (18 U.S.C. §3771), survivors have the right to decide whether they want to be notified each time their images or videos are seen in a federal child sexual exploitation case. The notification process is initiated by the U.S. Department of Justice's Child Pornography Victim Assistance Program within the FBI Victim Services Division.¹¹

Survivors are advised if they choose to be notified every time one of these images appear in an investigation or court proceeding, they may start to receive a multitude of notifications. Throughout each case, multiple notifications can be received about each investigative or prosecutorial phase. Compounding this, survivors whose images are distributed widely online may receive notifications about multiple cases under prosecution at the same time.

These notifications can retraumatize the survivor and increase fear about the scope and scale of the trading, distribution, or possession of the abusive material throughout their lives.

However, as potentially retraumatizing as this may be, it's important to remember the underlying reasons and positive impacts of notifications, including:

- Substantiating and validating survivor concerns surrounding distributed images
- Providing an avenue for holding offenders accountable for harm caused to survivors
- Creating opportunities for survivors to exercise choice, consent, and control
- Facilitating a method for collecting restitution, which can cover therapy, life skills training, medical expenses, education, and other opportunities to improve survivors' lives

The Media

Clearly, one area that can raise great trauma for survivors of CSAM is the way the media portrays this crime. While great strides have been made by many traditional news organizations in limiting the identification of victims and the description of sexual acts, reporting around these crimes can continue to cause enormous distress. And the rise of some much less cautious online news organizations has led to even further trauma for survivors.

Among the problems, by reporting too many demographic details about the offender, the media inadvertently puts the victim at risk of being located by zealous collectors of child sexual abuse material. Graphic descriptions of sexual acts are sometimes made in news reports. While those

reports usually will not name the victim, victims may feel terribly exposed and vulnerable.

Some media reports also include details the survivor hasn't dealt with or in some cases even remember. Especially for mental health professionals, it's important to note that reading, seeing, or even hearing others speak of these details can be a huge setback in treatment. It can cause dissociation, flashbacks, and negative feelings such as embarrassment and shame. It leaves the survivor feeling very exposed and vulnerable, reinforcing feelings of helplessness and lack of control. This mirrors the fact other people are witnessing the abuse without the survivor's knowledge or consent.

In addition, others told us, media coverage can be even more triggering because the use of cameras or videotaping was part of the initial victimization.

The way the media chooses to report on these cases can also be problematic for survivors. For example, in child sexual abuse material possession cases, the media often downplays the victims by reducing their abuse to the number of images found within the collection. This minimizes the fact each of those images is potentially an image of a child in danger or distress. Conversely, in production of CSAM cases, the media often graphically describes the sexual acts and what occurred in the production of those images.

Clearly this crime is like no other, because in each of these ways, survivors of CSAM can be retraumatized – indeed, revictimized – again and again throughout their lives. It is essential to understand the unique nature of this crime if we are to seek its unique treatments and find the unique path to healing these survivors so desperately need, and so deeply deserve.



I always felt that the way the media discussed "possession of CSAM" bothered me because it felt like they were discussing this crime in terms of the number of images and ignoring the fact that there was one victim involved, me.

– Survivor of CSAM



SECTION THREE: Seeking Solutions

In the medical world, the term “continuum of care” involves a system to guide and track patients over time, as they navigate their way through a comprehensive – and sometimes confusing and seemingly contradictory – array of health services.¹² For survivors of child sexual abuse material (CSAM), we’ve found that this idea – of creating a “continuum of care” is an extremely important and useful framework as we begin to unravel the best ways to help these brave survivors find hope and support.

One survivor, for example, told us they had sought out six different treatment professionals throughout their healing journey. Some participants in our roundtables questioned whether the survivor had bounced from one wrong treatment to another – but the survivor said just the opposite was the case. They felt strongly each provider addressed appropriate needs at different stages of their life and together formed a holistic web of complementary treatment plans, which together met their treatment needs.

For these reasons, we propose a continuum of care model for survivors of CSAM. What’s right at one stage of the healing process might be inadequate in the next. And what’s right for one might not fit as well for another.

What we are describing is a very unique multidisciplinary team where each member within the continuum of care treatment plan connects with the others to allow for forward and backward progress as overall, individual healing is achieved. It’s vital for team members to communicate with each other openly and clearly. Since not every clinician is versed in all forms of intervention, the experts we’ve consulted say the field should provide a more streamlined approach to treatment for their clients, by encouraging connection and continuity among clinicians.

Survivors have said, “We recommend to helping professionals: Be transparent about who all is involved in the investigation process. Give us opportunities to meet the people involved. Let us know what information is being shared and with whom.” Clinicians can help validate the desire of survivors for open communication inside and outside of the therapy world.

By working with a network of support, survivors can connect with multiple professionals, each providing a needed service and working to restore the survivor’s confidence and trust in others.

While working with these survivors, NCMEC began to recognize three central themes: choice, consent, and control. These three concepts became essential components of the healing journey, as they represent elements that were stripped from the victim during the course of abuse. In [Appendix 3](#), you

will find key takeaways that you can implement and consider in your therapeutic work; ways you can offer the client choices, ask for consent, and provide a sense of control.

The nature of this crime has unique aspects because the ongoing nature of the trauma – the actual continuing threat, in addition to the internal recurring distress – is very real. Similarly, the treatment for these survivors also poses unique challenges.

Survivors of CSAM face fears about stalking and harassment, both online and in person. Some of these fears may be imagined or exaggerated, but some of these fears are well-grounded. Hypervigilance, for these survivors, can become a constant state of being. Watching for what's out there can become a part of daily life and suck up enormous sums of emotional energy. Compounding the trauma, as discussed above, the investigation itself can be ongoing and reoccurring, as new offenders trading CSAM material are caught and brought to justice. Thus, interactions with law enforcement can occur long after the case has been adjudicated. These interactions may trigger trauma symptoms as well.

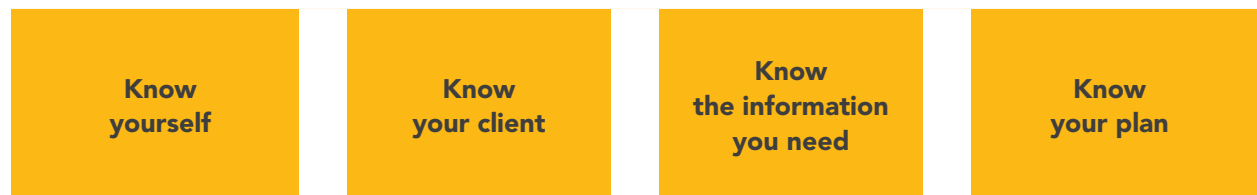
It is important to not discount the fear. The threats may have been real. *Don't think of this as an event that happened and needs to be processed. Think of these instances as an ongoing experience survivors must learn to live with. They need to find real-world strategies to stay safe and still find ways to enjoy their lives.*

Having established those concepts as a baseline, what follows are specific, targeted concepts for helping survivors of CSAM.

Therapeutic Considerations and Intervention Strategies

Finding Success

We thank you for learning about these challenges and appreciate your willingness to consider applying these strategies to better help survivors of CSAM. This is the section dedicated to building a roadmap guiding you toward therapeutic goals and healing for your clients. The voices of the victims and the parameters of the problem have been identified, so here is the "Now what?" It's easy to wonder where to go from here or think you don't have the right skills. We want to ground you in your training, knowledge, and expertise. These clients are different but your approach to therapy doesn't have to be.



We are certain you have a method of preparation for each new client. There are things you need to know and things you approach with caution. Victims of CSAM may have many other helping professionals providing additional support or they may not have ever disclosed this type of crime before. Identifying the information you need to build a successful intake session is integral to every new therapeutic relationship. Goals, challenges, and roadblocks are important to tackle while also providing victims with a clear path forward. They will need you to assess for their crisis states and moments of debilitating anxiety, just as you would with any new client. Recognizing triggers is key and will be better understood as you build your therapeutic relationship. Triggers can be different for these crime victims, so it's vital to ask questions slowly and with opportunities for grounding breaks. You can be successful when you rely on your previous training, meet the client where they are, and seek additional support when needed.

Managing Challenges

NCMEC's conversations with mental health providers have been incredible. So much wisdom, expertise, and experience have created learning during every conversation, but one thing has remained certain throughout. The providers have said, "We don't know it all and we need more research and training." Themes have emerged and therapeutic interventions have found success with survivors of CSAM, but there isn't a clear path forward. There are established evidence-based practices for working with CSA survivors, full training programs, and courses in school for new professionals but what about when exploitation and/or imagery is discovered, what then?

There are challenges in not having a clear roadmap and challenges in figuring out best practices as you go. It's easy to follow a plan laid out for you but we aren't here for the easy. We are here to say, "Let's embrace the uneasiness together." While we're waiting for the research, the courses in school, and the full trainings, here are some general things we've heard survivors say they need, and clinicians say have helped.

Specific Considerations and Strategies

Expect the Unexpected

It is important to recognize the client in front of you may have an entire team of professionals working with them, or they may have never disclosed to anyone. When you are meeting a client for the first time with little case information, there may be aspects of the victimization the client is unable to discuss due to lack of memory or avoidance. You will be learning about the client's experience from them and can only know and work to heal the aspects disclosed. However, clinicians who have substantial case information may have knowledge of the victimization the client may not even remember. These unknown memories can create triggering responses to which the client may not be consciously aware. In both therapeutic scenarios, talking about things such as health issues, locations, or some of the traumatic things they've been through can be extremely triggering. Take care when beginning to go into the trauma narrative and be sure the trauma narrative is client driven, based on their discussion of the impact on their life today. Connecting that impact to the relevant aspects of the trauma creates a segment of the narrative. You may cover some of the main points of their experience but adjust to what they need and pay attention to whether they become uncomfortable or start to dissociate during that process. Teaching your client coping skills and regulation before moving to that trauma narrative is a key therapeutic strategy with victims of CSAM.

A Note about Intake

Therapy is both a science and an art. The intake procedure may not be a linear process for your client.

- Utilize joining techniques
- Explain the process to the client
- Establish trust
- Discuss expectations
- Recognize triggers, utilize grounding techniques, and go at the client's pace

Intervention: Recognizing triggers

As the therapy continues, other triggers may arise. These triggers may be obviously connected to the trauma – cameras, certain types of clothing, baths, or compliments on physical appearance. Or they may be surprising, or at least less intuitively connected, such as holidays, birthdays, showers, lollipops or other foods, types of clothing, syringes, certain textures, places such as motels, or rooms arranged a certain way. Remember, images of the abuse could hold clues to some of these triggers, but the client may be unaware of what was captured in the picture or video. Be sensitive to these instances and have comforting items nearby. Allow the client to choose what may work for them, such as soft pillows, warm blankets, stuffed animals, stress balls, and a cool drink are all options.

Teach deep breathing techniques, which could be very helpful if the client is triggered, or some Dialectical Behavioral Therapy (DBT) grounding techniques to bring the client back into the present. Once a client has been triggered, it is important to teach them self-comforting coping techniques to use in the event they continue to experience that trigger after the session. The interventions should be specific to the way the client is triggered.

Development and Sexuality.

As discussed above, a survivor's learned definition of sexuality often comes from being shown child sexual abuse material and knowing images of the documented child sexual abuse they suffered are being viewed by others for sexual pleasure. Additionally, the way a victim is portrayed in images – posed in provocative ways, asked to smile, seemingly enjoying the experience – can have a profound impact on how they view themselves outside of the abusive scenario and can produce emotions such as guilt and shame about that sexual behavior and their bodies.

Many child sexual abuse survivors will indicate that body image, aging, and sexuality are tough topics to navigate, and this is true whether CSAM is present or not. The unique aspects of image creation and distribution of the child sexual abuse creates additional challenges that therapy needs to tackle, particularly as survivors become partnered and have children.

It is important to remember this uniqueness is connected to the dichotomy found between experiencing the abuse and having photographic proof of that abuse. Survivors of CSAM are juggling the perception of how they view their own body versus how it is viewed by a perpetrator, or countless collectors of CSAM, and this highlights the complicated trauma within this crime. Additionally, any photo or video from childhood, whether abusive/exploitive or not, can be viewed by the survivor as tainted because the survivor may recall moments captured in photos as connected to that abuse or time, location, or many other factors.



“I saw a photo of myself from when I was a kid. It looked like a happy time, but what I remember about that family vacation was being told to smile or pose in that picture, when he had abused me the night before.”

– Survivor of CSAM

An additional dichotomy is in the efforts of the survivor to move forward, grow and age while the abused child from those years before, continues to live and exist each time the images are viewed, even years later.

Intervention: Create opportunities for the survivor to express individuality and autonomy

Giving a survivor autonomy and control are both ways to decrease the sense of helplessness created by the anxiety of not knowing what is out there regarding the abusive experiences. Additionally, the simple acts of offering choice and providing opportunities for consent are emotionally corrective experiences and can positively impact the way the survivor views their body overall. Remember, much of their victimization experiences are rooted in grooming behaviors, coercion, and manipulation. As a result, it can appear they were complicit or enjoying the acts, especially if their bodies responded.

Helping the victim to “reframe” bodily responses can be a useful tool. The process of recognizing bodily cues, such as tension, relaxation, and anxiety, and changing the way one responds to those cues can have a strong positive impact. In changing the experience of one’s own body, it’s possible to improve and strengthen the sense of one’s own worth.

Therapists must introduce autonomy and choice throughout sessions and encourage family members and supporters to also give choices and promote autonomy. This autonomy extends to being able to identify themselves separately from the child that still exists on the internet. For caregivers and significant others, avoid interrogating the survivor about the exploitive experiences. Instead tell them to be more focused on how they are in the present moment and support them in feeling safe, regulating emotions, and building a life outside of the trauma. For other helping professionals, such as law enforcement, courts, and advocates, offer choices and do not force interactions with the survivor. Provide safe spaces to build trusting relationships that avoid recreating the victimization. Have the client do some skill-building regarding positive body image. It is possible to improve and strengthen the sense of one’s own worth when the individual has this type of support.

Validation

It is essential to recognize some victims of CSAM fear their experience may seem unwarranted. The click of a camera, an unexpected bill arriving in the mail, or a supposed friend-of-a-friend hitting “like” on a Facebook post could be a perfectly benign event that the client reacts negatively toward. But in certain circumstances, criminals use everyday tools such as social media, an email address, a utility bill, or even high school class photos to locate their victims both online and in person.

Intervention: Finding balance

Acknowledge the impact this fear may have on the survivor’s daily life, daily routine, and relationship with others and work to reduce the trauma response.

While one cannot know to what degree a survivor’s fears are accurate, the goal of the mental health professional is to work with their client to reduce the trauma response. Suggested techniques to reframe that fear and reduce the client’s trauma responses could be:

- Help the client recognize the individuals who view these images lack empathy.
- Encourage the client to recognize the power associated with healing, and by healing, the client becomes more resilient and more powerful than the abuse itself.
- Practice techniques to reduce the level of obsessive thoughts and triggers the client may experience, like reducing the amount of space the exploiters take up in their minds. This technique gives them back power and control over their own future.

- Help the client to recognize any self-blame and work through the process of understanding being groomed.

There is a difficulty in balancing perception and reality as mental health professionals help survivors confidently navigate their online and offline worlds. It can be challenging to restructure a survivor's thoughts about the likelihood someone has seen images of them, especially when the survivor is aware of the breadth of distribution. The numbers of images in circulation and seen in arrests are astounding and it's recommended mental health providers understand the U.S. notification systems to help their clients navigate their own individual case.

Keeping that in mind, it is still essential to work to desensitize triggers as a key first step in the healing process. But once again, individuality is key. Always go at the client's pace and with them in control.

Treatment Planning

Treatment planning may also look different than it does with other clients. Contributing clinicians reported many clients are diagnosed with PTSD, some with dissociative features, dissociative disorders, or co-occurring substance use or eating disorders. Treatment planning starts with safety planning, both online and in person. These clients may require more case management, such as finding a lawyer, preparing for court, securing a trauma-informed doctor, educational concerns, and even everyday activities such as making appointments. The process may not be linear. The goal is to follow the client's lead and expect each session to look different depending on their state of mind. Stabilization is key, before going into the trauma narrative.

Intervention: Finding the right tools

Beyond the real-world planning, the proper treatment modalities may include:

- Cognitive therapies such as trauma-focused cognitive behavioral therapy, mindfulness, acceptance and commitment therapy, rational emotive behavior therapy, and cognitive restructuring
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy
- Discovery of self-soothing techniques
- Expressive therapies such as play, art, sand tray, and drama
- Brain-based therapy
- Attachment-based therapy
- Parts work therapy
- Animal-assisted therapies

For each of these modalities, it is imperative to evaluate the client's readiness. No one intervention will be effective for everyone, so individualized treatment planning is key.

Cognitive Behavioral Therapy (CBT) is considered one of the main treatments for survivors of CSAM. But it is essential to remember this is not always the appropriate treatment, or at least the appropriate treatment to start with. It may be necessary to help the client find ways to regulate their emotional state – through brain-based interventions, for example – before they can access the psychological state necessary to benefit from CBT. For example, some practitioners have told us they find a client can begin to disassociate each time they try to work through their trauma.

Remember these survivors have had their own emotions invalidated by abusers. They've been through trauma in which they were made to distrust their own feelings of fear or discomfort, so regulating emotions first can help them feel, as one put it, "safe" enough to use CBT. Helping the client understand why they disassociate can be a key first step in moving past those behaviors toward the path of healing.

In terms of brain-based interventions – tapping into the brain’s neuroplasticity abilities to create new neural pathways – practitioners have routinely identified three survival modes clients fall into called Fight, Flight, and Freeze.

The distinctions between the three “Fs” are, generally:

Fight.

Patient is prone to anger outbursts, controlling, bullying, narcissism, and explosive behavior. The individual could experience increased heart and respiratory rates, increased stomach tension, stomping, kicking, or punching.

Flight.

Patient may be a workaholic, overthinker, or perfectionist, and may display anxiety, panic, OCD, or difficulty sitting still. The individual could experience increased heart and respiratory rates, “spacing out,” leaving the room or area, constant movement of arms and legs, and/or excessive exercise behaviors.

Freeze.

Patient may have difficulty making decisions, disassociate, or describe feeling isolated, numb, or “stuck.” The individual could experience immobility, “flopping down,” decreased heart rate, or increased sleeping.

Apppeasement. Let’s pause for a moment to consider a fourth state of being. Research is beginning to emerge around a concept coined “appeasement.” Appeasement points to an adaptive reaction of the autonomous nervous system marked by the client finding ways to placate or submit to the immediate threat as a mechanism to reduce the intensity/force of that immediate threat. Signals of this response could include assuming a submissive body posture, seemingly adopting a “people-pleasing” demeanor as to minimize the threat.¹³ NCMEC looks forward to the mental health community determining the right word to describe this important brain-based reaction.

Assessment for Progress

For treatment providers, there are various ways to measure client progress. Mental health professionals discussed empowering survivors to take control of their progress by recognizing those moments of simple victories in their lives, as they can serve an important role by helping survivors see these small steps as healing opportunities. There is also a clear need to create and develop more standardized assessment tools for practitioners to track improvements, while also recognizing individual milestones as markers of progress. In a lot of ways, progress is not linear. There are many factors impacting how a survivor responds, including factors outside of their control.

Intervention: Individualize the approach to progress

For some survivors, progress or post-traumatic growth may be found in advocacy work, or in helping fellow survivors. Mental health professionals agreed the health and well-being of a survivor should take precedence over advancing any social cause. So, taking care to ensure a survivor is in a healthy place emotionally, mentally, and physically is paramount. Advocacy work for others may become a replacement for the survivor’s own work to progress. In addition, taking steps in this direction can be particularly challenging for this survivor group as many of the survivors we have worked with have never met someone who has experienced this kind of trauma.

Many survivors recognized progress for them meant holding down a job, having a healthy relationship, or simply finding small ways to enjoy their lives.

And finally, survivors urged mental health professionals to practice the “Three Cs” – offering them **choice, consent, and control**. Part of the healing process is to promote, encourage, and participate in giving back to clients a sense of control. This may mean helping them manage social media, basic life skills, employment, and educational opportunities. In addition, there should be a therapeutic focus on self-worth, self-love, and rebuilding the survivor’s sense of identity to work toward having healthy relationships and boundaries.

We encourage practitioners to contact the National Center for Missing & Exploited Children (NCMEC) for more training in these areas at gethelp@ncmec.org.

Support Systems

The National Child Traumatic Stress Network¹⁴ highlights several protective factors to promote resilience. These include support from parents, family, friends, people at school, and members of the community; having a sense of safety at home, at school, and in the community; high self-esteem and positive self-worth and self-efficacy; spiritual or cultural beliefs; goals or a dream for the future that provide a sense of meaning to a child’s life; and coping skills a child can apply to varying situations.

For survivors of CSAM, oftentimes the family system is significantly disrupted when abuse is discovered but locating and supporting nonoffending family members can be a life-altering solution.

Another very useful and important tool, some survivors have told us, is connecting with other survivors who have dealt with similar trauma. Research¹⁵ shows peer-based models of support have an overall positive effect on the population served, instilling hope, dispelling myths, providing education and resources, and breaking down barriers of experience and understanding. For survivors of child sexual abuse material, feeling less isolated and more empowered can only enhance any clinically based treatment plan developed with a mental health professional.

Intervention: Peer based supports including the Team HOPE model and similar connections

In 1998, the U.S. Department of Justice brought together a small group of parents to learn about the personal impact of having a missing or exploited child on their own mental health, family functioning, and access to support. This initial gathering grew into NCMEC’s Team HOPE¹⁶ program.

Team HOPE serves as a model for peer support for parents, caretakers, extended family members, and adults who were missing or sexually exploited as children. Team HOPE is a volunteer-based program of NCMEC consisting of individuals who have demonstrated incredible resilience in turning personal tragedies



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

– Team HOPE Parent

into vital support for others. Volunteers are screened and attend in-depth training sessions before they are matched with a person to support. This support includes:

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

Awareness of Image Takedown Options

We are on the edge of a paradigm shift in the way professionals respond to victims/survivors of CSAM. Because of the insidious nature of this crime, survivors can be left with feeling helpless. But tremendous strides have recently been made to challenge the prevailing belief that “once an image is out there, you can’t get it back.”

Intervention: Educate yourself and your client

In recent years, technological tools have been developed to assist companies in detecting abusive material on their systems, so they can immediately remove these images and videos. In addition, every day, NCMEC and other organizations, such as the Canadian Centre for Child Protection, Thorn, and the Internet Watch Foundation, are actively scouring public areas of the internet for these images and notifying online platforms so they can be promptly removed. Many of the online platforms themselves have a team of staff who review what is posted on their platform and remove inappropriate and illegal material. Sadly, many victims aren’t aware of these ongoing efforts to reduce the availability of online child sexual abuse material. When told about these initiatives, survivors expressed gratitude for these advances in technology and feel a sense of renewed hope for the future and a reduction in the distribution of their images.

The challenge for electronic service providers, nonprofit organizations, and advocates will be alerting the overall population of victims to these advances in technology, as many of these organizations lack direct contact with survivors.

The challenge for mental health professionals is to become informed of those efforts and use that information to provide hope to victims. This is another therapeutic tool to help survivors navigate feelings of loss of control.

The Multidisciplinary Team Approach

These cases could have many professionals involved, including law enforcement, attorneys, victim advocates, medical professionals, and/or therapists, or a case could involve none of those professionals. When working with victims of CSAM, please remember you may not be the only professional involved and the interactions with others could impact your client’s healing journey. For example, law enforcement meetings, attorney requests, and court appearances may create both successes and setbacks for your client. Additionally, the legal process may inadvertently reinforce the long-term nature of CSAM while a survivor is seeking justice. You must understand the entire picture to develop appropriate strategies.

Intervention: Interdisciplinary cooperation

You may need to support your client throughout various phases of the criminal justice process. Remember, for survivors of CSAM this process lasts far longer than it does for typical victims of crime. Clients may be asked to update their Victim Impact Statements over time to reflect how the sexual abuse and the evolving nature of how the distribution of images/videos continues to impact them.

As a mental health professional, you may recommend a legal representative receive notifications instead or in addition to, thereby reducing the client's triggered response to receiving them personally.

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

It is important to highlight the Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, which was enacted in December 2018.¹⁷ The Act creates mandatory minimum amounts of financial restitution for victims of child sexual abuse material distribution, establishes a victim compensation fund, and defines monetary assistance for new victims. As of this writing, the regulations are still being drafted to implement many important provisions of this law. But this Act is a significant step in the ability for survivors to seek restitution that can be used for mental health and other services such as therapy, life skills training, medical expenses, education, and other opportunities to improve survivors' lives.

For more information about this Act and other legal remedies see [The Attorney Manual: Guide to Representation of Children Victimized by the Online Distribution of Child Sexual Abuse Material](#)¹⁸ as published by NCMEC in 2021 for attorneys who represent this population.



NEXT STEPS

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

NCMEC has identified key child-serving populations in which improvements can be made to increase and advance service delivery for victims. The Mental Health Roundtable was the starting point, but just one area on which to focus. Similar roundtables were held for law enforcement officers and attorneys, with guides published by NCMEC to share those findings. To continue driving change and improvements, NCMEC will host additional roundtables for other professional groups.

NCMEC's role is to continue to convene diverse professional groups to discuss each individual discipline's needs and concerns, then convene a multidisciplinary team, including family and survivor perspectives, to demonstrate the continuum of care model. Our goal is to help ensure a response as diverse as the population itself. With more than 35 years of experience supporting families and professionals in the field, NCMEC stands on its survivor-informed foundation to continue learning how we can improve service delivery by all child-serving professionals.



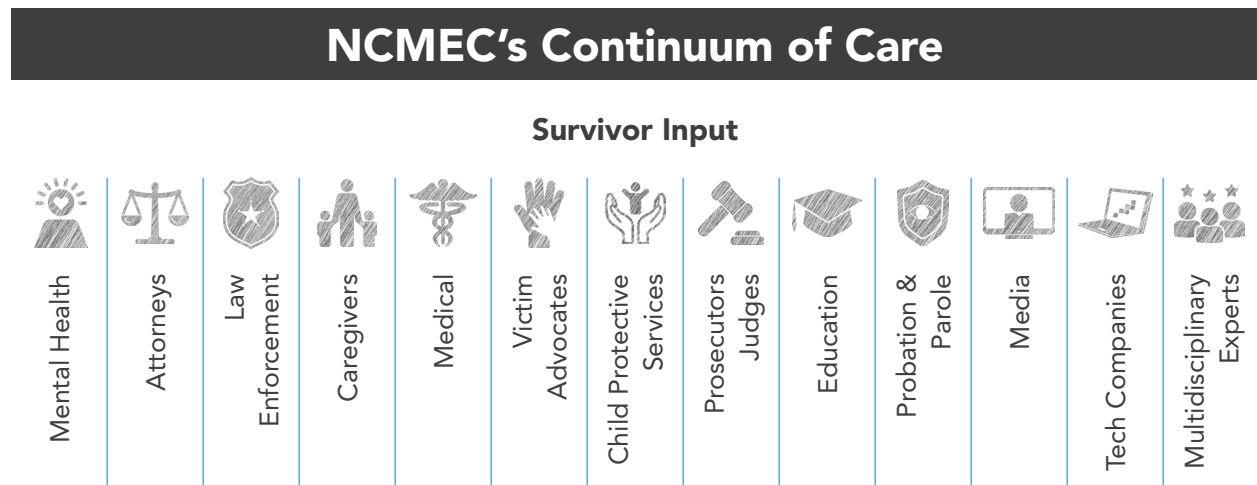
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APPENDIX 1: Continuum of Care

The collective voice of child sexual abuse material (CSAM) survivors indicate resources are woefully inadequate for survivors and their families struggling to navigate complex systems of care, often suffering in silence. These systems need better interdisciplinary integration and CSAM issue-specific education to increase the connective services received by survivors. survivors of CSAM desperately need our help.

To eliminate this gap in services, NCMEC looked to the Continuum of Care¹² model as a guide. This concept, most widely used in the medical field, involves a system to guide and track patients over time through a comprehensive array of health services spanning all levels and intensity of care. The Continuum of Care covers the delivery of healthcare over time and may refer to care provided from birth to the end of life. This concept emerged as a relevant model toward the child-helping professions listed below to create a comprehensive array of resources, information, and guidance that together can create a safety net for survivors of CSAM throughout the duration of their long-lasting trauma.



To that end, NCMEC is conducting roundtables with each pillar to engage child-helping professionals. At the release of this document, NCMEC has convened representatives of the mental health, attorney, law enforcement, and caregiver roles, with future roundtables planned.

At the conclusion of our roundtables we will gather national experts to discuss how to integrate recommendations into multi-disciplinary teams across the country. We are creating CSAM training programs tailored to each discipline and providing a robust understanding across disciplines.

The goal of our work is to make sure that survivors:

- 1**
Are better able to access resources.
- 2**
Understand how the various resources work together.
- 3**
Ultimately receive opportunities for better, safer, and faster healing.

Therapy With Survivors of Child Sexual Abuse Images

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

Difficulties:

Shock Factor:

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

Expressing Experience Verbally:

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

Establishing Trust with Therapist:

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

Caseload Size:

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

Therapist Lacks Training:

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



Therapist is Too Directive and Rigid:

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

Issues Survivors Have Difficulty Resolving With Current Therapy:

Nightmares:

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

Aging/Body Image:

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

Employment Issues:

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

School Issues:

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



Identity Issues:

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

Social Anxiety:

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

Sexuality:

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

Online Presence:

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

Dissociation:

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



What Survivors Need Therapists to Understand:

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

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

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





CHOICE, CONSENT, CONTROL

How mental health professionals can help lessen the trauma for survivors of Child Sexual Abuse Material (CSAM)



As mental health practitioners working with survivors of CSAM, how you interact with and support your clients is instrumental in setting them on the path to recovery by serving as an emotionally corrective experience.

Opportunities for Choices

Presenting “this or that” creates options that make a difference to survivors. Knowing their choice matters is part of empowerment. It is important to remind the client about these options throughout your work with them.



Meet your client where they are and **allow them to choose** how and when they share their experience as they may fear judgment about aspects of their abuse. Use phrases like “We set some goals of working on _____ or working on _____, where would you like to start today?”



Recognize that some intake questions may be triggering for this population. Allow the survivor a choice on which questions they answer at intake and **encourage breaks** during this session.



Provide choices when utilizing grounding techniques as some techniques can be triggering for survivors of CSAM. Use phrases like “I’ll make a few suggestions and you can tell me what feels best to you.”



Survivors may need different modalities of therapeutic interventions throughout the course of their life. **Be open** to exploring the best modality for each client and providing a choice of connecting them with another provider if you are not trained in that practice.

Opportunities for Consent

Asking permission gives deference and respect to the survivor which they are entitled to after enduring their victimization. Seeking consent shows you are mindful and sensitive to the experiences and possible triggers.



Be transparent with sharing information with other professionals involved with the case. Remember part of the healing journey is the restoration of safety and being transparent offers your client the opportunity to exercise agency over their bodies.



Work with your clients to understand risks and rewards of social media use and where their information goes. You can **help create self-care plans** and a safety net for your client.



Educate yourself on the criminal justice notification process that applies to this survivor’s abuse imagery and the emotional impact of this process. The notification process allows survivors to opt-in and opt-out of information related to future cases. Notifications may either empower or trigger/revictimize the survivor.



After describing an intervention, **ask the survivor** “How does that sound to you? Would you like to try it?”



After an intervention, **ask the survivor** “How did that feel? Is that something you would like to do more of in session?”

Opportunities for Control

Survivors of CSAM are often experiencing ongoing victimization due to the presence and distribution of images and feel a loss of control over the distribution of those images; which often follows them into adulthood.



Help your client **navigate feelings of helplessness** over the distribution of CSAM online. Respect the fear, but properly frame it.



Educate yourself and clients about the ongoing global initiatives to remove content and the legal remedies available.



Help survivors **identify and manage triggers**, which may include cameras, medical settings and personnel, room arrangements, body development and compliments.



Use phrases like “I won’t make you do anything you are not comfortable with, so if anything I suggest or want you to try in session makes you uncomfortable, you can tell me and I will change to find something that does feel comfortable” and “It’s your session and I want to honor what you want.”



Help survivors **identify and manage milestones** related to the victimization. Milestones for survivors of CSAM can include body development and aging, embarking on romantic relationships, or parenthood, as examples.

Choice, Consent, Control

These are victims’ major liberties that are violated or denied by their perpetrators. Restoring these rights is part of the healing process.

Choice, consent, and control in the therapeutic relationship:



Make survivors feel safer



Model healthy relationships and boundaries



May set the victim on course for a more positive and hopeful long-term recovery



Help victims transition to survivors

For more resources:

MissingKids.org/CSAM

SurvivorServices@ncmec.org

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ENDNOTES

- 1 For more information about child sexual abuse material, visit <https://www.MissingKids.org/theissues/csam>.
- 2 For more information about NCMEC data, visit <https://www.MissingKids.org/ourwork/impact>.
- 3 For more information about child trauma, visit <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>.
- 4 For more information about therapeutic intervention, visit <https://www.psychologytoday.com/us/therapy-types/therapeutic-intervention>.
- 5 For more information about the Phoenix 11 Community Impact Statement, contact the Canadian Center for Child Protection at <https://protectchildren.ca/en/contact/>.
- 6 The Canadian Centre for Child Protection Inc. (2017). *Survivors' Survey* [PDF file]. Retrieved from https://www.protectchildren.ca/pdfs/C3P_SurvivorsSurveyFullReport2017.pdf. For additional information about this topic, review *Improving the Response to Victims of Child Pornography* at https://victimsofcrime.org/doc/Policy/improving-response-to-vcp_full-report.pdf?sfvrsn=2.
- 7 For more information about the Phoenix 11, please visit https://protectchildren.ca/en/programs-and-initiatives/survivor-advocacy-groups/?utm_campaign=sl&utm_term=/en/programs-and-initiatives/phoenix11.
- 8 For more information about NCMEC's CyberTipline, please visit <https://www.MissingKids.org/gethelpnow/cybertipline>.
- 9 For more information about NCMEC's Child Victim Identification Program, please visit <https://www.MissingKids.org/theissues/csam#whatncmecisdoingaboutit>.
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- 11 For more information about victim notification, visit fbi.gov/resources/victim-services/cpva.
- 12 For more information about the continuum of care, visit <https://study.com/academy/lesson/improving-the-continuum-of-care-approaches-examples.html>.
- 13 For more information about adaptive reactions of the autonomic nervous system, visit <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3108032/>.
- 14 For more information about the National Child Traumatic Stress Network, visit <https://www.nctsn.org/>.
- 15 Per Susan P. Kemp, et al. in "Engaging parents in child welfare services: Bridging family needs and child welfare mandates" within *Child Welfare*, Volume 88, Number 1, 2009, "Peer-to-peer programs are increasingly a focus of child welfare services This type of approach has shown to increase parent retention. Furthermore, some reports show ... families engaged in mutual support experienced fewer negative outcomes and increased positive outcomes, such as positive changes to their self-esteem and perceived ability to cope with challenges, and higher levels of social support."
- 16 For more information about Team HOPE, visit <https://www.missingkids.org/gethelpnow/support/teamhope>.
- 17 Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, Pub. L. No. 115-299, 132 Stat. 4383 (2018).
- 18 To obtain a copy of the *Attorney Manual: Guide to Representation of Children Victimized by the Online Distribution of Child Sexual Abuse Material*, visit <https://go.MissingKids.org/l/808593/2021-09-23/4gsbrg>.



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