CANADIAN CENTRE *for* CHILD PROTECTION®

Helping families. Protecting children.

SURVIVORS' SURVEY

EXECUTIVE SUMMARY 2017

protectchildren.ca

CANADIAN CENTRE *for* CHILD PROTECTION®

Helping families. Protecting children.

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

Our mission is to:

REDUCE the incidence of missing and sexually exploited children

EDUCATE the public on child personal safety and sexual exploitation

ASSIST in the location of missing children

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

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TO THE SURVIVORS OF CHILD SEXUAL ABUSE:

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

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

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TABLE OF CONTENTS

CHILD SEXUAL ABUSE MATERIAL	2
OVERVIEW OF THE PROJECT	3
INTERNATIONAL WORKING GROUP	3
INTERNATIONAL OBLIGATIONS	4
ABOUT THIS REPORT	4
WHAT WE LEARNED FROM SURVIVORS	7
DEMOGRAPHICS	11
CIRCUMSTANCES OF ABUSE	13
OFFENDERS AND OFFENDING BEHAVIOUR	16
DISCLOSURE OR UNCOVERING ABUSE	24
VICTIM IMPACT	28
THERAPEUTIC AND MEDICAL	33
LEGAL	37
CONCLUSION	43
ENDNOTES	44
ACKNOWLEDGMENTS	45

CHILD SEXUAL ABUSE MATERIAL

For the past 15 years, the Canadian Centre for Child Protection Inc. (the "Canadian Centre") has operated Cybertip.ca – Canada's tipline to report the online sexual exploitation and abuse of children. Cybertip.ca has played an important role in protecting children in Canada. In addition to being the "front door" to the Canadian public for reporting concerns about the online sexual exploitation of children, Cybertip.ca works continuously to educate and inform the public that child sexual abuse and exploitation first begins in the offline world. The Canadian Centre, through its Cybertip.ca program, is in a unique position to collect and analyze data on the subject of online child sexual exploitation and in particular, the issue of child sexual abuse images that are circulated on the Internet. Since its inception in 2002, Cybertip.ca has received over 220,000 reports and is now averaging approximately 4,000 reports per month. Child sexual abuse images continue to be the most significant form of child exploitation reported to Cybertip.ca (98% of reports).

In the United States, the National Center for Missing and Exploited Children (NCMEC) serves as the national clearinghouse for child pornography reports. As of July 2017, NCMEC had received more than 21.7 million reports regarding child sexual exploitation. Currently, NCMEC's CyberTipline averages approximately one million reports of child sexual exploitation each month. NCMEC also operates the U.S. Child Victim Identification Program and, as of July 2017, had reviewed more than 207 million images and videos of child sexual abuse material. Through NCMEC's database, more than 13,200 child victims have been identified by law enforcement.[i]

While global efforts are being made to identify the children in child sexual abuse images/videos, the challenges are immense. Like other organizations working in this area, our agency is deeply concerned about the children being abused within this medium. Beyond the primary goal of removing children from abusive environments, there is much to be learned from identified children in sexual abuse content. These individuals not only shed light on the role of child abuse imagery in the abuse cycle, but they are also crucial witnesses to the ways in which offenders operate and connect with each other.

Over the past decade, the role of technology in facilitating sexual offences against children has evolved significantly, as has our understanding of sexual offending behaviour and the manifestation of these activities on the Internet. Like many other hotlines, Cybertip.ca has seen a marked increase in the number of reports over the past few years. The rise in reporting is related primarily to concerns involving child sexual abuse images and videos on the Internet.

While the Internet did not create the problem of child sexual abuse material, it does provide offenders with the unparalleled opportunity to access, possess, and trade child sexual abuse images and material, often anonymously. It also allows individuals to connect easily with offenders around the world who share similar sexual interests towards children. These connections not only facilitate the relentless sharing of pre-existing child sexual abuse material but can also provide a fertile network for the creation and distribution of new material.

We know through victim impact statements from adults who, as children, had their sexual abuse recorded, uploaded, and traded online, that the lack of control over the ongoing sharing of their abuse images and the public accessibility of those abuse images can be one of the most difficult aspects of the abuse to overcome.

Hotlines around the world are on the front line of witnessing the proliferation of visual and other materials that provide clear evidence of the sexual abuse of children taking place. Armed with this evidence, hotlines have the unique opportunity – and responsibility - to study and analyze the data received day in and day out in order to find ways to help bring relief to those who have been victimized.

OVERVIEW OF THE PROJECT

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

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

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

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

INTERNATIONAL WORKING GROUP

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

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

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

INTERNATIONAL OBLIGATIONS

When considering the results of the survey and the applicability of each recommendation in a domestic context, the international commitments made to protect children from exploitation and abuse must be kept in mind. To date, over 170 nations have ratified the United Nations Convention on the Rights of the Child ("UNCRC") and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (the "Optional Protocol"). The UNCRC is the most universally accepted human rights framework in the world and reflects the commitment of world nations to safeguarding the most vulnerable members of society. Article 34 emphasizes that signatory nations must take all appropriate national, bilateral and multilateral measures to prevent the sexual exploitation of children. Article 19 speaks to a child's right to be protected from physical or psychological harm, neglect, abuse, or mistreatment. Article 39 goes further and commits all signatories to take all appropriate measures to promote the physical and psychological recovery and social reintegration of a child if they are subjected to the harms in Article 19. This is reiterated in Article 9 of the Optional Protocol. The Optional Protocol also includes a commitment by each signatory to adopt appropriate measures to protect the rights and interests of child victims at all stages of the criminal justice process (Article 8), and ensure access to adequate procedures to seek compensation from those criminally responsible (Article 9, point 4).

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

ABOUT THIS REPORT AND THE SURVIVORS' SURVEY

Intended Purpose

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

Understanding the Data and its Presentation

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

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

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

Multiple responses: For some questions, the responses may have fit multiple categories and so the graph for such questions would not represent the number of respondents but instead represents the number of responses of each particular type. Such graphs are marked with the legend Multiple Responses per Respondent.

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

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

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

Surveys Included in Analysis

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

1. Certain questions in the survey were mandatory – such as whether the respondent was over the age of 18, and whether the respondent had her/his child sexual abuse recorded. If the respondent indicated that s/he was under the age of 18, or did not have her/his sexual abuse recorded, s/he was not able to continue on with the survey, and those surveys were excluded from the analysis.

2. The survey was comprised of different question types. While some questions required only a yes/no response and some provided multiple choice options, the vast majority of questions allowed the respondent to answer the question in her/his own words and language. The surveys received that included responses only to some of the yes/no and/or multiple choice questions, with no narrative responses completed were excluded from the analysis.

3. As the survey was quite lengthy, it was recognized that respondents may not want or be able to complete the survey in one session. Thus, survey respondents were able to respond to as many questions as they wanted, then take a break and come back at a later time to continue the survey. Survey respondents were given 30 days to complete the survey once they had started. If a participant chose to return to complete additional questions, that participant was also able to edit and/or delete past responses if desired. The last question of the survey asked the respondent to click a button to "complete" the survey. All other surveys were deemed to be "incomplete."

    a. All of the surveys that were "complete" as of July 27, 2017 were included in the analysis, unless the survey had been excluded for the reason set forth in item 2 above, the information that was in the survey was unintelligible, or if the information did not appear to be authentic.

    b. All surveys that were "incomplete" as of July 27, 2017 were assessed separately. Those that had been dormant for at least 30 days and that included salient details in response to at least some of the narrative-type questions, and that appeared to reflect an authentic attempt to complete the survey, were included in the 150 surveys available for analysis.

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

Survey Design and Administration

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

- Administering it online to increase anonymity and allowing victims to complete it at their own pace with the hope that the format would yield more information
- Dividing it into sections and providing participants with a brief description of the type of information covered in each area and reasons for why the information was being sought
- Allowing participants to skip sections as well as individual questions
- Encouraging participants to take breaks from completing the survey and allowing survivors to re-access their particular survey using a unique access code
- The number of questions that were restricted to a yes/no or multiple choice response were kept to a minimum, which allowed participants to share the information however they saw fit rather than having to try and reduce their experience to a set of pre-defined responses
- The survey was made available in four languages (English, Dutch, German and French).

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

Survey Versions

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

Organized Child Sexual Abuse Data

As we began to review and analyse the results of the surveys, a number of themes became immediately and undeniably apparent. While we fully recognize the limitations of a self-reported survey, the consistency of the accounts of abuse told by the survivors – accounts which spanned countries, continents, and language – could not be ignored. One troubling consistency was the prevalence among the spectrum of abuse experiences recounted by the survivors of what has been designated organized child sexual abuse.

For the purposes of creating consistent language and understanding, the term "organized child sexual abuse," when used in this document, means abuse that involves a child or multiple children being subjected to sexual abuse by multiple offenders working together to commit the abuse.

Throughout the report, findings specific to the surveys meeting the working definition of "organized child sexual abuse" set out above are included. These findings are based on data collected from the responses of 49% of the total survey respondents who, as survivors of organized child sexual abuse, shared their similar and startlingly disturbing experiences.

WHAT WE LEARNED FROM SURVIVORS

As previously mentioned, the survivors who completed the survey shared a tremendous amount of information about their abuse experiences and the day-to-day struggles they face. Notably, there was a strikingly high degree of common responses and shared experiences despite the fact that survey respondents were located in several different countries, were able to respond to questions in their own words, and could provide as much or as little detail as they chose.

What follows are the key themes that need addressing and potential solutions, which became readily apparent from an in-depth review of the data:

1. Recording the sexual abuse of a child has a significant, lifelong impact on the victim.

The fact that images/videos of a child's sexual abuse were created at all, as well as the fact that they may still be possessed by the abuser and be publicly available for others to access, has an enormously negative impact on the individual. The impact can persist into adulthood and may significantly reduce the ability of survivors to cope with day-to-day stressors, maintain healthy relationships, and reach their full potential in educational and occupational pursuits.

Nearly 70% of respondents indicated that they worry constantly about being recognized by someone who has seen images of their abuse (n=103). Thirty respondents (30%) reported being identified by a person who had viewed the child sexual abuse imagery.

By taking concrete steps to prevent new child sexual abuse material from becoming publicly available and curbing the public availability of images that have already been posted online, the ongoing harm to survivors and new victims can be reduced. Consideration should be given to adopting Project Arachnid as the global platform for quickly detecting and issuing notices to hosting providers that have an obligation to then immediately remove the material.[iii]

My child sexual abuse imagery is out there for anyone to see, I will forever be taken advantage of. It's not something that will ever go away. Being the adult I am now, my photos are still out there, as long as the internet exists my photos will always be out there. Sites will be taken down but new ones are somehow being put back up. As far as I know there is just no way of permanently deleting those photos. There is no way I can finally be done with this abuse. I have to live my life guarded and can never fully trust anyone. My own father did this to me. A man placed in my life to protect me, not hurt me, abused me. And now thousands of other people continue to do the same." – Survivor, in response to the question "Please describe how the existence or distribution of child sexual abuse imagery impacts you differently from the hands-on abuse"

2. Most victims were abused from a young age, by a family member and for some, continuing into adulthood.

- For 56% of the survivors, the abuse began between age 0-4, and 53% of those respondents indicated that the abuse continued into adulthood.
- 58% of survivors reported having been abused by more than one person – some by multiple family members.
- 50% of the survivors abused by one person indicated that the abuser was a parent or extended family member, while 82% of the survivors who were abused by multiple offenders indicated that the primary abuser was a parent or extended family member.
- 36% of survivors indicated that the sexual abuse continued into adulthood (18+).

We need to improve education and training on the issue of child sexual abuse among professionals to empower them to recognize and respond appropriately. Those in a position to uncover abuse must better understand the dynamics of different abuse situations; how to recognize and respond to abuse committed within a family context; and about the impact of trauma and how it can present in the victim. Such training could have a significant impact on the ability of stakeholders to identify abusive situations and believe survivors when they come forward.

"Sometimes a story is too incredible, but unfortunately it can still be founded in truth. Try to search for that with the victim. I was SO scared when I talked to the police. To me there was truly nothing worse than the idea that I was accusing my own father. So strange. So horribly strange, because he'd done the most horrible things to me. but I was still so loyal.. Try to take that into account in your work as police." – Survivor, in response to the question "What do you want police to know?."

3. We should not rely on disclosure alone to stop child sexual abuse.

There are a multitude of reasons why a child may not talk about the sexual abuse that is happening to them, the most prominent arising out of the power imbalance between the offender and the victim. Survivors reported that threats or physical abuse were commonly used thus serving to silence victims and maintain their compliance. While many survivors did tell someone about the abuse at some point, many did not do so while the abuse was still happening or until they were adults. Even more concerning, for those who did disclose their experiences as a child and while the abuse was still happening, the abuse did not always stop. Survivors reported that sometimes this was

because what they were saying was not believed or because their abuser was able to manipulate perceptions, but sometimes it was because the individuals who should have protected them once told, did not. Previous research has established that child sexual abuse is difficult to prevent, detect, and interrupt given its secretive nature, the powerlessness of the victim, and that disclosure is an incredibly arduous process.[ii] Moreover, those children who are abused in a family or organized context may not have a safe person in their life that they can tell or who will take effective action to stop the abuse if they do tell. The survey also found that there were a significant number of victims who were threatened with terrifying promises of harm that were exceedingly violent in nature.

There is an urgent need to reframe how we are tackling this issue – current intervention responses are inadequate and the existing model that primarily depends on a child disclosing is not feasible, nor is it fair to the child who is experiencing the abuse. We need to strengthen the coordination and communication between all systems and entities that intersect with victims of child sexual abuse and online exploitation. This includes, but is not limited to, child welfare, schools, hotlines, therapists, police, industry, child-serving organizations and advocacy centres. Targeting and investing resources and training to assist police, child welfare, and other protective systems to more readily recognize situations of risk will enable these systems to do a better job of uncovering and intervening where warranted, thereby taking the unrealistic pressure off children to disclose in order to be protected.

When I confided in the first persons, they responded with incredulity, in the process, I didn't even come close to describing the entire dimension of the violence. I was not taken seriously and not protected. I didn't have any strength left to confide in anyone because I was so scared of being let down again. I was only able to make a new attempt when it became clear to me that I would die anyway and that it would be my only chance to survive.
- Survivor in response to the question "How was the hands-on child sexual abuse uncovered"

4. Many survivors reported multiple offenders and/or multiple children involved in their sexual abuse.

The Internet has provided an opportunity for offenders to connect and work together in an organized fashion to commit more and more extreme sex acts against children. The depraved and pervasive nature of the sexual abuse reported by many of the respondents was shocking. For example, 58% of survivors were abused by more than one offender, and 49% of survivors appeared to have been victims of 'organized sexual abuse'.

Organized Sexual Abuse

The term organized sexual abuse, when used in this document, means abuse that involves a child or multiple children being subjected to sexual abuse by multiple offenders working together to commit the abuse.

In order to remedy this situation and produce mechanisms for supportive and effective intervention, a greater understanding of the symptoms and mechanics of dissociation disorders and organized sexual abuse is required at all levels.

5. The unique needs of survivors of child sexual abuse imagery are not being adequately addressed.

Existing support services are not meeting the specialized needs of survivors. Not only is the victimization experienced by this population unique and complex, but the impacts of the abuse experience are long lasting and often lifelong. From what we have learned, not only do these survivors have incredible difficulty finding and financing the supports they need, but they require different levels and types of support at specific points throughout adulthood. Short-term and generic trauma counselling will not lead these survivors to an adequate place of recovery.

There is a necessity to develop comprehensive systems and remedies to properly recognize the rights and unique needs of victims whose abuse was recorded. Survivors would benefit from having accessible, knowledgeable therapists and attainable mechanisms for receiving financial compensation. Survivors must also be provided with the opportunity to have their voices heard within the criminal justice system (e.g., victim impact statements).

DEMOGRAPHICS

Similar to what hotlines around the world witness in addressing child sexual abuse material, the overwhelming majority of survey respondents were female (85%) — see Graph 1. This is consistent with international research studies examining rates of child sexual abuse.

For example, a 2009 review of 65 prevalent studies involving 22 countries showed 7.9% of men and 19.7% of women had experienced some form of child sexual abuse prior to the age of 18.[iii] The 65 studies had a total of 37,904 male participants and 63,118 female participants.

Respondents also provided the country or continent lived in at the time of abuse — see Graph 3.

Close to 70% of the respondents were under the age of 40, with 44% being between 18-29 years of age — see Graph 2.

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

Organized child sexual abuse demographics

The limited published data on the subject of organized child sexual abuse point to the fact that, generally, girls comprise the primary targets in most cases of organized sexual abuse. This fact is consistent with our findings - the vast majority of respondents whose sexual abuse is categorized as organized were female (87%) — see Graph 4. The ages of the respondents reported at the time of the survey demonstrate an almost equal division with 28% between the ages of 18-29, 30% between 30-39, and 31% aged between 40-49. The remaining 11% of the respondents indicated their current age as 50 years or older — see Graph 5. The country or continent that the organized sexual abuse respondents lived in at the time of abuse was largely consistent with the overall respondent pool as reflected in Graph 3 — see the Survivors' Survey Full Report (2017) for more information.

GRAPH 4

ORGANIZED SEXUAL ABUSE - SEX OF RESPONDENTS (N=74)

GRAPH 5

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

CIRCUMSTANCES OF ABUSE

This section summarizes the information received from respondents about the dynamics and circumstances of the sexual abuse (including the recording of sexual abuse) and highlights some disturbing data. 87% of the respondents were 11 years of age or younger when the hands-on abuse began and for 56% of the survivors, the abuse began before the age of 4 — see Graph 6. Deeply concerning was the duration of the abuse which, for many of the survivors (36%), continued into adulthood, with 42% having been abused for more than 10 years — see Graphs 6 and 7. The data also suggest that the younger the age at which the abuse commences, the greater the likelihood that the abuse carries on into adulthood — see Graph 8 — this is a pattern also seen in the cases of organized sexual abuse.

GRAPH 6

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

GRAPH 7

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

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

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

GRAPH 8

AGE RANGE WHEN ABUSE STARTED AND ENDED (N=147)

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

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

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

Notably, the duration of victimization was generally different for boys and girls. Salter states that in cases of organized sexual abuse, while the abuse of boys tends to stop in their early to mid-teens, the abuse of some girls is usually longer and may continue into adulthood.[iv] Data gained from this survey (related to organized and non-organized scenarios) was consistent with Salter's findings; survey respondents who are female indicated abuse which occurred earlier, was likely to extend into adulthood and thereby take place over far longer periods of time.

Child sexual abuse recordings

The survey specifically sought to better understand the prevalence of child sexual abuse being recorded by offenders (whether or not the recording was ever distributed) and what survivors may have understood at the time of recording. 71% of survey respondents indicated they knew the sexual abuse was being recorded at the time of the abuse, while 17% stated that they were unsure whether or not they knew that it was being recorded at the time they were being abused (n=120) — see Graph 9. Those who were unsure realized, once they got older, that recording had occurred. While many survivors were not told the reason for the recording of the abuse, what they were told or what they understood the general motivation for recording to be was: to silence and control the victim; for the offender's personal use (sexual gratification); and for sharing with other offenders (n=69) — see Graph 10.

Organized sexual abuse circumstances

Analysis of the survey data revealed that survivors of organized sexual abuse (n= 74) typically experienced the abuse beginning at an earlier age which lasted longer in duration when compared to those whose abuse was not organized. 82% of respondents in the organized sexual abuse category were in the 0-4 age group when their abuse began — see Graph 11. Furthermore, a quarter of organized sexual abuse survivors endured victimization lasting between 6 to 10 years (n=72), followed closely by a duration of abuse spanning 16 to 20 years (22% of the respondents). Our shock at this finding was only equaled by the revelation of the complete abuse duration spectrum: at one end, the minimum duration of abuse suffered was between two and five years (9%), while at the other end, 21% had endured abuse lasting for a minimum of 21 years — see Graph 12.

OFFENDERS AND OFFENDING BEHAVIOUR

This section summarizes the information received from respondents about the individual (or individuals) who abused them as well as the dynamics of the abuse and their experiences.

Number and sex of offenders

A concerning number of respondents (58%) reported having had more than one person abusing them — see Graph 13. Respondents were not directly asked the sex of the offender(s) but where it was possible to determine the sex, it was predominantly males. A surprising number of respondents, particularly in the organized sexual abuse category, reported the involvement of females — see Graphs 14 and 28 — and the scope of their involvement ranged from tacit acceptance to active participation.

GRAPH 13

NUMBER OF OFFENDER(S) (N=150)

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

GRAPH 14

SEX OF OFFENDER* (N = 150)

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

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

Child's relationship to offender

A significant number of offenders were parents or extended family members - 50% of "single" offenders (n=26) were classified as either a parent or an extended family member (42% of "single" offenders were parents, of which 100% were male) — see Graph 15. 82% of the primary offenders involved in the "multiple offender" scenarios (n=83) were also parents or extended family members (67% were parents and were predominantly, but not exclusively, male) — see Graph 16.

GRAPH 15

GRAPH 16

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

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

Gaining access and time alone

Gaining access and time alone with the child was not difficult, given that 64% of respondents (n=99) lived with an offender — see Graph 18 — and that offender was typically a parent or extended family member. Nearly three-quarters (74%) of the "secondary" offenders (i.e., other than the "single" or "primary" offender) gained access to the respondent (n=82) through a parent or extended family member — see Graph 19. When asked to describe how the offender was able to carry out the abuse, many respondents referred to their "single" or "primary" offender getting them alone or isolated, but equally as many simply referred to their relationship with the offender or their living arrangements (e.g. "*He was my father. He always had access to me*") — see Graph 17.

GRAPH 17

TACTICS USED BY THE PRIMARY/SINGLE OFFENDER (N=100)

Multiple Responses per Respondent

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

GRAPH 18

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

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

GRAPH 19

CONTEXT IN WHICH THE SECONDARY OFFENDER GAINED ACCESS TO THE VICTIM (N=82)

Multiple Responses per Respondent

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

Every free moment (nobody's around) was made use of; I was never safe. The perpetrator made me responsible for ensuring that we weren't caught. I had to keep watch over the door of the room where it happened and keep an eye out for bystanders when it happened in the car. The perpetrator took more and more risks. In the end it seemed almost as if he wanted to get caught ... -Survivor, in response to the question "How did the offender involved in the hands-on child sexual abuse gain time and access alone with you?".

Tactics and Threats

As with many victims of child sexual abuse, survivors (n=96) reported that threats were not uncommon and that offender(s) used a wide variety of tactics to control the victim and to keep them from disclosing the abuse. 67% of respondents were threatened with physical harm (including death) if they did not comply with the offender(s), while 24% indicated that the offender had threatened to harm a family member, and 19% mentioned threats to other people or animals in the victim's life (n=96). In cases of organized sexual abuse, these ratios were similar — see Graphs 20 and 21.

THREATS OR CONSEQUENCES FOR NON-COMPLIANCE (N=96)
Multiple Responses per Respondent

GRAPH 20

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

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

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

ORGANIZED ABUSE - THREATS OR CONSEQUENCES FOR NON-COMPLIANCE (N=64)
Multiple Responses per Respondent

GRAPH 21

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

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

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

> ***"He threatened to tell my family everything. He threatened to wreck my life. I'd no longer have any ground under my feet to exist. I'd be better off committing suicide myself before he got hold of me because that would be gruesome. I was to never tell about it ever*** – Survivor, in response to the question "Please describe any threats or consequences for not complying with the abuse/expectations"

Role of child sexual abuse imagery and adult pornography

Respondents also provided details about the ways in which images or videos were used in their abuse. For example, over 50% of the respondents reported being shown adult pornography — see Graph 22 — and over 40% reported being shown child pornography (n=117) — Graph 23 — each a commonly employed grooming technique.[v] Respondents also shared how the images or videos of their own abuse were used by offenders and the sometimes manufactured nature of the abuse material (example, being required to pose or perform — see Graph 27). Nearly two-thirds (60%, n=87) of respondents reported being shown their own abuse images by the offender, and 57% of respondents (n=84) said that the offender had told them that others would be shown the abuse images, either because the images were being sold/traded, or as a threat intended to control the victim or maintain their silence — see Graphs 24, 25, 26 and 27).

GRAPH 22

GRAPH 23

GRAPH 24

GRAPH 25

> ***I had to smile nicely and pretend I liked it just like those women in the movie because that was what the men who would get it wanted to see. ... I just had to deliver what was asked from me. And that was the reason I quite soon understood it was meant for other people.*** – Survivor, in response to the question "What were the circumstances in which the offender said they would show someone else the imagery"

Offenders and offending behaviour in "organized sexual abuse"

By definition, all respondents who were included in the organized sexual abuse category had multiple offenders (n=74). In terms of the offender's sex and as alluded to earlier in the document, the role of the adult woman in the cases falling under the organized sexual abuse category was surprising. Responses that specifically referenced women involved in the abuse were examined to determine the woman's role. From this analysis, it was determined that 51% of the respondents whose abuse was categorized as organized had mentioned an adult woman having been involved, most often, the child's own mother — see Graph 28.

Both the father and the mother were perpetrators in 27% of these cases. In 100% of these instances the abuse began before the survivors were five years old and the duration of the abuse was shockingly protracted, with the majority of respondents having reported abuse lasting over 16 years (80%, n=20).

When examining offenders and their behaviour specifically in the instances of organized sexual abuse, 31% of those survivors described persons in authoritative occupations involved as perpetrators of their abuse, including members of law enforcement and the military, school personnel, doctors and therapists, as well as clergy— see Graph 29. When one considers that these perpetrators represent the societal institutions intended to protect and nurture citizens' mental, physical, and spiritual safety and well-being, it is clear that survivor's distrust in the people and the institutions they represent is not misplaced.

GRAPH 29

Respondents provided key information about the different ways in which the offenders in their experience had organized themselves to take advantage of and abuse them. The types of abuse which became apparent during analysis were consistent with the subcategories acknowledged by Salter of network, institutional, and familial organized sexual abuse.[vi]

49% of the respondents (n=74) experienced abuse perpetrated by two or more family members, usually with the addition of outside persons (i.e., familial organized sexual abuse); 34% of respondents suffered abuse wherein no more than one family member was involved with outside persons (i.e., network organized sexual abuse with familial involvement); and the remaining 17% survived abuse by more than one person with no family members being involved or aware of the abuse (i.e., network organized sexual abuse with no familial involvement).

In 53% of the cases categorized as familial organized sexual abuse, the data revealed that the most common group of perpetrators were a father and mother together with other family members (e.g., step-father, foster father, grandfather, grandmother, uncle, aunt, etc.). Similarly, in the cases categorized as network organized sexual abuse with familial involvement, the most common family member involved in the abuse was a father (in 56% of the cases).

Familial organized sexual abuse represented the largest subcategory, accounting for 49% of all the organized sexual abuse reported by survey respondents (n=74). It is important to note that when considering this category in combination with network organized sexual abuse with familial involvement, a family member was involved in a total of 83% of the organized sexual abuse situations.

It is apparent, taking into account the significant child sexual abuse cases that have come to light in the past across Canada (such as Project Iceberg, and Project Jericho to name but a few) and internationally (Operation Hamlet, Operation Delego and Operation Dark Room), that too often there are very large numbers of children involved in organized exploitation. It is perhaps not surprising, therefore, to find that in addition to speaking of their own experience of abuse, 43% of the respondents indicated that other children were also subject to abuse by either the same perpetrators or other perpetrators in the organized group or network.

> ***"There is nothing you can think of that does not exist. Even when some things sound unbelievable, they are true as a general rule. In my opinion, police officers should obtain basic knowledge of post-traumatic stress disorders during their training or a (an independent) trauma therapist should be present during hearings. Some things may sound strange and therefore seem implausible to police officers without knowledge of post-traumatic stress disorders. Many things can be categorized better with knowledge about the consequences."*** – Survivor, in response to the question "What do you want police to know?"

DISCLOSURE OR UNCOVERING ABUSE

The overwhelming majority of respondents (n=114) who provided information as to how their hands-on abuse had been uncovered reported that it was because they told someone about it — see Graph 30. Upon closer analysis it appeared that there were more respondents who had told someone about the abuse only after they became an adult, and not when they were still a child. Moreover, for nearly half (45%) of those who did tell someone (n=99), the abuse was no longer occurring at the time of disclosure — see Graphs 31, 32 and 34. Of those (n=26) who did tell someone about the sexual abuse when they were still a child, 62% continued to be abused — see Graph 33.

GRAPH 30

HOW WAS THE HANDS-ON CHILD SEXUAL ABUSE UNCOVERED? (N=114)

Multiple Responses per Respondent

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

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

GRAPH 31

WAS ABUSE STILL HAPPENING WHEN THE RESPONDENT TOLD SOMEONE? (N=99)

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

GRAPH 32

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

GRAPH 33

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

When asked who they first told about the abuse, of those that responded (n=115), close to 40% said they had told someone such as a friend or romantic partner (32% told their therapist). There were very few survivors who first told someone at school (3%) – a place where children spend the majority of their time.

The reality is that most respondents were residing with their abuser (such as a parent/guardian) which would have significantly impacted their ability to disclose the abuse, and to have action taken if they did tell. There were many respondents who repeatedly stated that telling was not an option as it would jeopardize their safety. A number of examples were provided by respondents that underscored the validity of these concerns.

Most respondents (68%, n=118) indicated that the child abuse imagery was not uncovered at the time that the hands-on abuse was uncovered — see Graph 35. It was uncommon for respondents to disclose the existence of the imagery to someone other than a therapist — see Graph 37. For some, the imagery was discovered by the police or another person. 84% indicated that the imagery was uncovered at some point in their life — see Graph 36.

53% of respondents (n=99) reported that the existence of imagery impacted their decision to tell — see Graph 38. Of these respondents, a significant proportion stated that the imagery added feelings of further shame (on top of that engendered by the sexual abuse) and others said they feared what might happen to them if the imagery was uncovered, or felt the imagery incriminated them in some way (n=52) — see Graph 39.

GRAPH 38

IMPACT OF IMAGERY ON DECISION TO TELL (N=99)

GRAPH 39

HOW DID THE EXISTENCE OF IMAGES IMPACT DECISION TO TELL (N=52)

Multiple Responses per Respondent

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

Most concerning is that 66% of the respondents (n=107) indicated that they would have disclosed sooner if someone had said or done something different — see Graph 40. Of those who provided additional information about what may have made a difference (n=63), many noted that if they had been asked directly or knew they would have been believed, then they would have told someone about the sexual abuse — see Graph 41. A number of survivors mentioned that there was a greater need for education and awareness surrounding the issues of child sexual abuse and child sexual abuse imagery.

GRAPH 40

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

GRAPH 41

ADDITIONAL INFORMATION ABOUT DISCLOSING SOONER (N=63)

Multiple Responses per Respondent

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

"If someone who I trusted had asked me straight forward about it while it was happening and especially if they told me I wouldn't be in trouble and that they would protect me." – Survivor, in response to the question "Provide information about a time you may have disclosed if someone had said or done something different"

When I cautiously got up the nerve to mention that abuse had taken place, at no time whatsoever did anyone ask whether photo material was made. I thought it must be irrelevant ... or that maybe it happened to everybody. – Survivor, in response to the question "Provide information about a time you may have disclosed if someone had said or done something different"

Organized sexual abuse scenarios

The survivors of organized sexual abuse participating in the survey were faced with similar obstacles when deciding whether to disclose. There are a number of reasons outlined in the literature as to why survivors of organized sexual abuse are often hesitant to disclose (if they choose to do so at all). Some of these motives are driven by survivors' mental state (or perceptions thereof), while others are governed more by external factors relating to their relationship with the perpetrators. Some of the more common perpetrator strategies to inhibit or prevent disclosure include drugging children (to reduce and interfere with recall), threatening death or harm, reinforcing a relation of dependence with the perpetrator, and/or forcing children into sexual contact with other children (to engender a sense of guilt and complicity). Other factors which play a role in inhibiting disclosure and/or preventing survivors from seeking help include dissociation disorders and amnesia – both of which survivors may feel undermine their credibility in the eyes of those in a position to help.

Unfortunately, because of the horrifying and seemingly incredible nature of organized sexual abuse experiences, disbelief and skepticism remain common responses from those confronted with such accounts.[vii] In fact, the literature indicates that survivors have said that the often hard to believe nature of the accounts is both intentionally cultivated and relied upon by the perpetrators to induce dissociative identity disorder and/or prevent disclosure among survivors.[viii]

31% of the survivors of organized sexual abuse who found the courage to disclose did so as children, for two of these children the abuse had already ended at the time they disclosed. Unfortunately, however, 68% of those who disclosed as children (where the abuse was ongoing) were either not believed or were actively ignored in their disclosure, thereby allowing their abuse to continue — see Graph 42. When considered within the larger survey, all but three of the respondents who indicated that they told as children and the abuse continued after telling were a part of the organized child sexual abuse category. As addressed earlier, in addition to parents or other familial authority figures perpetrating the abuse, many of the organized abuse survivors indicated that they were abused by those who gained their authority by virtue of their profession, such as doctors, religious leaders, counsellors, school staff, or police — see Graph 29.

GRAPH 42

ORGANIZED SEXUAL ABUSE - HOW THE HANDS-ON ABUSE WAS UNCOVERED (N=68)

Multiple Responses per Respondent

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

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

VICTIM IMPACT

While research has been completed on the impact of child sexual abuse experiences on a person throughout their life, limited work has been done to understand the effects of having that abuse recorded and potentially distributed online. Consistent with the conceptual framework created for the impact of child sexual abuse on children, responses provided by respondents in the survey demonstrated impacts from the four trauma causing factors: betrayal, powerlessness, stigmatization and traumatic sexualisation.[ix] It is also clear from the information shared by respondents that the recording/distribution (and potential distribution) of the abuse is a compounding variable that adds an extraordinary layer of trauma for survivors. Keeping in mind that the survivors shared information primarily in their own words (i.e., not through yes/no or multiple choice answers), they were tragically consistent in their descriptions of the constant fear and vulnerability with which they live as a result of there being a permanent record of the abuse experience. As one survivor who reported having been stalked and harassed online aptly stated, "I'm justified in my paranoia." These survivors have to live with the reality that their abuse has been immortalized in a recording and that others, including other abusers, have likely seen the material.

> ***"I perceive the world as terribly unsafe. Very, very unsafe. I often feel like a hunted animal. It's very clear that this is due to the existence of photo imagery, because that is specifically what also makes the outside world very dangerous. In the past if someone said they knew me from somewhere, then I would completely lose it inside. I find it difficult to be somewhere where there's lots of people. I believe everybody thinks I'm dirty. I find men very scary and want nothing to do with anything relating to sexuality - it is taboo."*** – Survivor, in response to the question "Please describe how the existence or distribution of child sexual abuse imagery impacts you differently from the hands-on abuse"

Respondents reported a wide range of repercussions stemming from both the hands-on abuse as well as the creation/distribution of child sexual abuse imagery. Survivors were asked how the imagery impacted them differently from the child sexual abuse itself. Those who responded (n=78) pointed to the permanence of the images and the fact that if the images are distributed, their circulation will never end (67%), as well as the powerlessness they felt about the imagery (35%) — see Graph 43. Moreover, nearly 70% indicated that they worry constantly about being recognized by someone who has seen images of their abuse (n=103) — see Graph 44. This worry is justified – thirty respondents (30%) reported being identified by a person who had viewed the child sexual abuse imagery (n=99) — see Graph 45. 87% of the respondents who shared information about how being identified from their imagery had impacted them (n=15) said that they experienced further trauma —see Graph 46. Moreover, twenty-three respondents said they had been specifically targeted by persons who had recognized them from the child sexual abuse imagery (n=28) — see Graph 47. Most of those who had been targeted (n=21) provided additional information, reporting having been re-victimized (e.g., assaulted, stalked or propositioned) (71%) or blackmailed (43%) by the persons who had identified them — see Graph 48.

HOW DOES THE IMAGERY IMPACT YOU DIFFERENTLY FROM HANDS-ON ABUSE (N=78)

GRAPH 43

Multiple Responses per Respondent

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

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

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

GRAPH 44

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

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

GRAPH 45

IMPACT OF BEING IDENTIFIED ONLINE/IN PERSON (N=15)

GRAPH 46

Multiple Responses per Respondent

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

HAVE YOU EVER BEEN TARGETED BY SOMEONE WHO HAS SEEN IMAGERY OF YOUR ABUSE (N=28)

GRAPH 47

IMPACT OF BEING TARGETED (N=21)

GRAPH 48

Multiple Responses per Respondent

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

In terms of how respondents were impacted in other ways by their experience and the existence of the imagery, a very high proportion indicated that their friendships are negatively affected (92%, n=99), as well as their romantic/sexual relationships (n=100) — see Graphs 49, 50 and 51. In fact, 58% of respondents reported having issues engaging in any form of sexual activity.

GRAPH 49

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

GRAPH 50

NEGATIVE IMPACTS (FRIENDSHIPS) (N=88)*

Multiple Responses per Respondent

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

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

GRAPH 51

EFFECT ON SEXUALITY AND SEXUAL RELATIONSHIPS (N=100)

Multiple Responses per Respondent

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

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

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

Family life is affected as well - more than half of the respondents (55%, n=62) reported having either no or limited contact with family as an adult, which is not surprising given that many were abused by a family member — see Graph 52. Finally, many respondents felt their experience had negatively impacted their educational success (83%, n=99), such as making it more difficult to complete their education to the level desired — see Graph 53. Others have had issues gaining or maintaining employment (87%, n=97), in many instances due to psychological and physical problems associated with the abuse — see Graph 54. Finally, respondents reported a wide array of struggles resulting from their victimization, such as anxiety and sleeping difficulties (n=106) — see Graph 55.

> ***I live fairly isolated, always afraid of being seen/recognized. There is no contact any more with the part of the family that were involved with this, so I only have half a family left.*** – Survivor, in response to the question "How has your abuse experience impacted your family life as an adult.

HOW HAS YOUR ABUSE EXPERIENCE IMPACTED YOUR FAMILY LIFE AS AN ADULT? (N=62)

GRAPH 52

Multiple Responses per Respondent

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

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

DO YOU BELIEVE YOUR ABUSE EXPERIENCE HAS IMPACTED YOUR EDUCATION/ACADEMIC SUCCESS (N=99)

GRAPH 53

NEGATIVE IMPACTS (EDUCATION/ACADEMIC SUCCESS) (N = 76)

Multiple Responses per Respondent

Less common impacts included: Fear/ difficulty with male teachers/ distrust of others (11%); and Difficulty with peers (5%).

DO YOU BELIEVE YOUR ABUSE EXPERIENCE HAS IMPACTED YOUR EMPLOYMENT (N=97)

GRAPH 54

NEGATIVE IMPACTS (EMPLOYMENT) (N=84)

Multiple Responses per Respondent

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

STRUGGLES AS A RESULT OF VICTIMIZATION EXPERIENCE (N=106)

GRAPH 55

Multiple Responses per Respondent

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

Impacts for survivors of "organized sexual abuse"

45% of survivors of organized sexual abuse indicated that they experienced absences/illnesses or breakdowns which interrupted their education (n=51), and 50% of these survivors expressed that they were unable to work (n=60).

Pregnancy is another variable that is distinctly different from those experiencing organized versus non-organized sexual abuse. The original version of the survey did not ask about pregnancies, but the question was added to future versions as survivors were mentioning it. Even after the question was formally added to the survey, however, the only respondents who indicated they became pregnant were nine females, all of whom were survivors of organized sexual abuse.

As a result of their extreme and prolonged abuse, the literature indicates that survivors of organized sexual abuse frequently engage in lifelong struggles with trauma-related impacts and disorders. One theme that was readily apparent in the instances of organized sexual abuse reported by respondents was the prevalence of dissociative identity disorder (DID) – "a complex, chronic mental illness characterised by the presence of multiple, alternating self-states, personalities or identities"[x] or associated dissociative disorders. DID is an extremely serious condition – one that may be intentionally induced by perpetrators in order to prevent disclosure among survivors – and estimates suggest that if undiagnosed or untreated, those afflicted have suicide rates which are several thousand times higher than average.[xiii] 68% of the survey respondents in the category of organized sexual abuse, described receiving a diagnosis of DID or made reference to dissociative disorders or experiencing dissociation (n=74). This is not surprising considering that DID "develops as a response to chronic and overwhelming trauma exposure in childhood, including organized abuse."[xi]

THERAPEUTIC AND MEDICAL

The questions in this section were designed to provide information about any experience the respondent may have had with various mental health professionals. Respondents reported a wide range of experiences: from very good interactions to difficulties with professionals who had little to no experience working with survivors of child sexual abuse and the complexities associated with the recording of such abuse and its distribution. Mental health professionals play an integral role for victims of child sexual abuse and the vast majority of respondents received some form of counselling (87%) of those, 64% were receiving therapy at the time of taking the survey — see Graphs 56 and 57.

While most respondents (83%) confirmed that their therapist was aware of the child sexual abuse imagery (n=120), over half reported that the impact of the imagery was not something that was discussed in therapy (n=93) — see Graphs 58 and 59.

90% have seen more than one therapist, and of those, 71% changed therapists because the first therapist would not or could not meet their needs or was not addressing their issues in a manner that was helpful to them (n=110) — see Graph 60. While the vast majority of respondents (85%) believe that they will need ongoing therapeutic support, only 7% felt that they no longer need therapy (n=129) — see Graph 61. Respondents consistently described daily impediments and triggers; they reported how life events and changes impacted them and caused setbacks.

> ***Having therapy has made me understand that I was the VICTIM (before I always felt this heavy burden that it was MY fault). ... I still have so much pain inside. But every session brings me clarity and I hope over time I will be able to live my life without fear.*** – Survivor, in response to the question " Do you anticipate needing ongoing or future therapy as a result of this victimization?"

GRAPH 60

WHAT IS THE REASON FOR SEEING ANOTHER THERAPIST (N=110)

Multiple Responses per Respondent

Responses coded as "various" (51%) included: therapist no longer available (moved, retired, deceased, on leave, ill) (11%); respondent felt ready to stop therapy (5%); misdiagnosis (5%); therapist did not believe me (4%); transition to new system (in-patient vs out-patient, child vs adult, counselling avail through school or victim services ends) (6%); other individual (family, other professional) (4%); financial reasons (3%); couldn't cope/not ready to participate (3%); had felt ready to stop but experienced a trigger (3%) (examples of triggers: legal proceedings; medical intervention; contact with offender; pregnancy); abuse by therapist (2%); therapist connected to offenders (2%); therapist was afraid of offenders (1%); and therapist would not treat victim until s/he reached age 18 (1%).

GRAPH 61

ANTICIPATE NEEDING ONGOING/FUTURE THERAPY (N=129)

PSYCHIATRIC DIAGNOSIS/DIAGNOSES LINKED TO IMAGERY (N=124)

GRAPH 62

GRAPH 63

WHAT WAS MOST HELPFUL ABOUT THERAPIST/THERAPY (N=106)

Multiple Responses per Respondent

Less common methods included: Use of EMDR (21%); Use of specific therapy (other than EMDR or trauma based) (25%); Went at victim pace/patient (21%); Use of trauma based therapy (18%); Establishing trust (in therapy relationship) (13%); Made safety a priority (8%); Other victims' support (8%); Writing (7%); Other (7%); Reliable / consistent (4%); and Hospital stay (3%).

Seven respondents stated that nothing had been particularly helpful up to the point of taking the survey.

GRAPH 64

WHAT WAS LEAST HELPFUL ABOUT THERAPIST/THERAPY (N=98)

Multiple Responses per Respondent

Less common methods included: Just not helpful (12%); Don't believe (9%); Ignored images/impact (8%); Blamed victim/judged (8%); Pushed pills (5%); Reinforced victim identity (7%); Cost/fear of therapy running out (4%); Inconsistent/unreliable access (4%); and Other (11%). Those categorized as "other" included: tried to be a friend, insensitive nature of therapist, urged to report to police, and informed parents.

Yes. Memories and feelings of the past still affect me today like it was yesterday. The abuse broke up my family unit. I think about it when I see families together. I think about it when I see moms and daughters together that are the age of me and my mother and how our relationship could have been different if [the] abuse had not happened. I think about it at school, because school is taking me so much longer to finish and how much harder it is for me to succeed because of the court I went through and the PTSD I suffer with every day. I think about it when I see children and families because I still mourn for the loss of my family unit. I think about it when I have arguments with my husband because I have such a heightened flight or fight instinct that it gets hard to communicate my feelings. — Survivor, in response to the question "Do you anticipate needing ongoing or future therapy as a result of your victimization".

In discussing when therapy has been most helpful, there was acknowledgement that therapists need to be willing to try different approaches and to find strategies that work for the individual — see Graphs 63 and 64. 91% of respondents were provided with a diagnosis linked to their abuse experience (n=124) — see Graph 62. Trauma disorders and, in particular, dissociative identity disorders were very common. The respondents clearly articulated the complexity of their therapeutic requirements in significant detail. Not only were many of the participants provided with multiple diagnoses but most reported very similar symptoms and struggles, such as anxiety, depression and sleep issues — see Graph 55.

Of the survivors who had not yet received therapy, the most common reasons given were that they did not want to talk about the experience and/or that they could not find anyone they felt would understand — see Graph 65. For those who reported having delayed seeking therapy, the most common reason was that the survivor was not ready to discuss it, but also issues involving fear, and having difficulty finding and accessing suitable therapy — see Graph 66.

"Be aware that people are capable of doing extreme and atrocious things to one another, even if you would like to deny that. Not being believed is often as painful as the abuse itself." – Survivor, in response to the question "What do you want therapist to know"

Organized sexual abuse

Therapists and counsellors can play a significant role in the recovery of organized sexual abuse survivors. For example, over one-third of these (n=67) indicated that their therapist was the first person they told about their hands-on abuse — see Graph 67. These survivors also highlighted the difficulty in connecting with a therapist who could meet their unique needs. When asked if they had seen more than one therapist/counsellor/treatment provider, most (93%) of these survivors said they had seen more than one service provider (n=66) — see Graph 68. Reasons for changing counsellors varied, but for more than half (51%) one of the reasons given was because the survivor felt their existing therapist was unable to help them (n=62) — see Graph 69.

GRAPH 67

ORGANIZED SEXUAL ABUSE — WHO DID YOU TELL FIRST ABOUT THE CHILD SEXUAL ABUSE? (N=67)

GRAPH 68

ORGANIZED SEXUAL ABUSE — HAVE YOU SEEN MORE THAN ONE THERAPIST? (N=66)

ORGANIZED SEXUAL ABUSE — WHAT IS THE REASON FOR SEEING ANOTHER THERAPIST? (N=62)

GRAPH 69

LEGAL

The questions in this section were designed to help us understand survivors' experiences with the legal system within their own country. The purpose was to improve the ways professionals working within the legal and child protection systems meet the needs of survivors.

Reports to police

58% of respondents (n=132) did not make a report to police regarding the hands-on sexual abuse they experienced as children — see Graph 70. The main reasons given for why survivors did not report included generalized fear of making a report, fear of not being believed, and because they had been threatened or felt they would not be supported if they did come forward (n=75) — see Graph 71.

Of interest, those respondents who had indicated they had been abused by more than one offender were less likely to have reported their abuse to police than respondents abused by one offender — see Graph 72.

Additional reasons for not reporting to police include: the offender had died (9%), lack of emotional/mental stability (7%), didn't have proof (8%), statute of limitations* (7%), dissociative identity disorder diagnosis, making it difficult to make a coherent report (7%) and victim advised against filing by a person with knowledge of legal system (i.e., police) (5%) and other (37%).

***Statute of limitations.** These statutes limit the amount of time a victim has to come forward. Once the statute has expired, the state no longer possesses jurisdiction over the crime. In Canada, there is no statute of limitations for criminal matters such as this; however, in the United States and Europe there are varying statutes of limitation that are applicable.

Examples of responses coded as "other" include: presence of multiple unknown offenders, the victim no longer lived in the jurisdiction, the victim had difficulty articulating the experience, victim feared they would be viewed as an offender, victim's concern for how a report would impact their family, limited memory, due to the relationship between the offender and victim (e.g., familial offender such as father) and due to the status of offender (e.g., perceived by victim as influential in the community).

The chief perpetrator is my own father. To me it would be terribly difficult to report my own father to the police. In addition, my parents and the whole family deny it. That denial makes it even harder ... I'm not ready. – Survivor, in response to the question "Why was a report not made to police"

GRAPH 72

*Not included in the above graph is the police reporting data for those survivors who reported having had more than one offender but at different times in their life (i.e., the offenders do not appear to have been known to each other or to have worked together to commit the abuse).

**Two respondents did not provide a response to the question, "Was a Report Made to Police in Regards to the Hands-on Child Sexual Abuse?".

Charges & Outcome

There was a small number of respondents who indicated that charges were laid against the person who abused them and created the abuse imagery — see Graph 73. Of those, 86% said that the charges laid included those related to images and over 80% resulted in a conviction — see Graph 75. For those respondents who indicated that charges were not laid (57%), their understanding of why charges were not pursued included (but were not limited to) not having enough evidence, statute of limitations, and the victim not being believed — see Graph 74. Survivors felt that their accounts were often discounted by professionals due to their limited capacity to accurately recount their experiences, especially within the confines of the criminal justice system.

GRAPH 73

GRAPH 74

Responses also included: Offender deceased (7%) and "other" (25%). Examples of responses coded as "other" include, improper storage of evidence, problematic evidence from victim (e.g., arising from dissociation by victim, gaps in memory or general problems of the victim in reporting the offence) and police thought it would be too dangerous for the victim if they moved forward.

Note: All respondents were eligible to answer this question including those who answered "no" to the question, *Were Criminal Charges Filed/Laid Against the Offender(s) who Committed the Hands-on Child Sexual Abuse and Created the Images of Your Abuse?*

> *"The efforts of perpetrators to silence their accounts through threats and violence was in many ways perpetrated by institutionalized forces of disavowal and disbelief that actively undermined their efforts to seek care and support, and prevented them from finding justice for the crimes committed against them and witnessed by them,"*[xiv]

Victim Impact Statements & Restitution

A victim of child sexual abuse imagery experiences victimization not only in respect to the abuse that is inflicted upon them, but also through the knowledge that a permanent record of the victimization has been created. Few survivors had provided a victim impact statement related to the imagery — see Graph 76. However, questions related to victim impact statements and other remedies were included in the survivors' survey and a total of 36 participants responded to the question about the value of these statements – virtually all of which were favourable. Respondents felt these statements help give victims a voice, help to educate the judiciary and general public on the impact, and also helped the victim to heal — see Graph 77.

As clearly noted in the victim impact section, the crimes associated with the creation and distribution of child sexual abuse material is uniquely characterized by the fact that victims continue to be repeatedly victimized in their present lives. Their lives are essentially thrown into a complete state of turmoil which can last for years, if not a lifetime. The reality is that the vast majority of the victims of child sexual abuse imagery typically do not have access to restitution or other means of financial compensation to support their ongoing therapeutic needs, and the respondents to the survey were no different. There were few survivors who answered the question in the survey related to restitution, and of those who did answer the question, nearly half had not received restitution — see Graph 78.

GRAPH 78

HAVE YOU RECEIVED ANY RESTITUTION (OR OTHER FINANCIAL COMPENSATION) AS AN OUTCOME OF ANY COURT PROCEEDINGS? (N=18)*

*All 18 respondents had reported the hands-on sexual abuse to police and charges had been laid against the offender (s) as a result of the report.

Organized sexual abuse

In addition to the perceived authoritative position of the offender and consequential reluctance to trust those in authority, there were a number of other barriers that survivors identified surrounding their decision whether to make a report to police. In total, 62% of the organized sexual abuse survivors did not make a report to police and the reasons they provided really speak to the difficulty in bringing this particular group forward to report. Not surprisingly, the data indicated that by far the most common reason for not reporting such abuse to authorities was fear (37%) — see Graph 79.

Among the 'other' responses, survivors described such things as limited recollection of the abuse or feeling unable to articulate their experiences, not feeling stable enough, that the incident took place too long ago, or they were unsure of the value of the report. In this category, survivors also mentioned a fear of being seen as the offender (referring to having been made to participate in the abuse or abuse others). According to the literature, this is a common strategy employed by perpetrators of organized abuse to inhibit disclosure and is an essential part of the indoctrination process.[xii] Although in context such fear is certainly justified, it is crucial to remember that "what may appear, to an external observer, to be an adult's 'decision' to participate in sexual activity (however unusual or sadistic) or to engage in some other risky behavior is in fact better understood as a coerced response underpinned by a history of abuse, fear and manipulation."[xiii] While the concept of 'survivor's guilt' may go a long way toward explaining a survivor's inability to either disclose or bring it to the attention of police, certainly in these cases, survivors "often harbor a genuine fear that, should they report their abuse to others, then they will also face criminal prosecution alongside those that abused them."[xiv]

> ***I remember being humiliated when my abuser showed another child (whom I liked) photos of my torture (with ropes). I wanted to hide these images because of the shame, so disclosure would have been nearly impossible. Disclosure would implicate me in what I believed was a crime for which I was at least partially responsible.***
> – Survivor in response to the question "Please describe how the existence of images of your abuse impacted your decision to tell someone (if at all)"

The reasons outlined above are significant barriers to victims reporting their abuse and in no way should such fears or apprehensions be marginalized. Still, given the very real probability that several of the survey respondents are still being abused, and given the near certainty that other children are currently victims of multi-perpetrator sexual abuse, now more than ever, there is a real and tangible urgency "to raise the profile of organized abuse among those most likely to encounter sexual abuse cases."[xv] We hope, therefore, that both the courage in coming forward and the accounts provided by the respondents of our survey will help increase public awareness, encourage other survivors to disclose and seek help, and provide a measure of hope to both survivors and current victims. Ultimately, the challenge is how to integrate the data we have collected into policy and practice.[xvi]

ORGANIZED SEXUAL ABUSE AND REPORTING

GRAPH 79

GRAPH 80

Despite the challenges and exposure involved, a significant minority of the survivors of organized sexual abuse (38%) did report their abuse to police. Of these, however, only in seven cases (28%) were criminal charges actually laid. As for the remaining 18 cases (72%), it appears that survivors and/or law enforcement officials often faced additional barriers in substantiating and/or in filing the charges, including not having enough evidence, exceeded statute of limitations, the perpetrator was deceased, police/prosecutors did not pursue survivor's complaint, and, predictably, the survivor's disclosure was not believed/seen as credible — see Graph 80. As alluded to already, descriptions of organized sexual abuse can strain credulity of people unfamiliar with the subject – authorities or otherwise – and even health professional and scholars in the field may still "experience the same initial sense of disbelief, for what they hear belies all concepts of normal human behaviour."[xvii] And that really is the point: perpetrators of organized sexual abuse count on survivors being met with skepticism and disbelief if they speak of their experiences.

CONCLUSION

Addressing the issue of child sexual abuse needs to become an international priority. All components, from the social aspects to the technological ones, must be considered when developing effective strategies and solutions. We know that more needs to be done to identify and support victims of child sexual abuse, to identify and prosecute offenders, and to reduce the availability of child sexual abuse material on the Internet. There is an urgent need to shift the way in which we view this problem. Child sexual abuse occurs in secrecy – in homes and communities around the world.

Due to the horrifying and seemingly incredible nature of child sexual abuse, disbelief and skepticism remain common responses from those confronted with disclosures of child sexual abuse. Perhaps it is easier to dismiss such accounts as made-up stories, coerced testimonies, or the result of mental health problems (as many professionals have done in the past), than to accept the possibility that some people are capable of inflicting unspeakable physical and mental trauma on children. Wanting something to be true because it is easier for one to accept or to comprehend, however, does not (and will not) change the fact that such people do exist and that child sexual abuse – and its capture in images and videos – is a reality experienced by too many children.

The Canadian Centre and the International Working Group would like to acknowledge the 150 survivors whose sexual abuse was recorded who came forward to share their unique experiences through the survey. Their collective voice of shared experiences has provided valuable insight into the daily struggles faced by this population and the significant impact that the creation and distribution of child sexual abuse images has on their lives. The critically important information from the survey points to the urgent need for countries around the world to confront and identify additional solutions that will effect meaningful change for survivors going forward. Advancing the knowledge of those working in sectors such as education, medicine, law enforcement, and the justice system is vital if we hope to find concrete ways to ensure children are better protected from sexual abuse and exploitation.

The purpose of this report is to provide a summary of the data that has been received and analyzed to date. Given the importance of the issues raised by the survey, the information shared by survivors so far, and to ensure that all survivors who wish to contribute their voice to the data are able to do so, the Canadian Centre has decided that the online survey will remain open for the foreseeable future. We are committed to learning from those victimized in this way and believe that the collective voice of survivors around the world is essential to effecting real change.

"Pictures/videos are supposed to capture the memories you want to relive again and again. As I look back at some of the photos from my childhood my only memory now is what I had to do to make that moment special, what other videos/photos were taken. If I must summarize it, it's as if I never have real 'freedom', never uninhibited, never without fear. The result is that I never sleep well, that everything is complicated and that I can get stirred up by the stupidest things. If I'm somewhere and somebody looks at me, I'm always afraid that it's because people know it, or recognize me." – Survivor, in response to the question "How does the child sexual abuse imagery impact you differently from the abuse itself?"

ENDNOTES

[i] The data included that relates to the National Center for Missing and Exploited Children (NCMEC) were provided directly to the Canadian Centre by NCMEC on August 25, 2017. Permission has been granted to include these numbers in this report.

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

[iii] Project Arachnid is an automated system that crawls links on sites previously reported to Cybertip.ca that contained child sexual abuse material and detects where these images/videos are publicly available on the internet. If illegal content is detected, a notice is sent to the provider hosting the content requesting its removal.

[iv] Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., & Milne, L. (2015). A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse. Child Abuse & Neglect, 43, 123-134.

[v] Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. Clinical psychology review, 29(4), 328-338.

[vi] Salter, M. (2013). Organised sexual abuse. Routledge.

[vii] Mcalinden, A. M. (2006). 'Setting'Em Up': Personal, Familial and Institutional Grooming in the Sexual Abuse of Children. Social & Legal Studies, 15(3), 339-362

[viii] Salter 2013.

[ix] Salter 2013.

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

[xi] Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. American Journal of orthopsychiatry, 55(4), 530.

[xii] Salter 2013, 71 n. 2.

[xiii] Salter & Richters 2012, 504.

[xiv] Salter 2013, 71 n. 2.

[xv] Salter 2013, 102.

[xvi] Coleman 1994.

[xvii] Salter, M. (2017). Organized abuse in adulthood: survivor and professional perspectives. Journal of Trauma & Dissociation, 18(3), 441-453, 11.

[xviii] Salter 2013, 174.

[xix] Salter 2013, 175.

[xx] Salter 2013.

[xxi] Coleman 1994, 91.

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