Child Sexual Abuse Images Online: Implications for Social Work Training and Practice

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Abstract

The phenomenon of child sexual abuse images online (CSAIO) presents new and daunting challenges for social workers who work in the field of child sexual abuse (CSA), particularly in relation to assessment and treatment approaches. This paper reports on a grounded theory study that examined the views of CSA practitioners about online abuse images. In-depth qualitative interviews were conducted with fourteen social work practitioners and other helping professionals in child protection and CSA treatment services from Ontario, Canada, to explore their perspectives about effective assessment and treatment for the children in the online images. All participants felt inadequately prepared in terms of their training and experience to effectively respond to these children, particularly regarding the perceived permanence of the abuse images distributed online and their global accessibility. Implications for social work training and practice are provided and the paper concludes with a call for the recognition of CSAIO as a new area in social work practice requiring additional research and specialised training.

Keywords: Assessment and treatment, child sexual abuse, child sexual abuse images online, social work training, trauma treatment

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Introduction

The ascendancy of the internet has introduced new aspects to child sexual abuse (CSA) through the intentional production, uploading and distribution of child sexual abuse images online (CSAIO).
‘Child sexual abuse images online’ (CSAIO) refers to children under the age of eighteen years who have been sexually abused offline and images of their abuse have been recorded and subsequently distributed online (see Martin, 2014, for an in-depth discussion about definitions). ‘Conventional’ CSA is used here to describe non-internet-related child sexual abuse.

Most CSA images are produced by either family members or family acquaintances (Mitchell et al., 2005), and it has been estimated that more than five million unique images of CSA are available on the internet (Office of the Federal Ombudsman for Victims of Crime, 2009). Available Canadian data suggest, however, that, just as in cases of ‘conventional’ CSA, CSAIO are grossly underreported, with the majority of images not coming to the attention of law enforcement or child protection services (Bunzeluk, 2009; Office of the Federal Ombudsman for Victims of Crime, 2009). There is no indication that the use of digital technology and the internet in CSA shows any signs of slowing down (Wei, 2013).

Despite its rapid growth over the last fifteen years (Wortley, 2012), almost no empirical research has focused on how CSAIO affects victims, but they are likely to suffer psychological distress and physical and emotional trauma similar to the victims of conventional CSA (Jones and Skogrand, 2006; Palmer, 2005; Soderstrom, 2006). These effects may be exacerbated by being photographed/video taped during the sexual abuse (Itzin, 2000; Svedin, 2009) and may be further intensified by the seeming permanence and global accessibility of the images on the internet (Leonard, 2010; Jones and Skogrand, 2006; von Weiler et al., 2010). Recent research regarding CSAIO indicates that, although attempts are being made ‘in many countries to block websites or remove content’ (Eneman, cited in Quayle and Sinclair, 2012, p. 6), once online, ‘an image exists out of the subject’s control for the remainder of his or her life’ (Quayle and Sinclair, 2012, p. 15). Social workers are recognised as ‘experts in the area of child sexual abuse’ and are involved in all aspects of systems intervention with sexually abused children (Anderson et al., 2002, p. 368). CSAIO, however, has added new complexities to CSA and to social work practice, and demands attention (Harrison, 2006; Martin, 2013; Martin and Alaggia, 2013).

Internationally, the millions of abuse images circulating in cyberspace represent tens of thousands of CSA victims, and these numbers are increasing exponentially (Bunzeluk, 2009; Wei, 2011). It would seem that victims should be presenting for assessment and/or treatment, but very little published research suggests that this is the case. Of concern is whether these children are disclosing to ‘CSA practitioners’ (here, ‘CSA practitioners’ refers to social workers and other helping professionals in child protection and CSA services) or whether practitioners are not assessing for the possibility of CSAIO. This paper presents in-depth qualitative research conducted in Ontario, Canada, that explored experiences with, and perceptions about, assessment, treatment and training related to CSAIO among a sample of fourteen CSA practitioners. This paper is intended to contribute to research
regarding children made the subjects of sexual abuse images online and calls for immediate changes in practice and training to address cases of CSAIO as well as social work research in assessment, treatment and therapeutic response for these children.

**Practice and training context**

In Canada, social workers are involved in all aspects of CSA intervention and are employed through child protection services and children’s mental health services to provide risk or trauma assessments and treatment for child victims. In Ontario, the site of the current study, child welfare agencies currently deliver child protection services with the legal responsibility to investigate reports of child abuse and take appropriate steps to protect children. Each Children’s Aid Society (CAS) in Ontario has a protocol with local police services to conduct joint investigations of allegations of child abuse, and the Ontario Association of Children’s Aid Societies develops and delivers standardised training to its child protection workers regarding the investigation of sexual abuse. Social workers involved in child protection may hold a BSW or MSW.

In Canada, no national or provincial government or agency currently oversees education and training for assessment and/or treatment for CSA. In the urban centre where this research was conducted, four regional programmes coordinate support and referral to assessment and treatment services for child and youth victims of sexual abuse and their families. CSA is considered a special area within the social work profession. Practitioners who provide trauma assessment and treatment for sexually abused children usually hold an MSW and registration in the appropriate Provincial/Territorial Social Work Association (*Canadian Association of Social Workers, 2014*); some agencies may accept a related counselling degree.

Provincially, training in trauma assessment and evidence-based treatments is usually arranged by individual agencies or institutions and facilitated through conferences and training workshops. Training is maintained through supervision groups, monthly consultation with experts in the field, agency facilitators/trainers and peer supervision. The trauma-focused cognitive–behavioural therapy (TF–CBT) model is the most researched evidence-based practice for treating CSA (*Cohen et al., 2006*) and is commonly used in Ontario.

**Method**

The qualitative study reported here employed constructivist grounded theory methodology (*Charmaz, 2010*) using in-depth interview data gathered in 2011. This methodology is recommended for research exploring areas in which theory is sparse and/or underdeveloped (*Strauss and Corbin, 1998*)
and was ideal for this study given the limited research regarding CSAIO. Inductive techniques, consistent with the constant comparison methodology (Glaser and Strauss, 1967), were used to develop conceptual understanding of the data.

**Sample and recruitment**

Fourteen participants took part in the study. All provided informed consent, and met the inclusion criteria: CSA practitioners who were active in the assessment and/or treatment of children and youth (to the age of eighteen years) who had been sexually abused. Participants self-selected during the initial phase of data collection; additional participants were recruited through snowball and purposeful sampling based on emergent themes in the initial interviews that required expansion, clarification or confirmation (Glaser and Strauss, 1967). For example, supervisors were sought after several participants mentioned the importance of clinical supervision in the assessment and treatment of CSA. Similarly, child protection workers were sought after several participants noted their importance in disclosure of CSAIO via referrals. Theoretical saturation was achieved when no new theoretically relevant information emerged from the data (Morse, 1995). The study received approval from the researcher’s university ethics review board (ERB) prior to data collection.

**Participants**

Study participants included eleven females and three males. To avoid the potential for identification given the low number of males in the study, all participants are referred to here as female as required by the author’s university ERB. One participant held a BSW degree, ten held MSW degrees, one held a Master of Science in Nursing and two held Ph.D.s in clinical psychology; eleven provided both assessment and treatment for children who had been sexually abused and two investigated cases of CSA. Clinical experience ranged from two to over thirty years, with half reporting more than ten years of experience working in the field of CSA. All reported receiving ‘specialised’ training in CSA; those providing assessments and treatment were all trained in TF–CBT. Twelve indicated that they had not received any training specifically related to CSAIO; two had some training in the area. Participants were made aware of the potential risk that they might experience distress during the interview if they felt they had missed an aspect of a child’s experience of abuse (e.g. the online component of the images) and were informed that they could withdraw from the study at any point without consequence.
Data collection and analysis

The author conducted individual in-depth interviews (1–1.5 hours) with participants, using an interview guide. In the tradition of grounded theory, the process of data collection and analysis occurred simultaneously and revisions to the interview guide were made accordingly. All participants consented to having their interviews recorded; these were later transcribed verbatim to ensure dependability of the data, and then coded initially by hand and thereafter using a qualitative software program. To remain as close to the data as possible, initial codes were generated to represent concepts based on participants’ original words or descriptive statements. In keeping with the constant comparison methodology, analysis of each transcript was followed by a comparison of findings across transcripts to improve the reliability of the data and advance conceptual understanding. Consistent and contradictory themes were identified and compared with previous data. In line with focused and theoretical coding, additional codes were added to the coding schema as they emerged, and major conceptual themes were identified. Several strategies were used to establish trustworthiness: prolonged engagement, peer debriefing, persistent observation, member checking and reflexivity. However, caution should be taken when considering the study’s generalisability due to sample size and location. Despite this limitation, the findings offer important insights into a severely under-researched area.

Findings

Initially, all participants were confident that they could provide best practice approaches to investigation, assessment and treatment for children who had been sexually abused, based on their training and experience. However, interviews revealed that their confidence was limited to victims of sexual abuse—not victims of CSAIO. During interviews, participants struggled to come to terms with CSAIO. As they tried to make sense of CSAIO in the context of their work, they attempted to apply their training and experience in CSA to investigative, assessment and treatment approaches they might use for victims of CSAIO. This was difficult for all participants, including the two who had received some training in CSAIO, because all lacked specific protocols in this area. This was of concern to most participants: without a set protocol, they would not routinely be prompted to ask about abuse images online and might overlook this kind of victimisation. Many indicated that the usual trauma assessment and treatment approaches were insufficient with regard to several key aspects they felt distinguished CSAIO from conventional CSA: the perceived (or real) permanence of the images online and their worldwide accessibility.

The next sections present the research findings related to assessment, treatment and training.
Assessment: don’t tell, don’t ask

Respondents acknowledged that CSAIO was a new area of practice in CSA and said that, to the best of their knowledge, no trauma assessment protocols specific to online abuse images were available:

I have not seen an assessment tool that specifically asks for the questions related to an Internet component of their trauma (#5).

I’m thinking about the fact that those questions, questions about the Internet, yeah, those aren’t built in, aren’t part of what we ask (#13).

For half of the respondents, the lack of CSAIO-specific protocols meant that they had never considered online abuse images prior to the interview. One participant said that CSAIO ‘wasn’t on my radar’ and, until the interview, she believed that abuse images would remain outside her range of practice experience:

This whole online piece is just opening up a whole can of worms that I wasn’t even aware of (#4).

Another noted:

I’ve never asked the question before, I can own that, like I, looking back I don’t know why I wouldn’t have considered it, it just never crossed my mind (#10).

Some participants said that they would only assess for CSAIO if they had been informed about it (e.g. through a child protection referral) beforehand. Yet, similarly to these respondents, the two child protection workers in the study reported a lack of training and assessment tools specific to online abuse images. One said ‘We aren’t trained to assess for abusive images on the Internet’ (#11) and another noted that risk assessment protocols in child protection were ‘outdated’ and did not take into account how abuse images might affect a child:

People just don’t really think about the fact that it’s being recorded… if they’ve addressed the fact that the actual abuse has stopped they aren’t looking at the fact that there’s still images of it out there (#10).

Without a referral indicating CSAIO, and without questions about online images being routine, the vast majority of participants reported that they would not know to ask the child about abuse images. Consequently, they reflected that they had probably missed opportunities for intervention.

The majority of participants further reflected that they would probably not ask about abuse images unless the child disclosed:

We’re relying on the child to tell, so not knowing to ask the question… we probably don’t ask enough (#13).

Another referred to a ‘don’t tell, don’t ask’ situation, hoping that this had not happened in her practice:
With the kids that I work with there’s never been any kind of disclosure about their picture being on the Internet or their pictures being taken or anything like that . . . It wasn’t something that the child was presenting or disclosed . . . If the child doesn’t bring it up then it might not come to my mind to ask about it (#4).

Although this was the case for most participants in the study, three participants, two of whom had some training in CSAIO, indicated that they had asked about the use of technology during assessment. One noted, however, that this was not part of a trauma assessment but was driven by the ‘need to start asking’ and making sure that ‘we fit some of those questions in’ (#5). In the absence of any standardised assessment protocol for CSAIO, the same participant had developed an informal assessment tool that included a series of questions about abuse images such as: ‘When has somebody asked you to show your private parts on a web-cam?’ and ‘How often did so and so take pictures of you or videotape you when the abuse was happening?’.

One participant, who was both a supervisor and a trainer, indicated, however, that not all CSA practitioners understood the potential barriers to disclosure even if they asked:

I think there’s a simplistic kind of understanding that, ‘Oh yes, that’s there and we need to ask about it.’ Do they think these kids are just going to tell us? To admit to this? (#7).

She questioned whether social workers and other CSA practitioners understood the ‘potential aberrant nature’ of abuse images online, stressing that ‘unless we understand what the scope of that is then we’re not gonna be able to ask the right questions’.

Most study participants wondered why CSAIO cases were not ‘showing up’ at their agencies and struggled with the thought that they may have worked, or may currently be working, with a child whose abuse images were online without knowing about it:

It very well may be that some of the clients we’ve had, or currently have, have had this experience but because we haven’t asked about it directly it’s not been shared at the session (#3).

The possibility of missing this issue was distressing for most participants, including one who planned to seek support through supervision and consultation to help her work through the likelihood that this had happened:

So I guess my anxiety is building now as I know that it could be a possibility that I’ve missed these kids . . . Now, I’ve talked about this today, yeah. You know, I’m gonna go and bring it up in supervision . . . So I don’t want to have that happen again (#1).

As the interviews progressed, many participants wrestled with how, and whether, to raise this subject during an assessment and were unnerved by the thought of potentially (re)traumatising a child by asking about online images. The next section demonstrates how, without evidence-based
treatment protocols to help the child resolve the effects of CSAIO, most participants lacked the confidence to broach this issue.

**Treatment: trying to make it fit**

Participants were unclear about how to apply their usual treatment approaches to victims of CSAIO because they did not feel that the trauma treatment principles with which they were familiar were applicable. In some cases, this meant that they would avoid the issue:

> I don’t know of a lot of specific treatment approaches that really include this aspect in it, right? So really well known ways to work with kids around this are maybe not so available right now . . . if you don’t sort of know where to go with this issue maybe you would not ask a lot about it or maybe you would just, you know, shy away, shy away from it (#003).

Most participants reported that permanency and lack of closure were distinct issues for victims of CSAIO and might require different treatment due to what they speculated would be an ongoing sense of being re-victimised each time the online image is viewed. These issues ultimately stymied participants as they attempted to apply familiar treatment approaches for CSA to victims of CSAIO.

Some participants described how they would normally help a victim of CSA by identifying a beginning and an end to their experience of abuse to help them find closure. However, many emphatically stated that this approach would not apply if the images are circulating online and a child is persistently worried about who might view them:

> If that video is still being shown on the Internet, and you’re aware of that and you’re aware of the fact that there’s no way for it to be erased, it’s out there forever . . . It’s like an ongoing abuse (#9).

Some participants indicated that the concept of safety in trauma treatment is different when the indelible aspect of online abuse images is taken into account. One asked:

> … how do you understand the term ‘creating safety in the present’ when it might be the future that they are fearful of? (#6)

Another felt a child’s sense of safety would be perpetually threatened due to feeling ‘relentless peril’ due to images of his/her abuse circulating online:

> I think it adds a sense of almost hyper-vigilance to, when are people gonna find out, or who knows about it . . . I’m never gonna be safe . . . there’s that kind of anticipation of, you know, or that kind of watchfulness of, I wonder who’s gonna find out and when and what am I gonna do to deal with that (#7).

Another participant echoed this concern, explaining that healing can be impeded when children do not feel safe, that issues related to the permanence of the images online would be ‘barriers to healing’ (#12).
Several participants also referred to how the goal of trauma treatment is to correct cognitive distortions about the abuse. A few believed that these techniques could be applied in treatment for abuse images online, but the majority felt that the perceived permanency of the images and their accessibility meant that these techniques would not be effective. One participant initially felt that she could correct a child’s cognitive distortions about the abuse images circulating online and the child’s fear of the images being seen. However, she reconsidered as she talked through the issue:

... to correct the distortions they have about it being online. Well I guess it’s not really a distortion, I guess I’m working under the assumption that those images are not accessible on the Internet so I don’t know ... It’s not a distortion, really, not a cognitive distortion, if they are accessible, if people are looking. There really is nothing I can do to correct that (#4).

Two participants who had received training about cases of CSAIO explained how exposure techniques (e.g. trauma narrative) can help desensitise victims to trauma reminders so they are no longer ‘triggered’ by intrusive memories. They explained that these techniques can help separate thoughts and reminders of trauma from overwhelming feelings such as horror, helplessness and shame. Both believed that the trauma narrative would help the child face fears related to the permanence of the online sexual abuse images:

Even with a child whose experienced just sexual abuse we can’t change that experience ... so it’s just really a matter of making it less distressing. I think it might need to be tweaked in counselling (#5).

However, respondents who were trainers cautioned against assuming the effectiveness of exposure techniques, stating that current trauma treatment approaches for CSA ‘cannot simply be applied’ (#7) in these cases.

Ultimately, most participants grappled with self-doubt and confusion about cases of CSAIO ‘with nothing to guide the work’ (#6). They reported feeling ‘terribly unsettled’ about doing ‘more harm than good’ as a result of ‘not being able to grasp’ the consequences for the victim (#13). Many also worried about feeling overwhelmed and distressed because they did not know how to help the child cope with the ‘relentless fear’ (#7) that the images may be seen at any time by anyone. Some participants referred to ‘feeling powerless’ (#3) and expressed concern about identifying with the child’s sense of helplessness regarding their inability to delete or control the online image:

You can’t always control what’s on the Internet once it’s on there, and so it’s sort of managing how you deal with the impact of that right and that’s the harder part (#3).

Upon reflection, some participants revealed that their lack of clarity about how to provide effective treatment, or their fears of being overwhelmed by the abuse images, might make them avoid asking the child about online abuse images. One described this avoidance as a ‘silencing response’:
The silencing response is when the therapist doesn’t want to be overwhelmed with the answer so doesn’t ask the question because they don’t want to have to deal with what the outcome will be (#6).

The same participant also wondered what would happen if practitioners did ask about online images: ‘what about the effects of the child suddenly finding out, who didn’t know and now might know, because of our questioning’ and suggested that it would be ‘unethical to enter into the field of that if you don’t know how to deal with it because you just can’t leave the child there open with that now if you’re not going to help them resolve what you just helped them learn’ (#6).

Finally, several referred to the potential impact of abuse images on practitioners. As one stated:

You know, vicarious trauma is a big piece, but I think it’s, you know, aside from vicarious trauma, you know, images of children of any age, but particularly young children, can be really upsetting (#2).

She went on to explain that practitioners could be intimidated about how to respond because so few have had experience working with these children and stated ‘this cannot go on forever’.

**Questioning the training**

As many participants reflected upon assessment and treatment for victims of CSAIO, they expressed a predominant concern that their training did not prepare them adequately to respond when faced with victims. They referred to children and families coming to them for treatment and their ‘tremendous responsibility to know what we are doing’ (#9) because of the significant implications for children if a practitioner does not know how to respond effectively:

We have to know what we’re doing. Not knowing is not an option (#14).

All participants referred to their training in CSA as specialised and many referred to their training as evidence-based. Most, however, felt that their training did not address issues related to CSAIO and felt unprepared to work with these cases:

I don’t recall any mention of the Internet in any of my training . . . I think it’s one of those areas that’s seriously lacking just in terms of what’s written about it . . . how are we supposed to treat these kids? (#8)

It’s not really been discussed in the trainings that we’ve attended with TF–CBT even in the trauma assessment trainings or even in our consultations you know, in talking about sexual abuse cases it’s just not brought up (#1).

Most also questioned why CSAIO had not come up during training and strongly felt it should:
In the training that we had I don’t remember talking about the Internet. Yeah, I think that’s something that we definitely need to be thinking more about as an agency, like across the city, I mean across this country and the continent probably (#4).

Some referred to workshops (e.g. offered by the police) that provide information about CSAIO, but questioned the focus and the utility of this type of training from a treatment perspective particularly in relationship to the victim. Although this type of workshop was considered ‘a bit of a starting point to kind of make us go oh, really?’ (#13), most participants said that training needs to move beyond ‘information sharing’ to include the specifics of providing treatment for victims:

... the resources of course need to be there so treatment manuals, you know, more work that’s specialising in victimisation online, would ... help. But then also treatment trainings, and ... workshops ... on trauma and instead of lip service being paid to the Internet, I mean, something that’s specific to the Internet and online victimisation (#8).

Some expressed frustration because they felt ill-equipped to work with victims even though they tried to ‘stay up to date’ and routinely attended trainings. Others felt helpless about ‘falling behind’ in their practice:

It’s the scope of it and the magnitude of it that I don’t think I’ve really wrapped my head around even though I’ve attended these conferences and trainings. I mean you try. You go to the trainings, but they don’t talk about treatment. So now what? What do we do now? (#10)

Some sexual abuse training had included working with children who had been exposed to pornography, but even this training did not include CSAIO. When asked how training addressed treatment in cases of CSAIO, one participant, who was also a trainer, responded:

It doesn’t. We’re just not really prepared to do that yet (#7).

Another trainer explained:

The problem is we’ve had such a small sample of kids that it’s hard to sort of say this is what you should do in assessment and in your treatment because we’ve seen so few cases and they’ve all been so different and although we see some themes I think it’s a bit too early to say in any kind of training this is how you should incorporate it or talk about it (#2).

Despite their experience and training in working with CSA, all participants were adamant about needing specialised training in CSAIO because they believed that they would inevitably encounter these cases. Most referred to a ‘serious lack of confidence’ (#4) that their training had adequately prepared them to help victims of CSAIO:

Yeah, well obviously the fact that I don’t have a lot of knowledge around how best to work with kids who’ve had this experience right ... we’re bound to service a child who’s had this experience ... and I’d like to be prepared as
Participants were uncertain about how to respond and what to do if CSAIO victims present for treatment:

To be honest I think it would be totally intimidating because for me it would be the first time working with a child who’s had that experience. I don’t like feeling this way (#13).

They called this lack of confidence about effectively responding to victims ‘unnerving’ and stressed the urgency of being prepared to do this work because this sort of case is inevitable.

**Discussion and implications**

This study is one of the first to explore how practitioners working in the field of CSA understand CSAIO. A critical finding is that, despite the fact that all respondents had considerable training and experience in CSA, none of the participants was confident in their ability to assess for and/or respond to CSA cases involving online images. Because therapeutic issues related to the online aspect of CSAIO emerged as distinct from conventional CSA, most participants were emphatic that they needed education and training specific to CSAIO, asserting that social work education and specialised training in CSA fell short in preparing them to work with cases involving online images. Interviews also revealed that there is a need for professional support and training for CSA practitioners related to their own fears about the perceived nature of CSAIO including the permanence, accessibility and ‘aberrant nature’ of online images.

These findings are supported by a recent survey conducted by the British Association of Social Work in which over half of all social workers surveyed reported concerns about dealing with online sexual abuse and over two-thirds indicated they needed more support with child protection cases involving online abuse (*BASW, 2013*). The current study’s findings also parallel the research literature that indicates the inconsistency of practitioners in assessing for CSAIO in their practice (*von Weiler et al., 2010*) and the shortfalls in child protection risk assessment tools to address even the possibility of ‘indecent’ images having been taken but not necessarily uploaded online (*Stalker et al., 2007*). For practitioners in the current study, the lack of empirical evidence about the potential effects of CSAIO on the child, combined with the lack of therapeutic models specific to CSAIO, meant that the majority would be hesitant to even assess for an online component of abuse out of fear that they could not respond appropriately.

The findings presented here have serious implications for social work practice and point to the immediate need to incorporate what is known about online images into social work and CSA training. Most respondents said
that therapeutic issues related to the potential permanence and global accessibility of the online images were the most daunting because of the ‘very real possibility’ that there may be no resolution—or closure—for the child who knows that the images are in circulation online. Nothing in their training helped them grapple with this aspect of CSAIO and few believed that the current treatment models used in CSA cases could be applied. Participants said that feeling powerless to help the child deal with the possibility that his or her abuse images could be viewed online by anyone at any time might cause them to avoid inquiring or probing about the issue altogether. One felt it might be unethical to open up this issue without being able, or knowing how, to help the child resolve it. This suggests that, in order to maintain ethical practice, social workers should continue to avoid asking children about online images—thereby posing an ethical conundrum for the practitioner.

These results confirm prior findings about treatment challenges related to permanence and the possible lack of closure for victims of CSAIO (Leonard, 2010; von Weiler et al., 2010). Although efforts are being made to minimise the circulation of images online and to block the uploading or sharing of images (Wei, 2013), there is no guarantee that these efforts will be successful and, importantly, no way of knowing how widely specific CSA images have been shared or downloaded, thus making very real the possibility they will re-surface in the future. This suggests that, in order to move forward, social workers need to come to terms with the possibility that, once online, the images may be widely viewed, at any time, with no foreseeable ability to remove them from circulation. Currently, trauma treatment models in social work focus on managing post-trauma symptoms. A conceptual shift is required to recognise the various needs of children who know, or may become aware, that images of their abuse are in circulation online. Building on the right of children to be protected from harm, this conceptual shift should be based on developmental needs (e.g. how the child ‘makes meaning’ of the potential permanence and accessibility of the online image) and include the recalibration of trauma frameworks (to move beyond symptom management and narrow temporal assumptions).

A related conundrum to that about ethical practice is one caused by social workers’ increasing reliance on evidence-informed practice (Grinnell and Unrau, 2011; Howard et al., 2003; Rosen et al., 1999). Evidence-based models have been a dominant theme in trauma treatment for more than a decade, and specialised training in CSA has emphasised a trauma-focused cognitive–behavioural model of treatment (Cohen et al., 2006; Jensen-Doss et al., 2008; Kauffman Best Practices Project, 2004). Social work practitioners in this study made repeated reference to their use of research evidence to guide clinical decision making in CSA, thereby revealing a paradox in their practice due to the paucity of research evidence in the area of CSAIO. The compelling logic of integrating the best available research evidence into assessment and treatment can unwittingly result in practitioners avoiding the issue in practice, because of the lack of research evidence. This points to
the critical capacity of social workers to make cogent practice decisions based on their competence and experience working in CSA, applying their clinical knowledge and expertise even with a lack of training or in the absence of an evidence base in cases of CSAIO.

Conceptualising cyberspace as a new system in the ecology of children (Martin, 2013, 2014; Martin and Alaggia, 2013) may help social workers to consider the risk of the involvement of the internet in cases of sexual abuse; consider the differential impact of the internet on children made subjects of abuse; consider the relationship and overlap between online and offline sexual abuse; and explore the meaning of the potential non-resolution of children’s online sexually abusive experience. Social work practice and research is grounded in ecological systems theory (Mattaini and Meyer, 2002) and the profession has played a role in all aspects of systems intervention with CSA. As such, it has the potential to offer more complex understandings of CSAIO and how to work with these children. Informed by the findings of this study, it seems strongly indicated to combine training specific to CSAIO with children’s mental health and child protection professionals, in order to clarify the mandate of social workers in each of the other systems that respond to CSA, and enhance communication between systems so that these children are not missed.

An additional challenge raised by participants in this study is vicarious trauma. Similarly to the findings reported here, previous research has also suggested that CSA practitioners treating trauma are vulnerable to over-identification with their clients’ trauma responses and vicarious trauma can lead to practitioners’ avoidance (McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995; Pryce et al., 2007). This vulnerability may increase when social workers believe that their training has not adequately prepared them (Cunningham, 2003). This highlights the need for social workers to recognise the complexity of working with CSAIO victims and, as Edelmann noted, ‘to investigate the psychological issues involved in exposure to varying degrees and levels of child abuse images’ (2010, p. 487). Edelmann also stressed that supervision ‘best practices’ should actively address the possibility of vicarious traumatisation in these cases.

Specific training regarding CSAIO, including vicarious traumatisation related to working with these cases, must be incorporated into social work education and training to prepare practitioners, supervisors and administrators in the field of CSA to provide for children whose images have been distributed online. The discomfort expressed by participants in asking a child about the possibility of online abuse images can have serious implications if the child does not feel that they can disclose this information (e.g. because the practitioner cannot handle the disclosure) or if the child feels their experience is not understood or validated. A challenge facing social workers is in understanding and creating an environment with optimal conditions conducive to children disclosing safely even while empirical evidence is lacking.
As noted, researchers in the field of CSA and trauma only partially understand how CSAIO affects victims (Soderstrom, 2006; von Weiler et al., 2010), so it is vital to clarify the implications and respond accordingly. Other research priorities should include developing and testing investigative and assessment protocols that specifically explore the possibility of CSAIO. Social work is well positioned to: (i) assume a leadership role focusing on effective responses and treatment for CSAIO through research and critical reflection; (ii) influence education and training to include contemporary conceptualisations of CSA and trauma that incorporate the ecological-cyber systems framework (Martin, 2014); and (iii) challenge and improve current policies and protocols related to investigative, assessment and treatment approaches to better align with the needs of these children. Social workers practising in the field of CSA will inevitably treat victims of CSAIO (Leonard, 2010; Martin, 2013; Martin and Alaggia, 2013; von Weiler et al., 2010), and this study indicates that a new specialisation in CSA needs to be designated and social workers appropriately trained to ensure accurate assessments and effective approaches to treatment.

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