

**Child and adolescent psychotherapists experiences of working with
children, young people and families affected by online and technology-
facilitated sexual risks and harms: An exploratory study**

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Abstract

Introduction: This qualitative research study explores how child and adolescent psychoanalytic psychotherapists experience, understand, and manage clinical work with children, young people and families who have been affected by online and technology-facilitated sexual risks and harms. It aims to add to the limited research base that relates to clinical practice in this area. **Methods:** Data was collected from seven qualified child psychotherapists who were UK-based. Individual semi-structured interviews were conducted. Reflexive thematic analysis of the data yielded four main themes and 11 sub-themes. Main themes: 1) A significant and complex problem 2) “Are we protecting our children here?” 3) The affordances of digital technologies and the interaction with vulnerability 4) Therapeutic processes and relationship.

Key Findings: Participants experienced working with this issue as a complex and sometimes disturbing task. Generational differences were highlighted between participants and young people over access to technology when growing up. Protections for children were perceived to be needed but lacking at various levels of young peoples’ interface with online risk. When sufficient internal emotional regulation and external regulation are not available to young people, risks increase. Working effectively with parents and professional networks is often key to risk management. Online sexual risks and harms were understood in relation to the developmental tasks of early adolescence. Pathways from risk to harm seem most likely to occur when young people have pre-existing vulnerabilities, such as early experiences of relational trauma. For vulnerable young people, the affordances of digital technologies may amplify the risk of experiencing harm. Space and time are needed to build trust and address complex difficulties at a manageable pace for the young person. Group and individual treatments are effective, and longer-term psychoanalytic work has value in this area.

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Chapter 1

1:1 Chapter summary

Chapter one introduces the study and the area being explored: the exposure of children and young people (CYP) to experiences of sexual risks and harms when using digital communication technologies such as smartphones, tablets, and laptops. This exposure to sexual harms is framed as a significant object of concern with regards to CYPs wellbeing, development, and mental health. I next define terms and delineate the range of phenomena under consideration which include behaviours enacted amongst children and young people, as well as the harms perpetrated by adults upon children. I then outline my personal motivation and interest in conducting research in this area and state the specific focus of my study. I conclude chapter one by describing the scope of the literature review. Chapter two consists of a literature review summarising peer-reviewed empirical research from the last decade examining the nature and effects of exposure to online sexual harms upon CYP, and the responses of professionals working with those affected. This chapter also includes a brief scoping review of selected key psychoanalytic clinical and theoretical publications of relevance to the topic. The chapter concludes with a summary setting out the rationale for conducting my small-scale qualitative study. In chapter three, I present the conduct and results of this study, which explores child and adolescent psychotherapists' experiences of working with CYP affected by online and technology-facilitated sexual risks and harms.

1:2 Introduction

Digital communication technologies are increasingly integrated into the lives of children, young people and adults, with these technologies now reaching 50 percent of the world's population (United Nations, 2023). While there are digital inequalities in the UK in relation to broadband access and digital skills and literacy (British Academy, 2022), figures from

2020 show that 96% of households had internet access and nearly all children between the ages of five and fifteen years old went online (Office for National Statistics, 2020). The majority of CYP in the UK now access the internet and social media daily on tablets or smartphones, with children aged 3-11 most likely to use tablets. Smartphone ownership rises gradually from age 3-8 years (20% up to 30%), then accelerates rapidly until 12 years old and older where it is nearly universal (Ofcom, 2023). Smartphones have thus become part of the social ecology of both adults and children, meaning the interconnected contexts, processes and systems within which they live and develop (Bronfenbrenner and Morris, 2007; Martin and Alaggia, 2013; Stokols, 2018; Dodaj and Sesar, 2021; Navarro and Tudge, 2022). Navarro and Tudge (2022) use smartphones as an example of Weiser's (1991) prophetic idea of 'ubiquitous technologies' that disappear by weaving themselves into the fabric of everyday life 'until they are indistinguishable from it" (p.94).

Opportunities and benefits arise from such increased digital connectivity and integration of technologies into human life, but with such opportunities come risks (Smith, Attwood and Scott, 2019; Livingstone and Stoilova, 2021; United Nations, 2023). One area of risk, taken as the focus of this study, is in relation to the exposure of CYP to online and technology-facilitated sexual harms. This study rests on the premise that this is an area that needs distinguishing, understanding, and addressing.

Online and technology-facilitated sexual risks and harm

Children and young people access portable devices in environments that often lack adequate parental controls or supervision and through such access are exposed to old, new, and rapidly evolving types of online sexual risks and harms (Stoilova, Livingstone and Khazbak, 2021). These include early exposure to pornography and access to illegal pornography, victimisation through online child sexual exploitation and abuse, technology-facilitated sexual aggression,

coercion and extortion and gender-based objectification (Livingstone, Mascheroni and Stoilova, 2021; United Nations, 2023). All of which have been associated with negative effects on CYP's wellbeing, mental health and development (Quadara, El-Murr and Latham, 2017; Quayle, 2017; Internet Watch Foundation, 2021; Finkelhor, Turner and Colburn, 2022; UNICEF Innocenti, 2022).

Technology-facilitated harmful sexual behaviours are also enacted amongst CYP, so there is vulnerability to becoming both perpetrators and victims of harm (Belton and Hollis, 2016; Allardyce and Yates, 2018; McAlinden, 2018). While online sexual abuse frequently co-exists with offline abuse (Livingstone and Smith, 2014; Turner, Finkelhor and Colburn, 2023), in isolation it can be just as harmful (Hamilton-Giachritsis et al., 2017; Hollis, Belton and Team, 2017). For example, survivors describe certain elements of online abuse as especially distressing such as: the potential for images related to the abuse to be circulated online, and to remain available to others in perpetuity. There may be a heightened sense of having actively participated in abuse leading to feelings of self-blame, and increased opportunities for control to be exercised by the abuser through contact on devices via multiple media platforms (Hamilton-Giachritsis et al., 2020; Joleby et al., 2020).

Converging research evidence suggests that such issues have been a societal problem for over a decade, and that the problems have persisted and increased in scale (e.g. Livingstone and Smith, 2014; Belton and Hollis, 2016; Hamilton-Giachritsis et al., 2017; Stoilova, Livingstone and Khazbak, 2021; UNICEF Innocenti, 2022). There is limited evidence to suggest that in some countries (but not all), online child sexual abuse and exploitation is increasing at a time when offline only abuse and exploitation is decreasing (Quayle, 2020). There has at the same time been debate over how much concern is proportionate and justified by available evidence and young peoples' lived experience (Quayle, 2015; Smith, Attwood

and Scott, 2019; Phippen and Street, 2022). It has been noted that media, community, professional, legal and political responses have been either absent, or ‘knee-jerk’ in quality and that intermittent moral panics over adolescent sexualities and digital technologies that are rooted in sexist heteronormative discourses have contributed to failures in protecting CYP from harm (Ringrose *et al.*, 2013; Chmielewski, Tolman and Kincaid, 2017; Charteris, Gregory and Masters, 2018). UK researcher Quayle (2022, p.387) picks up on the emotive and conflicting responses stirred up by the issue when she comments on the ‘considerable ambivalence about adolescent sexuality and the rights of children to sexual expression, and a troubled discourse around agency and autonomy’, in both the research literature and the wider cultural sphere. The quote refers specifically to the creation and distribution of ‘first-person produced’ sexualised or intimate imagery of children, their capacity to consent, and the potential for coercion when such images are exchanged.

The advent of the COVID-19 pandemic in 2020 put a particular focus on all our digital lives. During this time there was a steep rise in reported incidences of online sexual harm for children, and an increase in public concern and research attention (Harris, Allardyce and Findlater, 2021; Internet Watch Foundation, 2022). In the UK, a marker of growing public concern over online safety for children generally, including sexual risks and harms, has been the introduction of the Online Safety Bill. The bill has been going through the legislative process since 2021 and passed its final parliamentary debate on 19th September 2023 (UK Government, 2023a). The government states that the bill was designed primarily to ‘protect children from dangerous content online’, prohibiting providers of user-to-user services from hosting such content, mandating them to remove it when it is detected and enforcing age-limits and age-checking measures. Pornographic content is listed as ‘primary priority content’ that is considered harmful to children, along with that which encourages, promotes, or provides instructions for suicide, self-harm or eating disorders (UK Government, 2023b).

What the bill will contribute in terms of protecting children and young people from online sexual risks and harms when it comes into law remains to be seen at the time of writing.

Legislating against such risks and harms is complicated and certainly cannot produce a solution on its own (Hörnle, 2021; Srinivasan, 2021; Thurman and Obster, 2021; Lemma, 2024).

In any case, I argue that the issue of online and technology-facilitated sexual risks and harm is an important one for mental health practitioners and all those involved in the care of children to engage with, understand and manage.

1:3 Definition of terms

As indicated above in section 1:2, online and technology-facilitated sexual risks and harms are not confined to exposure to pornographic content. They have been usefully classified in domains of online risks to children that include the so-called ‘4 C’s’ of content, conduct, contact and contract (see Livingstone and Stoilova, 2021). The range of sexual harms under consideration in the current study are delineated below.

Online and technology-facilitated sexual harms are defined in National Society for the Prevention of Cruelty to Children (NSPCC) commissioned reports as: All sexually harmful acts that use digital communication technologies or the internet at any point during the abuse, exploitation, or exposure. These are harms perpetrated by adults upon children, and harms perpetrated by CYP on peers and younger children (Belton and Hollis, 2016; Hamilton-Giachritsis *et al.*, 2017). There is now such integration of digital technologies in the social ecology of CYP that experiences of combined offline and online abuse are a common presentation. The term ‘technology-facilitated abuse’ is used to reflect this (Hamilton-Giachritsis *et al.*, 2017). The range of harms and scope of behaviours under consideration in this study are presented in table 1. This list was compiled with reference to the existing

sources (Belton and Hollis, 2016; Henry and Powell, 2018; Hamilton-Giachritsis *et al.*, 2020; Finkelhor, Turner and Colburn, 2022; Quayle *et al.*, 2023).

<i>Online and technology-facilitated sexual harms</i>	
i)	Forms of imaged-based sexual abuse where coercion or pressure is involved in acquiring first-person produced images, or they are shared without consent, or used to extort further images or sexual contact.
ii)	Sexual harassment and abuse perpetrated using digital communication technologies, such as stalking or unwanted exposure to sexual talk, sexual images, pornography or child sexual abuse material.
iii)	CYP searching for and viewing illegal pornography and child sexual abuse materials and being exposed to pornography at inappropriate age and stage of development.
iv)	Online grooming and solicitation of children to perform sexual acts on webcam.
v)	Production and distribution of child sexual abuse materials via livestreaming or recording of sexual abuse.
vi)	Online commercial sexual exploitation of children.

Table 1: Online and technology-facilitated sexual harms

1.4 Research interest and personal clinical experiences

My National Health Service (NHS) clinical training post as a child and adolescent psychotherapist (CAPT) encompassed a generic community child and adolescent mental health service (CAMHS) and a Tier 4 specialist service. My clinical experiences as a trainee

directed my attention to young people's digital lives in relation to sexual development and sexual risks and harms, and their mental health and wellbeing. In my work with the specialist service, I encountered several young people who had perpetrated, and/or been subject to sexual harm and risks involving digital technologies and online activities. The online and technology-facilitated harmful sexual behaviours were often among the stated reasons for referral. Examples include accessing and/or collecting images of child sexual abuse, engaging in sexually threatening behaviour such as stalking and harassment and compulsive use of extreme pornography. In these cases, such problematic aspects of the digital life of the young people came vividly into my clinical work, in some detail, from the outset. I also participated in clinical discussions in relation to my colleagues' work of a similar nature. Digital technologies in this context, seemed to afford access to a dark corrupting landscape that served variously as a locus for making troubling connections and having abusive exchanges, as a retreat of sorts, and as a route to developing and maintaining compulsive or addictive behaviours enacted as failed solutions to painful problems. Searching and clicking online had led these children down some very dark rabbit holes. Commonly, the CYP had histories of abuse or neglect and experiences of early relational trauma. It seemed this left them particularly vulnerable to online risks of encountering what amounted to further developmental harms, and routes to becoming perpetrators of sexual harms themselves. Working therapeutically in this sensitive area was complicated and often emotionally disturbing. Dilemmas and conflicts were encountered in relation to attending therapeutically to both victim and perpetrator aspects of a young person when these co-existed, and in managing risk, for example.

In the generic CAMHS service, I worked with young people who brought troubling experiences with peers into therapy, such as sexualised bullying and abuse conducted via social media, or situations where there were safeguarding concerns in relation to technology-

facilitated sexual exploitation of a young person by adults. These situations were complicated to assess and respond to. With the youngest children, I noticed that themes that emerged less directly in play were linked to them having been exposed to online sexual or violent material that had excited and/or disturbed them. Most usually, they had accessed this when poorly supervised on phones or tablets without an adult presence to protect them or to make sense of what they had seen.

These experiences provoked personal reflections about my being part of a generation who had navigated their psychosexual developmental journey in non-digital times. I was struck by how much the landscape had changed for children over the past 10-20 years in ways that were hard to fully grasp, felt difficult to think about, but seemed to me to be highly relevant to clinical practice with young people and families and to child development. Conducting preliminary literature searches and reading sources recommended via reading lists and supervisors heightened my interest in an area that arguably constitutes a public health problem. All of this provided the motivation for focussing my professional doctoral research project in this area.

I wanted to better understand the scale of this issue, how it was manifesting for others in clinical work with families, what the challenges were in helping those affected, how child psychotherapists were responding, what could be learned from exploring their clinical experiences, and what the implications might be for professional practice.

1:5 Scope of literature review

I present the literature review in Chapter two, in two parts. Part one consists of a relatively broad literature review of empirical research that addresses a range of technology-facilitated sexual risks and harms encountered by CYP. I felt it important to attempt to capture the scope of empirical research conducted thus far to contextualise my study within this wider

landscape, and to bring together separate strands of research from what is a sprawling and complex area. The main rationale for this choice being that different types of risks and harms can intersect for CYP, and this is highly relevant to work within clinical and other professional contexts, and to understanding the problem (El-Asam, Katz, *et al.*, 2021; Stoilova, Livingstone and Khazbak, 2021; Nathanson, Music and Sternberg, 2022). The second part of the chapter comprises a brief scoping review of relevant contributions from psychoanalytic clinical and theoretical literature and serves to explore how psychoanalytic concepts and ways of thinking have been applied and developed in relation to the issue. This part provides further contextual support for the findings of the current study, where participants discuss clinical work undertaken in their role as child and adolescent psychoanalytic psychotherapists. Psychoanalytic perspectives on trauma (specifically the impact of abusive experiences on the mind) and psychosexual development are referenced where relevant to discussion of the included sources.

Chapter 2 Literature Review

2:1 Introduction

The literature review is in two parts.

- i) A narrative review of peer reviewed empirical research.
- ii) A scoping review of selected contributions from psychoanalytic clinical and theoretical literature.

Part One – Review of empirical research

Research questions

What is the range of peer-reviewed research evidence available regarding online and technology facilitated sexual risks and harms among children and young people?

What can the research tell us about the nature and effects of exposure to sexual risks and harms on their mental health, development and wellbeing?

What does research say in relation to best professional practice and practitioner experiences in this area?

2: 2 Method

I was guided on the conduct and reporting of my review by the recommendations of Baumeister and Leary (1997), and by reference to the Scale for Assessment for Narrative Review Articles (SANRA). The six items on this scale cover ratings of explanations of: the importance and aims of the review, whether there is a comprehensive description of the literature search, the adequacy of referencing of key statements, the evidence level included and how adequately outcome data or findings are presented (Baethge, Goldbeck-Wood and Mertens, 2019).

Inclusion criteria

I included quantitative, qualitative, and mixed methods empirical studies and systematic reviews published in the last 10 years. Though reviews will include findings from before 2013, focussing primarily on recent work was important as this is a fast-evolving field. Grey literature was included, specifically reviews, rapid evidence assessments and government commissioned research if methodology was clearly set out and authors named. Studies involving young people aged up to 25 years are included in line with an extended age definition of adolescence (Sawyer *et al.*, 2018) and with CAPT scope of clinical practice (Hadley *et al.*, 2020). I included both children and adolescents to cover the span of development stages, and any variance in effects and experiences of harm.

Exclusion criteria

Studies were excluded if the article was not available in the English language, online sexual risks or harms were not a significant focus, the age range of participants included over 25-year-olds, full text was unavailable, or the literature was unpublished.

Search strategy

Data base selection

Peer reviewed research journals were targeted. The databases selected on EBSCO host were: APA PsycInfo, APA PsycArticles, Psychology and Behavioral Sciences Collection, MEDLINE, CINAHL, PEP Archive.

Search terms

I used search terms related to two main concepts: ‘online and technology-facilitated’, and ‘sexual harms and risks’. Age limiters were applied to narrow the results to the desired range.

A list of exemplar search terms is provided in table 2 below. The numbers of articles yielded at each stage of the search are displayed in table 3.

Online and technology facilitated	Sexual harms and risks
Online OR internet OR technology mediated OR technology assisted OR technology facilitated OR cyber*	Sext* OR child sexual exploitation OR sexually harmful behaviour OR child sexual abuse OR porn* OR image based abuse OR grooming OR sexual risks OR digital risks

Table 2: Search terms.

	Concept 1 Online / technology facilitated	Concept 2 Sexual harms and risks	Concept 1 AND Concept 2
Limiters: English language, peer reviewed, publication year 2013-2023 Age limiters 0-25	199, 905	9,045	1, 439
Further adjustments: Search terms appear Title and Abstract only, duplicates removed			This adjustment yielded total articles: N = 414

Table 3: Database search results.

Screening and Identification

414 candidate articles were identified and were further screened for relevance by reviewing title and abstract (see Figure 1 below).

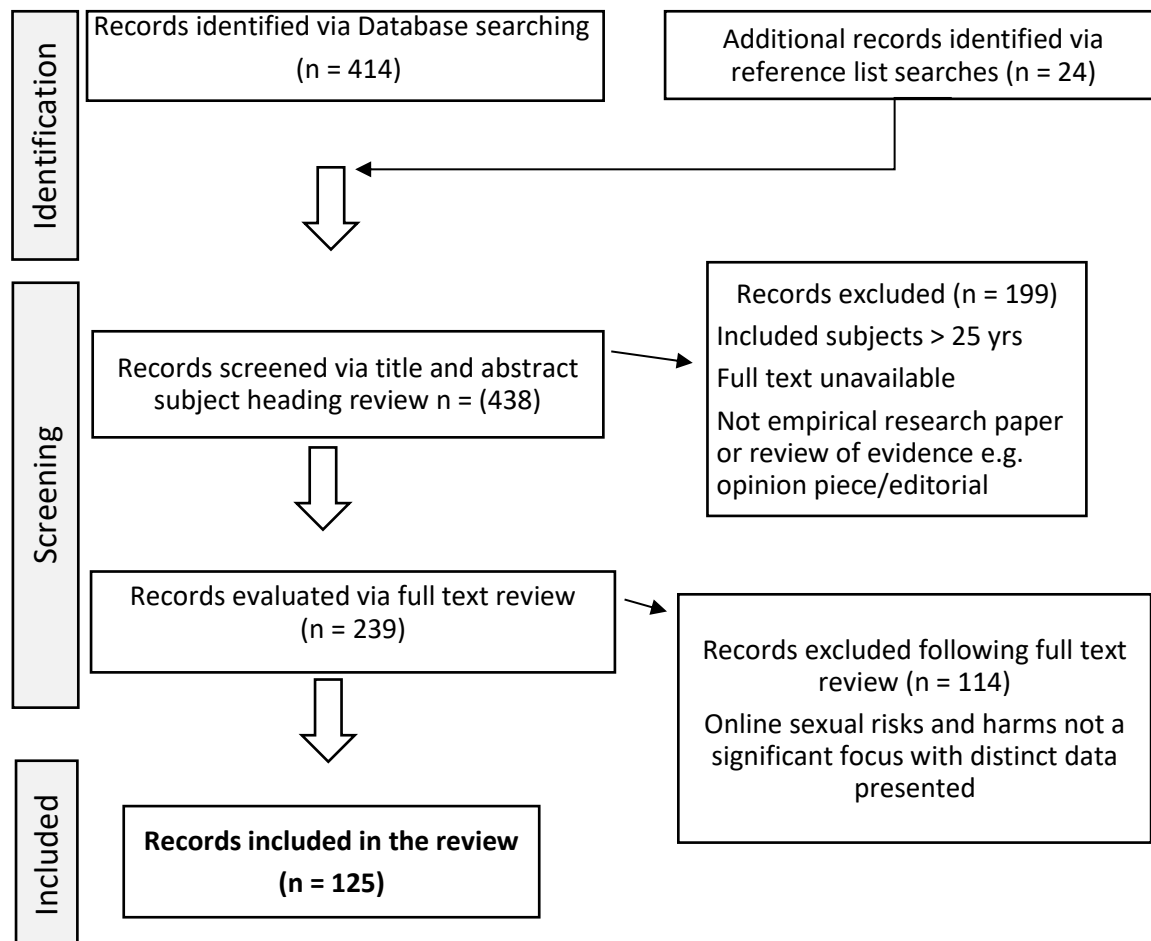


Figure 1: PRISMA flow chart summarising review methodology (Page *et al.*, 2021)

2:3 Findings

Presentation of findings

Findings are organised by categories relating to the questions of interest (outlined above). I used a typology of harm to divide the research literature into three main areas:

- i) Exchanging sexualised content: ‘sexting’ and image-based abuse.
- ii) Online child sexual exploitation and abuse (OCSEA).
- iii) Viewing sexual content: pornography and images of child sexual abuse.

I added a fourth section to cover professional practice and experiences:

- iv) Professionals’ responses and experiences

Exchanging sexualised content: ‘Sexting’, and imaged-based sexual abuse

The 62 studies included in this section relate to what is most often referred to as ‘sexting’ in the academic literature (e.g. Barrense-Dias et al., 2017; Madigan et al., 2018; Dully et al., 2023), defined as posting, sending, or receiving, and forwarding of sexually suggestive or explicit text messages, including ‘nude, semi-nude or sexually explicit images within digital communications’ (Quayle, 2022, p.3). The term is reportedly not used among young people, who tend to use phrases such as ‘sending nudes’ when talking with peers (Dully *et al.*, 2023), and has been poorly defined and operationalised within studies (Livingstone and Mason, 2015; Barrense-Dias *et al.*, 2017; Madigan *et al.*, 2018; Finkelhor, Turner and Colburn, 2022). Conflation of consensual and non-consensual image-taking and sharing under the umbrella term of ‘sexting’, also conflates their perceived risks (Krieger, 2017; Ringrose and Regehr, 2023), which potentially blunts effective responses to abuse. For example, in a UK

mixed-methods study of staff and institutional responses to image-based sexual abuse between students within educational establishments, findings were that responses were inconsistent and confusing for CYP, and that the context of image sharing was often not sufficiently attended to (Lloyd, 2020).

Pressured, non-consensual sexting, or threats to disseminate explicit or intimate images for the purposes of extortion or to force participation in sexual acts, are better recognised as a forms of sexual abuse and harassment (Henry and Powell, 2018; Wolak *et al.*, 2018; Quayle, 2022; Ringrose *et al.*, 2022). Ringrose *et al.* (2022) advocate the use of the term ‘image-based sexual abuse’ (IBSA) and this has been widely adopted to denote such forms of abuse (Finkelhor, Turner and Colburn, 2022; Quayle, 2022; Dully *et al.*, 2023).

Level of research attention

Sexting and image-based sexual abuse among CYP has received a proportionately large amount of research attention: I identified nine reviews during the period specified (Van Ouytsel *et al.*, 2015; Cooper *et al.*, 2016; Anastassiou, 2017; Barrense-Dias *et al.*, 2017; Madigan *et al.*, 2018; Doyle, Douglas and O’Reilly, 2021; Barroso *et al.*, 2023; Dully *et al.*, 2023; Mori *et al.*, 2023). Two reviewed qualitative literature exclusively (Anastassiou, 2017; Dully *et al.*, 2023), four reviewed only quantitative research (Van Ouytsel *et al.*, 2015; Madigan *et al.*, 2018; Mori *et al.*, 2022; Barroso *et al.*, 2023), while the remaining three combined quantitative, qualitative and mixed methods studies (Cooper *et al.*, 2016; Barrense-Dias *et al.*, 2017; Doyle, Douglas and O’Reilly, 2021).

Research is dominated by cross-sectional studies that investigate prevalence, and harmful outcomes and variables associated with sexting behaviours. In general, findings from quantitative research are mixed. The few longitudinal research studies investigating correlations between variables, did not show clear causal relationships. The qualitative

literature adds rich insights to the varied contexts of sexting and image-based sexual abuse and has centered the voices of CYP. This was a finding of a recent review which identified 28 qualitative studies deemed to be of good quality published between 2013 and 2022 (Dully *et al.*, 2023).

Prevalence

Many CYP do not engage in or endorse sexting, but it has come to be seen as a ‘normative’, though potentially risky activity, and a part of ordinary sexual development, exploration and expression in mid to late adolescence (Nielsen, Paasonen and Spisak, 2015; Van Ouytsel *et al.*, 2017; Symons *et al.*, 2018; Steinberg *et al.*, 2019; Burén, Holmqvist Gattario and Lunde, 2022; Quayle, 2022).

A meta-analysis of 28 articles from 2016-2020 on the prevalence of sexting among under eighteens, helpfully distinguishes between consensual and non-consensual image sharing and found forwarding images without consent was less common (14.5%), than consensual sending (19.3%) and receiving (34.8%) (Mori *et al.*, 2022). The authors commented that rates across all types of image-sharing have plateaued after a period of rapid increase in comparison with their earlier meta-analysis of 39 studies from 2009-2015 (Madigan *et al.*, 2018), perhaps due to ‘smartphone saturation’ in the countries where research is most often conducted (USA, UK and Europe, Canada). The large variance in rates reported between studies are likely related to differences in measurement and operationalisation of sexting, and/or cultural effects (Mori *et al.*, 2022).

A Europe-wide cross-sectional survey involving 25,101 children aged between 12-16, provides evidence for cultural differences although sampling and data collection methods did differ across the study by country, which may have affected responses (Zlamal *et al.*, 2020). Across 19 countries 10% of children had sent sexual images in the past year but this was as

low as 1% in France up to 18% in Germany. For receiving images, the range was 8% (Italy) to 39% (Flanders), for receiving unwanted requests for sexual information at least monthly or a few times, it was between 5% (Lithuania) and 21% (Switzerland and Germany) (Zlamal *et al.*, 2020).

Variables and outcomes associated with image-based sexual abuse

Sociodemographic characteristics

Male gender and older age (irrespective of gender) are associated with perpetration of image based sexual abuse, and girls and gender diverse young people are at increased risk of victimisation (Livingstone and Smith, 2014; Van Ouytsel *et al.*, 2015; Cooper *et al.*, 2016; Smahel *et al.*, 2020; Finkelhor, Turner and Colburn, 2022; Barroso *et al.*, 2023). Although differences between genders are not always statistically significant for victimisation (Barroso *et al.*, 2021; Bianchi, Morelli, Nappa, *et al.*, 2021). Increased risk of victimisation has been significantly associated with: experiences of childhood sexual, emotional and physical abuse, living in a single parent household, younger age, and being from a family with lower socio-economic status (Cooper *et al.*, 2016; Barrense-Dias *et al.*, 2017; Barroso *et al.*, 2021).

Personality traits

Personality traits such as high impulsiveness and lack of control, narcissism, low levels of empathy, high callousness and reported lack of remorse are associated with perpetration (Barroso *et al.*, 2023). As are higher levels of aggression, measured by self-reported practice of reactive and proactive aggression, and self-description as being more hostile, angry and physically and verbally aggressive (Barroso *et al.*, 2021).

Links between victimisation and perpetration

Distinctions between victimisation and perpetration in image based sexual abuse are complex, with some positive correlations between victimisation and perpetration experiences (Jonsson *et al.*, 2015; Cooper *et al.*, 2016; Gámez-Guadix *et al.*, 2022). In a large cross-sectional study in Portugal (N=4281, age 12-20yrs), 204 (4.8%) participants reported perpetrating abusive sexting, and 182 (4.3%) reported being victims. Out of these, 41 reported being both a victim and perpetrator (Barroso *et al.*, 2021). This pattern has been reported in research on harmful sexual behaviours among CYP in offline contexts, and risk factors may therefore be shared for perpetration and victimisation (Turner, Finkelhor and Colburn, 2023). In a relational context, the exchange of sexual images may be used in mechanisms of conflict and control, this is discussed further below with reference to a study conducted in Italy (Bianchi, Morelli, Baiocco, *et al.*, 2021).

Co-occurrence of different forms of technology-facilitated abuse, and sexting

A large USA study (N=21218, ages 12-17yrs) investigated 'digital dating abuse' a pattern of technology-facilitated controlling behaviours, including image-based abuse and emotional and physical abuse perpetrated within a relationship. Those who had experienced offline abuse, were 18 times more likely to have also experienced online abuse than those who were not victimised offline, the strongest correlation by a very significant margin, suggesting that on and offline dating violence may not be distinct entities (Hinduja and Patchin, 2021).

Three types of sexting motivations in CYP aged between 11-20yrs (N= 171) were identified in a cross-sectional study in Italy (Bianchi, Morelli, Nappa, *et al.*, 2021): i) for sexual purposes e.g. exploring sexuality ii) for body image reinforcement, exploring or affirming identity iii) instrumental and aggravated reasons such as coercion or control. After controlling for sex, age and relationship duration (which strengthens findings), instrumental and

aggravated sexting motivations were significantly associated with perpetration of on and offline dating violence, and male gender. Only younger age significantly predicted victimisation. Longer relationships were associated with higher rates of perpetration and victimisation. In other studies, increased non-consensual sharing of images has been associated with greater frequency of watching online porn (Holt *et al.*, 2021) and with increased offline bullying behaviours (Ojeda, Del Rey and Hunter, 2019).

Longitudinal research supports findings linking other types of online victimisation with voluntary sexting practices. A Spanish study (N=1497, ages 12-14yrs) of associations between sexting frequency, receiving sexual solicitations from adults and experiencing cyberbullying (repeated, intentional harmful behaviour conducted by group or individual repeated over time using digital technology to aggress against another) found higher rates of sexting and cyberbullying at baseline correlated with increased sexual solicitation from adults a year later for both boys and girls. For boys only, cyberbullying at baseline predicted more sexting at follow-up. The researchers speculate that this could be related to a process by which boys try to increase social status and boost self-esteem via increasing sexting behaviours (Gámez-Guadix and Mateos-Pérez, 2019).

A recent USA study draws data from a 4-year prospective longitudinal project to examine predictors and trajectory of engagement in image-based sexual abuse (Thulin *et al.*, 2023). Risk of initial exposure to what was termed 'electronic coercion' in this study increased across time from 7% at age 13, rising to 15.3% at age 14 and 19.1% by age 15. By the age of 18, 31.6% were exposed. Risk of perpetration between age 13 and 15 was predicted by higher frequency of using digital communication devices, more dating behaviours, electronic harassment in teen dating relationships, and greater lifetime consumption of pornography, and between age 15 and 18 by having experienced higher numbers of adverse childhood

experiences (ACEs). For younger adolescents only, exposure to digital risks alone may be translating into harms independent of other factors.

Mental health and wellbeing, sexting and image-based abuse

A USA study (N = 2506, age 13-16yrs) found that pressured and non-consensual sexting behaviours were significantly and positively related to depressive symptoms and self-harm. Effects were greater for girls, non-minority sexuality and non-minority ethnicity adolescents (Wachs *et al.*, 2021). An earlier USA study found consensual and non-consensual sexting to be associated with suicidal behaviours, self-harm and depression (Frankel *et al.*, 2018). In a Spanish study (N= 1820, age 12-17yrs) rates of anxiety and depression were associated specifically with victimisation by image-based abuse (Gámez-Guadix *et al.*, 2022).

Depression, emotional dysregulation and impulsivity have been associated with victimisation via pressured image sharing (Lu, Baumler and Temple, 2021). Anxiety and depression have also been associated with perpetration of image-based abuse (Barroso *et al.*, 2021).

In a Bosnian longitudinal study (N=359, age 15-17 yrs) sending sexts at baseline was associated with increased stress and receiving associated with increased anxiety and stress. At one-year follow-up, higher rates of depression only predicted higher rates of sending and receiving of sexts. Participants reported exchanging sexually explicit content between friends as well as partners. Interestingly, boys reported more experiences of forced image exchange than girls (Dodaj, Sesar and Jerinić, 2020). This result differs from the more common finding that girls are more frequently pressured or coerced (e.g. Wachs *et al* 2021). The study design (Dodaj, Sesar and Jerinić, 2020), makes it hard to distinguish whether pressure was generated within friendship groups or from within intimate relationships, or both. The regression analyses used to predict mental health outcomes failed to distinguish types of sexting, consensual or non-consensual, or frequency, and this limits interpretation of findings. In a

longitudinal USA study, more symptoms of depression were found only in youth who engaged in higher rates of sexting (receiving unsolicited sexts, sending images of self, and requesting images from others) in combination with higher rates of offline sexual activities. Researchers concluded that potentially risky sexual behaviours likely cluster in young people, and that sexting alone did not constitute a significant risk for depression (Mori *et al.*, 2021). Attention to a variety of contextual factors is clearly important in considering sexting behaviours, as the research considered thus far indicates.

Relationship quality and incidence of image-based sexual abuse

Van Ouytsel et al (2018) suggest that research investigating the relational context in which image-based sexual abuse may occur is needed to better understand any associations between abusive incidents and positive and negative relational correlates.

In a cross-sectional survey (N = 409, age 14-20yrs), associations between relationship quality (intimacy, passion and commitment), high perceived conflict, two types of 'aggravated sexting behaviours' (coercive sexting and non-consensual sharing of images) and experimental sexting behaviours were examined. Higher conflict positively predicted all forms of sexting, the authors speculated that sexting and image-based abuse were used as strategies to manage 'quarrels': experimental sexting for reconciliation and non-consensual forwarding as 'revenge porn' to threaten or punish. Succumbing to pressured sexting or engaging in coercion was thought to function as a control factor where gaining or losing control might then end the conflict. Passion positively predicted non-consensual sexting only in presence of high conflicts with the partner and negatively predicted it when conflict was low. Researchers concluded that 'the association of high passion and high conflicts during adolescence may be interpreted as a relational climate dominated by impulsiveness and emotionality' and one route through which this may find expression is via image-based

sexual abuse (Bianchi, Morelli, Baiocco, et al., 2021, p.150). My review identified that the nuances of social and relational factors and how these might affect incidence of image-based sexual abuse have been explored in qualitative studies.

Qualitative research and gendered experiences

A growing body of qualitative research explores adolescents' experiences as reflected in a recent review of 28 good quality studies which add rich insights (Dully *et al.*, 2023). As with quantitative research, a consistent finding is the gendered nature of risks around sexting/image-based sexual abuse. Labelling and shaming mechanisms among peers, and a sexist double-standard combine in ways that impact more negatively upon girls than boys (Ringrose *et al.*, 2013; Cooper *et al.*, 2016; Ricciardelli and Adorjan, 2019; Meehan, 2022). A focus group study conducted in Northern Ireland found a prevailing culture of sexism against girls and young women relating to sexualisation, sexual harassment and sexual objectification, and socio-cultural pressures influencing how CYP negotiated sexual identity. There were no expressions of sexting for pleasure or fun by girls, which may relate to either girls really did not experience pleasure or fun and engaged in sexting because of feeling pressured, or they didn't feel free to express any pleasure in these focus groups due to conservative gendered and culturally situated attitudes related to girls' sexual expression and agency (Agnew, 2021). Online survey data from 1269 Finnish females aged 11-18 offers a contrast, perhaps due to cultural differences, or the online individual method of data collection. The participants described using sexting for sexual experimentation, fun, play and learning and for exchanging information, building intimate relationships and exploring sexuality through role-play (Nielsen, Paasonen and Spisak, 2015). The female participants experienced receiving unwanted messages and had some disturbing interactions when communicating online and expected to do so. However, they displayed agency and resilience in having developed diverse coping strategies for dealing with this problem. A recent

qualitative study charted such strategies, used by both girls and boys: standing up for yourself through refusal or using humour and making excuses and blocking. Different emotional reactions to pressure were also noted: seemingly unconcerned and more distressed and having a strong physical /psychological reaction to the intrusion (Lunde and Joleby, 2023).

Working from a feminist framework, a qualitative study conducted in seven UK schools (n=144) explored how 'cis-heteronormative homosocial masculinity practices shape digital sexual image exchange' (Ringrose, Regehr and Whitehead, 2022, p. 243). The study examined: 1) boys asking girls for nudes in a pressurised way 2) Boys sending 'dick pics' to girls and asking girls for nudes in return, which was termed 'transactional nude solicitation' 3) Non-consensual sharing of girls and boys nude images. A homosocial culture of lad humour and banter tended to lessen stigma for boys if their 'dick pics' were shared non-consensually in comparison to girls who were more likely to be 'shamed' and to experience lasting sexual stigma. Prior research has demonstrated social currency can be gained by boys via the non-consensual sharing of images of girls' bodies (Ringrose *et al.*, 2013, 2022).

Researchers conclude that certain discourses legitimize abuse in youth digital sexual cultures.

Similarly, in another UK study involving 41 young people aged 14-18 (Setty, 2020), boys were found to be positioned and to position themselves in relation to 'heterosexual hegemonic masculinity'. Some boys, for example, expressed disapproval of other boys who engaged in image-based sexual abuse and sought status through collecting images of young women, yet they still cast themselves as initiators of sexual exchange and protectors of vulnerable and passive young women. They would also still view images shared without consent in a small group if they thought they would not get caught. Girls might also group together to ask for images from a boy but pose as individuals. Boys could be labelled 'pervy', 'creepy' or 'weird' and 'desperate' if they pushed for images or sent them

unsolicited, with girls labelled as ‘sluts.’ Researchers found that ‘risk and shame discourses affect the social landscape for young men, as well as young women’ (p. 574) though young men could still gain through earning ‘lad points’ while girls carried more of the risk of sexual stigma and encountering image-based sexual abuse. There may be many perpetrators and bystanders involved beyond an abusive dyad when images are shared around friend groups or a whole school, and it is therefore important to consider the wider social, cultural and institutional context (Wachs *et al.*, 2021; Ringrose, Regehr and Whitehead, 2022).

LGBTQI+ experiences of image-based sexual abuse

There has been very little research investigating image-based sexual abuse among Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Plus (LGBTQI+) young people. One survey (N= 3,109 age 12-15) conducted in Dutch speaking Belgian schools found that for sexual minority youth, consensual sexting was more prevalent. They were twice as likely as heterosexual youth to receive a request for a picture, and significantly more likely to be pressured (Van Ouytsel, Walrave and Ponnet, 2019). Higher incidence of online victimisation for LGBTQI+ youth is a common finding (Anastassiou, 2017; Marengo, Settanni and Longobardi, 2019; Van Ouytsel *et al.*, 2020; Bianchi, Morelli, Nappa, *et al.*, 2021), due in part perhaps, to increased sexting rates. In a UK study involving young men (14-18yrs), those who identified as non-heterosexual were more likely to send and receive nude images than heterosexuals, and 33.3% had sent nudes to someone they did not really know, compared to only 13% of heterosexual participants (Needham, 2021). The adversity and discrimination that sexual minority youth experience may push them into online spaces. Researchers have hypothesised that public offline spaces are not so safe for them, and different cultures of intimacy seeking and identity formation result in different image exchange practices, which both empower, and can increase vulnerability to abuse (Albury and Byron, 2014; Lee and Crofts, 2015; Albury, 2017; Needham, 2021).

Online child sexual exploitation and abuse (OCSEA)

Online child sexual exploitation and abuse (OCSEA) encompasses online grooming and solicitations to engage in sexual acts or image exchange; non-consensual image taking and sharing, forced image recruitment; extortion of money or further sexual activities via threatened sharing of images; exposing CYP to pornography; commercial online sexual exploitation including livestreaming of abuse and trafficking; searching, viewing, downloading, exchanging and producing or commissioning images of CSA (Wager *et al.*, 2018; Finkelhor, Turner and Colburn, 2022). Child sexual exploitation is distinguished by a second party profiting from the CSA (Dorotic and Johnsen, 2023).

Much research in this area has focussed on characteristics of offenders, their behaviours and grooming strategies (Kloess, Beech and Harkins, 2014; Ringenberg *et al.*, 2022). In terms of the CYP affected by these offences, research has focussed on risk factors for being affected by OCSEA (Whittle *et al.*, 2013; Dönmez and Soylu, 2019; Turner, Finkelhor and Colburn, 2023). More recently, there has been a turn to investigating the impacts on those victimised, and their experiences, and my review focusses on this below (Hamilton-Giachritsis *et al.*, 2020; Joleby *et al.*, 2020, 2021).

Prevalence and incidence of OCSEA

It is difficult to establish reliable prevalence and incidence rates for the occurrence of OCSEA due to the range of offences and ethical and methodological challenges of measuring such activities (see Quayle, 2017; Wager *et al.*, 2018). Converging evidence nonetheless demonstrates that OCSEA is an increasingly significant issue globally (Quayle, 2020b; UNICEF Innocenti, 2022). Arguably, self-report victimisation and perpetration studies repeated over time are most likely to capture the extent of OCSEA and to show unfolding trends, as many incidences of OCSEA will not be reported or detected (Wager *et al.*, 2018).

Within the UK, the substantial increase (27% between 2018 and 2021) in recorded offences of engagement with online child sexual abuse material, and sexual communication with a child (grooming) is unlikely to be solely attributable to increased reporting and detection (NSPCC, 2022). Outside of the UK, household survey data from 12 Southeast Asian and African countries (N= 11,291, ages 12-17yrs) showed that in most countries, between 9-20% of children had experienced at least one form of OCSEA in the year prior (UNICEF Innocenti, 2022). A US national survey (N=2639, age 18-28 yrs) found 15.6% of people had experienced various forms of OCSEA by asking for retrospective report of experiences when under 18. Broken down this was: online grooming 5.4%, image-based sexual abuse 11%, first-person produced CSA images 7.2%, sextortion 3.5%, online commercial exploitation 1.7%. These may be under-estimates as they capture experiences from up to twenty years ago (Finkelhor, Turner and Colburn, 2022). Current rates of sexual solicitation by adults reported by a group of 856 Spanish adolescents sampled at three timepoints ages 11-17 were high, especially in the case of girls (21.2% at the beginning of this intervention study), and 6.4-7.2% responded to sexual requests (Calvete, Orue and Gámez-Guadi, 2022).

For at risk (Hornor *et al.*, 2022) and more general populations of CYP, up to 20% children can expect to receive online sexual solicitations from adults, a figure which likely applies to the UK, where online access for CYP is high (Wager *et al.*, 2018).

Risk and protective factors

Limited research examines what lowers resilience and increases risk to online grooming and exploitation by adults (Whittle *et al.*, 2013). Studies of younger children (<13 yrs) and of those living in the global South are particularly lacking, although there has been increased research attention in recent years (Stoilova, Livingstone and Khazbak, 2021; UNICEF Innocenti, 2022).

Some studies have looked at the individual characteristics and behaviours of CYP and grooming victimisation risk such as the nature of their ‘erotic’ or ‘pornographic’ (Schoeps *et al.*, 2020) and ‘sexy’ (Festl, Reer and Quandt, 2019) self-presentations online. These were examined in combination with factors of physical attractiveness, body self-esteem and disinhibition (Schoeps *et al.*, 2020), and with measures of psychological well-being in the form of life-satisfaction, depression, anxiety and loneliness (Festl, Reer and Quandt, 2019). Low-psychological well-being was associated with greater rates of online victimisation via ‘riskier’ sexualised self-presentations. The researchers acknowledge that presenting such findings could potentially contribute to a victim-blaming culture, and an abstinence-based sex education stance, which is ‘not compatible with many youngsters’ lives, since the ‘exchange of intimate information and the establishing of romantic and sexual relationships is an important developmental task during this life phase’ (p. 108). Schoeps *et al.* (2020) make a reference to the need for more research on the effects of levels of parental supervision which has been found to be a protective factor (Whittle *et al.*, 2013; Kamar *et al.*, 2022).

Belonging to a single parent family, having parents that engage in substance abuse, conflicting with parents, friends and family members, being in trouble with school, having less perceived social support, being subjected to neglect and maltreatment and other adverse experiences and lower socio-economic status are all associated with increased risk (Whittle *et al.*, 2013; Sklenarova *et al.*, 2018; Turner, Finkelhor and Colburn, 2023). Girls and CYP identifying as LGBTQI+ are more at risk of victimisation than boys (Whittle *et al.*, 2013; Sklenarova *et al.*, 2018; Wager *et al.*, 2018; Turner, Finkelhor and Colburn, 2023). A longitudinal Spanish study found that girls were also at increased risk of re-victimisation compared to boys (Gámez-Guadix and Mateos-Pérez, 2019).

Having been exposed to early (< 12yrs) offline sexual abuse was found to be the strongest predictor of OCSEA in a US study using a nationally representative sample (N= 2639, ages

18-28), but this effect was mediated by risky online behaviours such as arranging offline meetings, visiting adult porn sites intentionally and using fake profiles (Turner, Finkelhor and Colburn, 2023). Overall, predictors of online OCSEA are largely similar to offline abuse: such as exposure to child maltreatment including previous sexual abuse (as mentioned above), other forms of early adversity, bullying by peers, low self-esteem, mental health difficulties and low levels of health-related wellbeing (Noll *et al.*, 2013; Whittle *et al.*, 2013; Dönmez and Soylu, 2019; Ortega-Barón *et al.*, 2022; Turner, Finkelhor and Colburn, 2023).

As with other forms of sexual risks and harms, research indicates that it is useful to consider findings within a broader context such as that provided by an ecological model of child protection which considers individual, family, community and cultural, racial and ethnicity factors together (Whittle *et al.*, 2013; Livingstone, Mascheroni and Staksrud, 2015).

A qualitative critical discourse study in the USA does this. It examines the unintended uses and abuses of 'tween' (age 8-13) black girls user-generated dance content on YouTube social media platform. The study finds that the girls position as a marginalised group leaves them at risk of racialised sexual exploitation through the sharing of their content beyond the intended audience, disclosure of their personal information, online harassment, and grooming. This is attributed in part to design bias in a technology industry dominated by White-identified males contributes to this problem (Gaunt, 2018).

Turning to research conducted outside of Europe, UK and USA, the Philippines has particularly high rates of OCSEA, including livestreaming of CSA (Merten, 2020; UNICEF Innocenti, 2022; Drejer *et al.*, 2023). A recent ethnographic qualitative study explored community perceptions and norms in relation to OCSEA attending to the social ecology of the CYP affected (Ramiro *et al.*, 2019). Researchers interviewed 144 people of different ages (range 13-50 years) including whole households, local officials, police officers, internet and

money exchange managers, and community leaders in Manila. The study presents in grim detail the drivers (particularly poverty) of the phenomenon and map the various processes by which it happens and is maintained. The demand came from foreign perpetrators, with global distribution. Proximity to the tourist trade was also a significant factor and online interactions could proceed to offline sexual harms in some cases, involving foreign visitors. These interactions were initiated in a variety of ways by perpetrators, enablers, and young people themselves. There was a level of tolerance in the community, a lack of reporting to authorities, and a narrative for some that this could be a route to ‘easy money’, based on perceptions that OCSEA was not harmful in the absence of offline contact, despite clear evidence of social and psychological harm among affected CYP. Findings indicated that online sexual activities were seen somewhat as a ‘norm’ by some young people, although described as ‘disgusting’ by them and seen by many in the community as shameful. Families and children involved were open to bullying and gossip (Ramiro *et al.*, 2019). The study also examined grooming processes, from adults to children and between CYP, but did not interview perpetrators.

Online grooming and offender strategies

My review identified a sizeable research literature relating to online offender characteristics, motivations, and grooming and offending strategies. Reviews include: Kloess, Beech and Harkins (2014), Kloess and van der Bruggen (2021) and Ringenberg *et al.* (2022). Discussion of this research is beyond the scope of the current study, though it is important to note that in terms of risk to CYP, there has been a proliferation of approach strategies used by offenders, who make use of chat rooms, social networking sites and gaming websites to gain access to children, for example (Kloess, Beech and Harkins, 2014; Hamilton-Giachritsis *et al.*, 2017).

Impact of OCSEA and victim experience

A small-scale qualitative study (N=6, 14-21 yrs, 2 male, 4 female) has however, examined grooming processes, the impact of abuse, and motivation and mindset from the perspective of adolescent victims (Chiu and Quayle, 2022). Participants from the UK and Denmark were aged 11-16 when they had experienced relationships with men in their 20s and 30s that progressed online to offline and resulted in offline sexual abuse. Participants had some idea of the risks of speaking to someone they met online, but little awareness they might come to physical harm. They trusted their judgement that this was a ‘nice guy’ they were talking to in the grooming phase. Risk taking was re-framed as opportunity: for getting away from troubles, sexual experimentation, an opportunity for friendship, an adult confidante during tough times. The risk of getting caught was foremost in participants’ minds, they ‘took control’ through actively concealing the relationship, benefiting the groomer. Most disclosed to family ultimately, thereby ‘becoming agents in their own rescue’ (p.5). Participants felt they had displayed some degree of sexual agency when navigating the relationship prior to the assault. All participants spoke of their mental health being affected. Some had a history of eating disorders and self-harm prior to the abusive encounters, whilst others engaged in suicidal ideation and self-harm afterwards as maladaptive coping strategies suggesting bi-directional effects between mental health difficulties and experiences of abuse. The CYP’s appraisal and recognition of the subtleties of the manipulations and grooming tactics used by perpetrators had been poor. Similar findings come from a mixed-methods study conducted in the UK examining CYPs views of the impact of OCSEA (Hamilton-Giachritsis *et al.*, 2020). Many did not recognise their experiences as abuse at the time, and the online medium worked to lower young people’s inhibitions, create a false sense of safety, and hide abusive dynamics and threat. Young people who had been exclusively abused online talked about how

powerless they felt, as if there were fewer routes to escape abuse, and this finding was mirrored in the survey component of the study.

In a Swedish qualitative study, seven young women aged 17-24yrs who had been abused online before age 18 (at ages 7-13) spoke of delays in detection, shock over the deception, and a self and a world view completely altered after the abuse. It was hard to reclaim their body and sexuality. They described feelings of self-blame: 'it felt like I subjected myself to the abuse' and 'I should have just turned off the computer', shame and self-disgust, loss of self-esteem and sense of reality, and experienced dissociation, depression, self-harming behaviour and suicidal thoughts (Joleby et al., 2020). All spoke of the fear and distress at thought of pictures re-surfacing and had been additionally traumatised by police processes. This is a common finding with regard to police processes (Hamilton-Giachritsis *et al.*, 2020; Gemara, Cohen and Katz, 2022). In an Israeli qualitative case record review of forensic interviews (N = 20, 11-13yrs, girls), there was evidence of poor planning by professionals: details unknown to children were often revealed during the interview and they were confronted with video evidence relating to the abuse, which was clearly re-traumatising and seemed then to frame childrens' accounts as dishonest. The push and pressure to describe in words what had happened, and the presence of a camera taping the interview also caused great distress. The tension between the childrens' need to forget and the law enforcement need to collect details drove a 'trauma revival' (Gemara, Cohen and Katz, 2022, p.6). Three main coping mechanisms used by children to deal with the strain of the process were dissociation, denial and identity re-definition. Researchers conclude that there is an urgent need to 'integrate the paradigm of trauma-informed practice into the context of forensic interviews with children' (p.10).

A consideration of childrens' experience and psychological health was neglected in court proceedings and judicial verdict reports, a Swedish mixed methods study has found (N=98, ages 7-17yrs). Psychological health was only mentioned in 48% of cases reviewed.

Analysis identified several potential vulnerability factors (e.g. poor psychological health, low self-esteem, loneliness) and several potential psychological consequences of abuse (e.g. psychological suffering, self-harming and/or suicidal behaviour, internalized self-loathing, impaired relationships) among the children. All of which match what research has shown among victims of offline CSA (Joleby *et al.*, 2021).

Findings from quantitative research examining risk factors for online sexual solicitation and associations with psychological wellbeing and psychiatric disorders converge with qualitative results. A cross-sectional study conducted in Turkey made effort to control for confounding variables by assigning participants to matched groups, with a control group that had no experience of solicitation (Dönmez and Soylu, 2019). In a clinical sample who attended outpatient psychiatric clinics (N= 189, age 12-16yrs), prevalence for exposure to online solicitation was 21.1%. Rates of depressive disorder, borderline personality disorder and secondary psychiatric diagnosis were significantly higher in those exposed. The researchers identified a rate of post-traumatic stress disorder (PTSD) development after exposure to be 57.8%. This figure emphasises the impact of online solicitation and abuse on vulnerable populations.

One longitudinal study in this area was identified (Ortega-Barón *et al.*, 2022). It is a Spanish epidemiological study conducted over 3 timepoints that looks at prevalence and incidence of online solicitation by adults and the relationship between this problem and CYP's wellbeing, measured by a health-related quality of life questionnaire (N=1029). The period prevalence was 13.3 % / 30.1% (boys/girls) for sexual solicitation and 9.7 % / 30.1% (boys/girls) for

sexual interaction. The incidence was 9 % / 13.8% (boys/girls) for sexual solicitation and 6.5 %/10.7% (boys/girls) for sexual interaction. Those CYP who were never solicited had significantly higher quality of life ratings than those affected. Intermittent victims of solicitation had a statistically significant deterioration in wellbeing over time. The longitudinal design and large sample size lend weight to the findings, some limitations were that sample was non-representative, self-report only, and did not gather information on the antecedents of the baseline health scores.

Viewing sexual and abusive content: pornography and images of child sexual abuse.

Peter and Valkenburg (2016) conducted a major review of quantitative and qualitative empirical research on the prevalence, predictors, and implications of adolescents' access or exposure to pornography. They identified 75 studies from 1995-2015, predominantly using survey research methods, although 9 were qualitative (of course experimental research was absent and would be unethical). Pornography exposure was operationalised differently between studies. Prevalence estimates varied widely, and frequency of access and exposure was not often tracked over time. Cross-sectional methodologies were predominant, and a developmental or longitudinal perspective was lacking. There was significant heteronormative and cultural bias, with two thirds of studies using data from populations in Europe, USA and Australia. Contextualisation of pornography use within larger social and cultural systems was missing. Alexandraki et al. (2018) reviewed literature from 2000-2017 for research trends and found exploration of individual factors to be highly prominent. They too recommend a more holistic contextual and developmental approach to investigating the problem. More qualitative studies that give weight to the voices of young people have also been called for (Raine *et al.*, 2020), with some recent research responding to these previous review recommendations (Children's Commissioner, 2023b).

Exposure and effects

Evidence demonstrates that pornography is increasingly accessible to CYP, whether they seek it out intentionally or not (Horvath *et al.*, 2013; Quadara, El-Murr and Latham, 2017; Martellozzo *et al.*, 2020; Raine *et al.*, 2020). Recent UK survey data reported that CYP accessed pornography via diverse platforms (Children's Commissioner, 2023a). Twitter (now 'X') was the most common route (41%), then dedicated porn sites (37%). Other frequent means of viewing were Instagram, Snapchat, search engines, TikTok, WhatsApp, video chat websites, Reddit and Facebook. Rates of exposure in a nationally representative sample of 1,000 16-21yr olds living in England were: 64% of sample had ever viewed pornography and out of these, 10% had viewed by the age of 9 and 27% by age 11. Average age of exposure was 13 yrs and there were no significant differences by gender. Frequency of viewing was daily (14%), less than once a week (55%), not in last 2 weeks (26%). Boys report higher frequency of viewing. Experiences of accidentally coming across pornography are common (38%). A significant proportion of young people report actively seeking out violent pornography (36%). These results have the limitation of being reliant on retrospective recollections of older adolescents.

Social support from parents and peers may buffer any effects of exposure to pornography, as found in a Korean study of high school student (N=210) (Shin and Lee, 2019), and in a study conducted in China (Ma, Shek and Lai, 2016).

Pornography use has been associated with more permissive sexual attitudes and stronger gender-stereotypical sexual beliefs, unrealistic attitudes about sex; maladaptive attitudes about relationships, more frequent thoughts about sex; feeling unclear about own sexual beliefs and values and more sexual aggression both in terms of victimisation and perpetration (Horvath *et al.*, 2013; Peter and Valkenburg, 2016; Quadara, El-Murr and Latham, 2017;

Raine *et al.*, 2020). It has also been suggested that children and young people learn from pornography and may change their sexual behaviours due to exposure (Horvath *et al.*, 2013; Children's Commissioner, 2023b). Older adolescents tend to express worry for younger adolescents and the influence of pornography on sexual practices and attitudes, while they may claim to be less influenced themselves (Doornwaard *et al.*, 2017; Children's Commissioner, 2023a).

Pornography, sexual aggression and violence

The relationship between pornography use and the perpetration of sexual violence appears complex, and the content of the pornography is likely a significant factor (Children's Commissioner, 2023b). In a UK mixed-methods study (N=1079, 11-16yrs) young people voiced anxieties that exposure to pornography affects attitudes towards how women should behave during sex and leads to emulation of violent sexual behaviours and practices commonly portrayed in pornography, including engaging in anal penetrative sex or choking (Martellozzo *et al.*, 2020). The reported influence on behaviours and attitudes among young people was found to decrease with age in this study, and only one 13yr old boy reported direct experience of violence happening within his social circle: a male friend giving girls 'a slap here or there' (p.6). It should be noted, however, that the data was obtained in 2015-2016 (Martellozzo *et al.*, 2017, 2020) and newer evidence suggests an increase. In a recent UK study, violent sex acts which were aggressive, coercive or degrading had been experienced by 47% of respondents aged 18-21 (9% had experienced coercion) (Children's Commissioner, 2023a). In the same study, when questioned about attitudes towards such acts, 47% of CYP (aged 16-21), thought that girls 'expected' sex to involve this, and 42% thought they enjoyed it. More than half of those surveyed agreed that viewing online pornography affects prevalence of such behaviours between young people (58%).

Some cross-sectional evidence points to an association between violence and watching pornography with violent content for young men who are already prone to aggressive behaviour (Quadara, El-Murr and Latham, 2017; Rostad *et al.*, 2019; Mori *et al.*, 2023). Girls are much less likely to report using sexually coercive behaviours e.g. less than 8% did so in a recent large (N=4564) European mixed methods study (Stanley *et al.*, 2018). In the same study, pornography viewing, and more negative gender attitudes were positively correlated with perpetration of sexual coercion in boys. Viewing violent pornography has been found to be marginally significantly associated with perpetrating physical dating violence in girls ages 15-16 yrs. In boys, a significant association was present between violent pornography use and marijuana use and with perpetration of sexual dating violence, controlling for age, heavy alcohol use, rape myth acceptance and gender equitable attitudes. Interestingly, this held for victimisation from sexualised dating violence too. Violent pornography was defined in this study as that which portrayed violence against women (Rostad *et al.*, 2019).

A few recent longitudinal studies have attempted to better understand the association between pornography use and aggressive behaviours (Ybarra and Thompson, 2018; Dawson, Tafro and Štulhofer, 2019; Waterman *et al.*, 2022). One USA study (N=2647, ages 12-18) over 3yrs looked at prospective associations between pornography use and sexual harassment and sexual assault perpetration. In the latter waves of study, pornography use was found to predict sexual assault perpetration in both young men and young women. Sexual assault perpetration did not predict pornography viewing. The pattern for sexual harassment was different and associations cut both ways. Researchers tentatively conclude that adolescents may develop ‘worldviews’ that are more accepting of sexual aggression through pornography use (p.1621). The study controlled only for demographic variables, and pornography use was measured by only one item asking if used within past 6 months. Frequency and content were not captured.

In a 6yr study (N=1586, age 10-21yrs) that gathered data on several individual, family, peer and community level factors, the strongest predictors of sexual violence among both males and females were found to be (1) exposure to parental/caregiver abuse, and (2) exposure to violent pornography. For males, exposure to violent pornography was the strongest predictor of perpetrating sexual violence (Ybarra and Thompson, 2018). A smaller Croatian study with male participants aged 15 (N=594) found that frequency of pornography use was significantly associated with sexual aggressiveness at baseline measure, however with control variables included, there was no significant association between change in pornography use and the pattern of sexual aggressiveness over the 20-month study period. Higher pornography use and self-reported sexual aggressiveness were significantly associated with striving for popularity, reported peer pressure and perpetration of bullying. Implications of this were that male peer group dynamics were important. Those young men that reported higher callousness plus more frequent porn use were also more likely to report sexual aggressiveness. The study was weakened by a high attrition rate (20% completed all 6 waves), and the fact that the group that reported highest sexual aggression levels were excluded from analysis as too small (Dawson, Tafro and Štulhofer, 2019).

A meta-analysis examining the relationship between pornography exposure and problematic sexual behaviours (PSB), compared exposure to violent sexual material with non-violent sexually explicit material, moderated by age and gender. Content differences were not statistically significant, but there was a trend detected for the violent material to be associated with increased PSB: CYP exposed to violent content were 2.5 times more likely to engage in PSB. For non-violent content engagement in PSB was 1.5 times more likely (Mori *et al.*, 2023).

Exposure experiences and de-sensitisation effects

There appears to be desensitisation to the impact of pornography on young people with repeated viewing. Martellozzo et al. (2017) for example, found a large difference in the amount of shock and confusion reported by young people at first viewing of online pornography compared with subsequent viewing, whilst seeking sexual stimulation from pornography increased. This finding was confirmed in a longitudinal study of Czech adolescents over 18 months. The effect was more pronounced for those more sensitive at baseline: girls and younger adolescents (Daneback, Ševčíková and Ježek, 2018). A Dutch qualitative study has used focus groups to gain more nuanced understanding of CYP's engagement with and attitudes to online pornography. Sample characteristics were N=36, age 16-19yrs, 72.2 % girls, nearly all identified as heterosexual. Boys more often looked for arousal, girls tended to use it to learn new techniques e.g. oral sex, but said pornography was more taboo among girls. They described pornography to be fake and unrealistic, misogynistic, and having contradictory feelings after viewing of embarrassment and anti-climax, even if they had been aroused at the time. Insecurity over body image was an effect of watching, and girls might want to watch in context of a partnership displaying context dependent use. Boys were more instrumental in their use (Doornwaard et al., 2017).

LGBTQI+ young people and pornography exposure

Most studies have a heterosexual focus and diverse sexualities are understudied. Higher pornography use has been reported among LGBTQI+ adults, and this prompted the conduct of a review of use patterns in LGBTQI+ youth in comparison to heterosexual youth (Böthe et al., 2019). Literature reviewed from 2014-2019 identified 11 studies, two were qualitative. One study focussed on transgender youth sampled in USA (N=14). In relation to online porn, 21% described using porn as a resource to seek information and learn about sexual activities,

and stated it also had a role in sexual identity development, due to lack of other available information. They reported porn being what comes up first when trying to search for information online (Bradford *et al.*, 2019). This was also case in 2 quantitative studies. Overall, findings suggested that LGBTQI+ young people are not prone to any more harmful effects from pornography use than heterosexuals. It was concluded that frequent pornography use serves similar purposes for LGBTQI+ as for heterosexual CYP, after LGBTQ+ young people had used it to explore identity.

Psychological wellbeing and pornography use

Use of pornography has been associated with markers of negative psychosocial wellbeing such as higher rates of anxiety and depression, low self-esteem and negative body image, higher risk of sexual solicitation victimisation and abuse, risk of developing compulsive pre-occupation with pornography, reduced academic performance, impaired social relationships, rule-breaking and delinquency (Horvath *et al.*, 2013; Quadara, El-Murr and Latham, 2017; Alexandraki, Stavropoulos, Burleigh, *et al.*, 2018; Martellozzo *et al.*, 2020; Andrie *et al.*, 2021; Camilleri, Perry and Sammut, 2021).

Three recent longitudinal studies were identified for review. One 3-year study conducted in China (N=1401, average age 12yrs) found that over time, higher rates of intentional exposure to pornography were related to higher rates of depression, internet use and loneliness, particularly in males. The study controlled for demographic variables age, gender, religiosity, socio-economic status and whether there was a one or two parent family (Ma, 2019).

A longitudinal Croatian study using 2 panels (N=455 and N=858) sampled at two time points 1 year apart only found significant associations for females. The study controlled for impulsiveness and family environment. Low subjective wellbeing was associated with a subsequent increase in pornography use in one panel. In another, pornography use was

associated with increases in self-esteem and symptoms of depression and anxiety.

Researchers concluded that it was difficult to make sense of these findings, except to say that they do not support the idea that pornography use directly contributes to psychological wellbeing in mid to late adolescence (Kohut and Štulhofer, 2018). In a further study, with a larger sample that had a mean age at baseline of 15.9 yrs (SD 0.52) and 6 waves of data collection over 2.5 years, no significant associations were found between growth in pornography use and changes to measures of depression, anxiety and low-self-esteem over time (Štulhofer, Tafro and Kohut, 2019). However, a significant negative association was found between females' pornography use and psychological wellbeing at baseline.

Conclusions were that there may be a link between pornography use and wellbeing in early adolescence, particularly for females, but findings did not support a link in mid-late adolescence.

Accessing images of child sexual abuse

Images of child sexual abuse are proliferating online. Most commonly, children aged 11-13 appear in these images, but in the last two years there has been a sharp increase in detection of images of children aged 7-10 yrs. They are often produced with an abuser present in the room, but increasingly, by the child in their home following grooming, deception or extortion by someone not physically present (Internet Watch Foundation, 2022).

CYP come across, search for, download and collect these images, and may groom other children to produce them (Hollis, Belton and Team, 2017; Lewis, 2018). There is a very small amount of research that has examined this, most of which is of convenience samples garnered from a forensic context (Aebi *et al.*, 2014; Belton and Hollis, 2016; Falligant, Alexander and Burkhart, 2017). Careful assessment is needed when risk assessing young people who have been found to be in possession of images of CSA, as they are a

heterogeneous group, and may be a risk for online re-offending and of contact abuse (Aebi *et al.*, 2014; Falligant, Alexander and Burkhart, 2017). In a Swiss forensic sample and case review study, characteristics and recidivism rates for CYP who had downloaded images of CSA were compared with contact offenders and possessors of other types of illegal pornography (excluding CSA images). Possessors of CSA were found to come from more stable family backgrounds, to be less likely to have migrated, less likely to have low SES and previous recorded offences, older and to have a longer history of downloading illegal materials before being detected. 29.6% had shared the images with others (Aebi *et al.*, 2014).

Outside of the forensic context, one Swedish study has looked at a population-representative sample of young men (N= 1978, aged 17-20yrs) and explored self-reported prevalence, risk factors and correlates of viewing of ‘adult-child sex’, including attitudes (Seto *et al.*, 2015, p.67). 84 (4.2%) young men reported having ever viewed images of CSA. Independent predictors were: frequent pornography use, ever viewed violent pornography, ever had sex with male, likely to have sex with a child aged 12-14, likely to have sex with a child age less than 12, perception of children as seductive, having friends who viewed images of CSA. Risk of viewing images was correlated with contact sexual victimisation, with a bigger effect size if multiple perpetrators had been involved, and with perpetration of sexually coercive behaviour. This remains an understudied area, despite evidence suggesting exposure to such images is increasing (Internet Watch Foundation, 2022; Children’s Commissioner, 2023b)

Professionals’ response and experiences

I identified 16 studies that were concerned with looking at professionals’ perspectives and experiences of working with CYP affected by online sexual risks and harms. Nine were qualitative (Hollis, Belton and Team, 2017; Bradbury-Jones *et al.*, 2019; Taylor, Slemaker and Silovsky, 2020; El-Asam, Katz, *et al.*, 2021; El-Asam, Lane, *et al.*, 2021; Katz *et al.*,

2021; Slane, Martin and Rimer, 2021; Quayle *et al.*, 2023; Schmidt, Bucci and Varese, 2023), two mixed methods (Hamilton-Giachritsis *et al.*, 2021; Lau-Zhu, Anderson and Lister, 2023), and 5 cross-sectional survey design (Hamilton-Giachritsis *et al.*, 2021; Lindenbach *et al.*, 2021, 2022; Nelson *et al.*, 2021; Dimitropoulos *et al.*, 2022). In all of these, there was a theme of a lack of specific training in assessment and treatment of such difficulties. This is despite the fact that over the past ten years, awareness raising resources, educational materials and training programmes for professionals have been developed that focus on various aspects of online safety (Bond and Dogaru, 2019). In the UK for example, organisations such as NSPCC, Internet Matters, Marie Collins Foundation, Child Exploitation and Online Protection command, and the Centre of expertise on Child Sexual Abuse (CSA, all offer training packages, freely accessible advice and access to research publications (CEOP, 2023; Internet Matters, 2023; Marie Collins Foundation, 2023; NSPCC, 2023; CSA Centre, 2024). Many of these focus on prevention, and there are relatively fewer specialist resources targeted at training professionals to work with CYP and families after online exploitation or abuse has taken place (Bond and Dogaru, 2019; Hamilton-Giachritsis *et al.*, 2021). It is unclear from reviewed research what sort of treatment interventions are needed, and if indeed these need to differ from established approaches. A recent UK based freedom of information study that surveyed 42 NHS trusts and 11 Sexual Assault Referral Centres (SARC), found that no trust provided a clear treatment approach for technology-facilitated child sexual abuse, responding instead that treatment would address the mental health needs of the young person, and include a multi-agency approach (Schmidt, Bucci and Varese, 2023).

One Canadian study raised a question over whether usual treatment modalities used in offline child sexual abuse may be less effective for online abuse: the most frequent treatment reported in a Canadian study was trauma-focussed CBT, then play and art therapy, then

counselling. However, Trauma-focussed CBT is designed for trauma that is assumed to have ended, to allow the construction of a trauma narrative (part of the treatment). Professionals expressed concern that the dynamism of online abuse ‘may make construction of a static trauma narrative less useful therapeutically’ (dynamism referring to perceived or actual persistence of images online) (Lindenbach *et al.*, 2022, p.310).

The issue has consistently been found to be an emotionally charged one for professionals (Martin, 2016; Quayle *et al.*, 2023), eliciting feelings of shock, confusion and a lack of confidence in their professional abilities in recognise, assess and intervene when such problems arose in their work (Bradbury-Jones *et al.*, 2019; Lindenbach *et al.*, 2021, 2022; Dimitropoulos *et al.*, 2022).

This lack of confidence, and feelings of confusion around what was seen as a new problem for CYP was often attributed by participants to a generation gap in digital knowledge and experience, that acted as a barrier to them accessing their skills (El-Asam, Lane, *et al.*, 2021; Hamilton-Giachritsis *et al.*, 2021; Slane, Martin and Rimer, 2021; Lau-Zhu, Anderson and Lister, 2023; Quayle *et al.*, 2023).

The generation gap narrative is convincingly critiqued as unhelpful by some researchers (El-Asam, Lane, *et al.*, 2021; Slane, Martin and Rimer, 2021). They claim it acts to undermine professionals’ confidence, existing expertise, and sense of responsibility through focussing too much on the technology itself, missing the fact that this is fully integrated into adolescents’ lives. As such it is subject to ‘familiar adolescent developmental issues including exploring sexuality, relationships and risk-taking’ (Slane, Martin and Rimer 2021, p. 222). Further, a recent study based in a UK NHS Trust has found that individual clinician characteristics, such as age or parenthood may play less of a role in their assessment practices on digital risks than is assumed by ‘any perceived generational gap’ (Lau-Zhu, Anderson and

Lister, 2023, p.264). Discomfort in discussing sexual matters, anxieties about the speed of change, feelings of helplessness and frustration in trying to manage risks, and concerns over a lack of practice guidelines at organisational level were named as the main barriers to achieving good practice by UK CAMHS professionals in a recent qualitative study (N=29). Participants also noted that online sexual safety and risks were particularly neglected by professionals for youth with special educational needs (El-Asam and Katz, 2018; El-Asam, Lane, *et al.*, 2021).

There is some evidence too, for both minimising and overly punitive responses from professionals. Researchers in a UK study detected a more punitive response from professionals towards young males who sexually harmed peers *solely* through technology-facilitated harmful sexual behaviour (HSB). These CYP were more likely to be excluded from school, and police and youth offending service involvement was more common. A more therapeutic approach was taken to those with offline and dual HSB. This was thought by researchers to be linked to greater social care involvement prior to the HSB and recognition of higher levels of trauma and adversity in this group, which had provoked a more empathic professional response. Also, therapeutic services are currently largely targeted at offline HSB (Hollis, Belton and Team, 2017). This finding sits alongside others where online CSA was more often missed by professionals or considered to cause less serious impacts on victims (Hollis, Belton and Team, 2017; Hamilton-Giachritsis *et al.*, 2021). Minimizing or over-zealous professional responses have been reported elsewhere, along with worries that CYP are 'self-criminalizing' by sending self-produced intimate images (Taylor, Slemaker and Silovsky, 2020). In the USA, psychologists were surveyed using vignettes on whether they would report disclosures about exchanging self-produced intimate sexual images from young people in therapy. Older participants were more likely to report (this is mandatory in the US), as were female participants when the child was described as more vulnerable. Those

participants who had social media and technology training had more declarative knowledge about the issue, but this did not make a difference to their reporting behaviours. Researchers speculate that participants were weighing a clinical decision on whether to maintain confidentiality. The use of vignettes in the study potentially limits the external validity of the results, as reporting behaviours may differ within a real therapeutic relationship (Nelson *et al.*, 2021).

Working with parents and carers

The importance of working with parents is emphasised in the research, and parents are generally seen as lacking in awareness of online risks for their child by professionals. Parents and children may struggle to discuss digital sexual lives. A student sample surveyed in the USA, for example, was much less likely to discuss this subject with parents than to have more ‘traditional’ conversations about sexual health, e.g. about contraception, pregnancy, and sexually transmitted diseases (Widman *et al.*, 2021).

Professionals report that young people may not conceive what is happening to them as abuse and they can experience great shame when their parents or carers are told about online abuse being detected, or when they make a disclosure (Martin and Alaggia, 2013; Slane, Martin and Rimer, 2021; Quayle *et al.*, 2023). For some professionals who are also parents, working with these issues can also make them hypervigilant about risks to their own children (Quayle *et al.*, 2023). A full discussion of the literature on the topic of digital parenting is beyond the scope of this study. However, of interest, a recent review found that research generally has had a narrow focus on risk and restriction and has assumed uni-directional effects of parent on child behaviour, an over-simplification. Also noted is a lack of attention to diversity and difference in digital parenting norms (e.g. differences in socioeconomic status and ethnicity). Some qualitative findings pointed to the importance of thinking about how parents may also

utilise networks around the child such as siblings, extended family members and peers in gaining information about the digital lives of their children (Modecki *et al.*, 2022).

Discussion

From the evidence reviewed, it can reasonably be concluded that CYP are exposed to a plethora of sexual risks and can experience significant harms in relation to the use of digital communication technologies. Those with existing vulnerabilities are at greater risk, and those with stable and protective home and community environments are at less risk. Offline risks are intertwined with online and technology-facilitated risks. A variety of contextual and individual factors have effects on CYP's risk and resilience. Of these, social and cultural aspects are particularly understudied, along with experiences of marginalised groups and the impacts of racism, sexism and homophobia for example (Livingstone and Smith, 2014; Hamilton-Giachritsis *et al.*, 2017; Quayle, 2017; Gaunt, 2018; Smahel *et al.*, 2020; Van Ouytsel *et al.*, 2020; Stoilova, Livingstone and Khazbak, 2021; UNICEF Innocenti, 2022; Turner, Finkelhor and Colburn, 2023). There are currently many gaps in research. Concerningly, there is an almost complete lack of research involving younger children, despite there being evidence that they are at increasing risk (Internet Watch Foundation, 2022; Children's Commissioner, 2023a). This is partly due to ethical difficulties such as asking children about what they may have seen or experienced online. The effects of early exposure to online sexual harms in younger children surface are reported indirectly in studies of older children and adolescents where retrospective data is gathered (e.g. Turner, Finkelhor and Colburn, 2023). Professionals often lack confidence and training in this area (El-Asam, Lane, *et al.*, 2021; Lau-Zhu, Anderson and Lister, 2023; Quayle *et al.*, 2023). With clear evidence of significant harm for some CYP resulting from online and technology-facilitated risks, the onus is on professionals to integrate awareness of and interest in such risks and

harms into practice in meaningful ways, and for organisations to support good practice via training and in their systemic processes and safeguarding policies.

2:4 Psychoanalytic perspectives on technology-facilitated sexual risks and harms

In this section, I discuss selected psychoanalytic clinical and theoretical writings on online sexual harms and risks among young people.

Search method

Literature was sourced by entering the same search terms noted in table 2 above and searching the PEP archive on EBSCO. The search included book chapters, books and peer-reviewed journal articles. 32 items were screened for relevance through reading title and abstract. Most did not focus specifically on sexual risks and harms or related only to adults and were eliminated. Further resources were identified through publications already known to me (Knafo and LoBosco, 2020; Nathanson, Music and Sternberg, 2022), by hand searching reference lists of relevant publications, and via updated searches.

The selected texts (N=14) take a broadly developmental view of the impacts of digital technology upon the emotional and inner world of children and adolescents, their sense of self and other, their relationship to their own and others' bodies, and to any evolving expressions of sexuality. Such impacts are framed by authors with reference to psychoanalytic conceptualisations of trauma, the effects of abusive or neglectful experiences on the mind, defensive enactments, addiction and compulsion (Nathanson, 2021; Music and Wood, 2022; Wood 2021), and psychosexual development (Guignard, 2013; D'Alborton and Scardovi, 2021; Lemma, 2021).

This review is focussed on risks and harms, but it should be noted that within the literature, there is acknowledgement that digital communication technologies can support developmental transitions and creative explorations for adolescents (Sugarman, 2017; Galatzer-Levy, 2021). For example, Sugarman (2017, p.135) argues that smartphones can function helpfully in adolescent development as transitional phenomena. When used adaptively, rather than defensively to compensate for developmental deficiencies, they can ‘facilitate the internalization of various regulatory functions previously provided by the environment’. Galatzer-Levy (2021, p.205) uses case examples from his work with adolescent boys to illustrate his point that the clinical exploration of pornographic experiences may, like the study of dreams and masturbation fantasies ‘serve as a royal road to understanding an adolescent’s sexuality, in a way that discussions of attempts at interpersonal sexual experience cannot’.

Focus on pornography - traumatic exposure, developmental harms and defensive uses

There is a notable focus in the selected texts on exposure to and compulsive use of online pornography (Galatzer-Levy, 2012, 2021; D’Albertyon and Scardovi, 2021; Lemma, 2021; Nathanson, 2021; Spadazzi, 2021; Sugarman, 2021; Wood, 2021; Music and Wood, 2022; Woods, 2022). The developmental readiness, or not, of children to deal with the overwhelming stimuli that can be accessed via digital devices when their capacities for emotional regulation, and sense of self are not fully formed is a key theme. Unfettered access can “bombard a young person on an unescorted search, delivering both sought-for and unbidden images that can constitute traumatic assault” (Gilmore, 2017, p85; D’Albertyon and Scardovi, 2021).

Using case material from psychotherapeutic work with boys aged between 6-9 years old who had been exposed to pornography as a starting point, D’Albertyon and Scardovi (2021) find

that an ordinary curiosity about the body and sexuality, drives a search for knowledge that leads children to explore online. Here they may be met with a huge quantity of pornographic images which are ‘too much’ for them and intrude upon them in a way they cannot integrate. For these writers, it is not just the content of the images that is crucial, but more importantly it is the absence of an adequately present adult with whom to process and work through such an intrusion that represents the traumatic aspect of exposure. In the cases they described, it was necessary for the adult to recognise the importance of the contact established between the young person and themselves for this purpose of processing and support, and for the adult not to detach, avoid or withdraw from any difficult exchange about what the child has seen. The adult was needed to give meaning to the experience. This applied for parents, within the therapeutic relationship and in the child’s relationships with other trusted supporting adults. In the case of a 9-year-old boy called ‘Richard’ who had surreptitiously and habitually accessed violent and pornographic images through use of his brother and mother’s smartphone, parents struggled to accept the reality of his risk of exposure. They needed scaffolding from school, the therapist and eventually the intervention of an employee at the local electronics and gaming store who explained that games such as Fortnite afforded access to pornography and contact with unsafe adults to accept and integrate the reality of their son’s experience. Spadazzi, (2021, p. 100) too highlights this difficulty of responding to revelations of pornography use in a containing way for the receiving ‘other’, whether they are parent, therapist or partner. The discovery of the pornography intrudes as a ‘traumatic element which breaks through an iphone or computer of a significant other’, in her clinical experience.

The conceptualisation of trauma as an intrusion that overwhelms psychic capacity for integration has Freudian origin (Freud, 1914, 1920). He proposed a process by which powerful irruptions in the form of external excitations pierce the integrity of the shield of the

psychic skin. When this happens the mind is flooded with large amounts of stimulus. Internal and primitive anxieties are activated causing disturbance which can interfere with the capacity to form symbols and think (Freud, 1920). The excitations require discharge, which might be accomplished by mechanisms of projection, or via the compulsion to repeat through action (Freud, 1914). The repetition compulsion functions unconsciously, and with repetition can come the potential for the trauma to be worked through, given the right conditions for transformation. Phillips, (2016, p. 380) suggests that ‘repetition could be a love-test to the world, the individual’s unconscious quest for innovative response’. If this ‘love-test’ is enacted in the technology-mediated environment, the response may not be one which helps contain or work through a traumatic experience. The idea of experiencing ‘trauma from pornography’ is explored by Galatzer-Levy (2021, p.203) in his discussion of the developmental functions of using pornography for adolescent boys. If a young person is excited but also disgusted and anxious about what they have searched for or been exposed to, they may feel compelled to repeat the experience, returning to similar or escalated distressing material (Galatzer-Levy, 2021). This, he suggests, is the risk they run as ‘explorers’ online looking to try and discover elements of their sexuality. In younger pre-adolescent children these risks are surely greater.

The erosion of latency and the sexualised child

The erosion of latency and the sexualised child is a theme in the literature (Guignard 2013; Lemma 2021, Sugarman 2021). The latency stage described by (Freud, 1905) is a crucial period where in preparation for adolescence infantile sexual impulses and energies are subdued and repressed and energies directed elsewhere. Developmental drives focus on friendships and group identities, learning and socialisation outside of the immediate family. Societal norms, values and expectations are internalized. Self-control, emotional regulation

and a growing sense of identity are also developing. Some psychoanalytic writers argue that latency has near ceased exist for many children due to development of digital communication technologies, sexualised environments and changes in family and community structures (Guignard, 2013; Lemma 2021) This applies to latency in the sense of ‘the essential dimension of every civilisation: *a latency period in space and time between the formulation of a wish and its satisfaction.*’ (Guinard, 2013 p.64). A less extreme view is that a combination of exposure to pornography alongside problematic family structures that blur boundaries and encourage childhood omnipotence, latency can be disrupted leading to problems of mental organisation in adolescence (Sugarman, 2021).

Woods (2022) states that unrestricted access to pornography for young people undermines normal development due to a lack of limits and is highly destructive to the development of the personality. The availability of instant gratification erodes capacity to tolerate frustration, and exposure to explicit material penetrates healthy defences. He describes a certain form of voyeurism in cases where young men have been compulsively viewing violent and increasingly extreme pornography, or images of child sexual abuse. He writes of the experience of seeing and being seen and uses the ideas of (Winnicott, 1958, 1971) to elaborate upon unconscious processes of fear and shame formation elicited by the voyeurism inherent in looking without being seen. He emphasises the breakdown of the oedipal formation for some young people. Through their artificial voyeurism of watching endless pornography, they are never fully excluded from the ‘parental couple’ and their intercourse. Which they can feel they participate in through masturbation. Woods (2022) refers to case examples to illustrate his account such as ‘Jeremy’, who was referred for help at age 14 after he was detected by police to be accessing images of child sexual abuse from his bedroom at home. He had been compulsively accessing pornography for hours each night, over the past 3 years, and his parents were unaware of the perverse world he was inhabiting. He had become

withdrawn, was struggling at school, and described in therapy how his searches had led him in an escalation of content which had both terrified and fascinated him. The images would torment him during the day, and then he would go back to viewing to get them ‘out there’ on the screen, only to reinforce them. Though deeply ashamed, he was glad to be caught and stopped by the authorities (p.55).

Woods (p.55) also describes the case of ‘Jemma’, a 14 yr old girl. He comments, as others do (e.g. Music and Woods, 2022) that in clinical practice young women and girls more usually present as having been victims of grooming and online solicitation, exploitation and abuse. In Jemma’s case, she had been induced into masturbating for men online, and had also arranged meetings with some of these. She had never followed through with this and said she enjoyed the excitement of making the arrangement, that was illicit and potentially dangerous. In assessment Jemma denied the suggestion that she was being harmed in these interactions, presenting a superficial attitude that this was ‘fun’ and exciting and that other young people her age were ‘stupid and ‘boring’ (she did not have any friends of her age). Woods proposes that her activities could be understood in the context of her parents being in the process of and pre-occupied with, a protracted, bitter and violent separation.

The obliteration of the work of desire

Lemma (2021) asserts that the online dimension provides “a culturally reinforced and readily accessible vehicle for the enactment of conflicts related to our embodied nature that some adolescents are especially primed for given their developmental histories” (p124). She describes how the immediacy of the internet appeals to infantile desires for instant gratification. The space between wanting something and not getting it, and then working to get it is presented as the place where learning and growth happens. In this space we get to think, identify and represent our desires, and really know what it is we might want (Knafo

and LoBosco, 2020). The exposure of young children and adolescents to speedy and easy access to online pornography, Lemma contends, obliterates this work of desire. She has developed a formulation where the pre-internet world is characterised as a '3D(esire) world where 'Desire' is followed by 'Delay' and finally 'Delivery' of what we desire (Lemma, 2017, as cited in Lemma, 2024, p.125). Our current world is now a 2D(esire) world in which 'Desire' results in immediate 'Delivery', bypassing 'Delay' all together. There are no impediments to desire online as there would be in reality, due to the endless availability of an 'other' represented and controlled within the pornographic images and sexual scripts. The images that are searched for, encountered, or thrust at young people via algorithms may contribute to shaping fantasies, desires, and even sexual identities for some. This is a finding elsewhere reported in clinical work with some adolescent boys (Galatzer-Levy, 2021). In other cases described by Galatzer-Levy (2012), he proposes that frenetic online pornographic activity (among adolescent boys) functions as a defensive screen against becoming aware of and taking responsibility for personal erotic wishes and needs, one important developmental task of adolescence. The task of developing awareness of what patterns of relations with the other, and what qualities of the other will evoke sexual arousal and interest has been proposed to rest on the formation and identification of the "central masturbation fantasy". Masturbation can function developmentally as an exploration which contributes to the young person coming to terms with a sexually mature body, taking ownership of it as belonging to the self and not the mother (Laufer, 1976; Laufer and Laufer, 1984, as cited in Wood, 2021 p. 146).

Lemma (2021) takes the view that habitual, compulsive pornography use may erode mentalisation processes over time, by inhibiting the ability to think about the self's sexual desire and the desire of the other. Mentalisation processes are represented by the ability to reflect on one's own behaviour and predict another person's by working on the premise that behaviour is informed by intentional states (Fonagy, Gergely and Jurist, 2018) and are

important for mental wellbeing and healthy relationships, including sexual relationships (Lemma, 2021). Music and Wood (2021) explore how the ‘lure’ of technology and compulsive and harmful pornography use and ‘internet sex’ in adolescence can be greater for children who are vulnerable and have greater impact on them. They reference clinical work with young people who lack capacity for emotional regulation, self-understanding, and acceptance, and who may have been physically, emotionally or sexually abused, neglected and isolated and who have difficulties with intimacy and attachment. Such young people can struggle with navigating the tasks of adolescence, and in the process come to harm (Music and Wood, 2021).

Defensive use of pornography in adolescence

Pornography use can become compulsive when it is serving defensive purposes; such as a retreat from the challenge of forming intimate relationships, a way to manage feelings of being cut-off from the embodied self, or perhaps for temporary relief from a depressed state. The sexual stimulation and online excitement performs an enlivening function in this case. Masturbation to pornography may foster illusions of control, fuelled by an ‘excited looking that substitutes for all the challenges of being with another in an emotional and bodily way’ (Wood, 2018, p.149).

Compulsive or addictive pornography use in this framework, is seen as a symptom of, and a failed solution to underlying psychic, traumatic or attachment problems and failures in early containment for example. In this context it is used as a way of managing unbearable states of mind, with the ‘addictive’ element somewhat of a secondary, and potentially debilitating additional problem (Wood, 2018; Nathanson, 2021). Depending on the content of the images sought out, this can lead to forensic risks for young people, such as those who access images

of child sexual abuse, or extreme sexualised violent content (Nathanson, Music and Sternberg, 2022).

The addictive element for some, is that within the vast amounts of sexual material accessible online, a compelling match can be found for the purpose of playing out unconscious conflicts and phantasies (Nathanson, 2021). The pornographic enactment serves as a temporary solution to difficulties in emotional regulation and can be repeatedly returned to. But can become a sticking point, with the potential to trap the young person in an addictive cycle. In clinical work, attending to helping the CYP to slow down and become aware of the addictive cycle. To make room for thought before action, as well as addressing core issues such as underlying trauma. This can make shifts possible and developmental processes get ‘back on track’ (Nathanson, 2021, p. 172).

Access to pornography and other sexual risks and harms online for young people has raised a high level of concern among clinicians who work with those affected, and a call to consider the problem at the level of a public health issue (e.g. Woods, 2018; Lemma, 2021). In this public health dimension, the lack of an adequate ‘adult presence’ is represented by inadequate regulation, protection, awareness, research and understanding. Sociological, ethical and philosophical issues abound in this area (Srinivasan, 2021). Lemma (2024) has recently highlighted how some research points to a variety of concerns in relation to pornographic influence. One example is the normalisation of physically dangerous sexual practices in young people such as near strangulation during sex (so-called ‘breath play’).

2:5 Conclusion and study rationale

The psychoanalytic literature reviewed above offers valuable clinical insights into unconscious processes, a developmental lens and a focus on relational aspects, complex vulnerabilities and the role of trauma in formulating and treating difficulties related to

compulsive technology-facilitated sexually harmful behaviours in CYP and the technology-mediated harms and abuse that they can be exposed to. The role of parents and other adults in offering containment to affected young people is also highlighted (D'Albertyon and Scardovi, 2021). Most clinical research conducted thus far has focussed on assessment and risk management, and attitudes among practitioners (e.g. El-Asam, Katz, et al., 2021; Dimitropoulos et al., 2022; Quayle et al., 2023). Research focussed on how best to support the recovery of CYP affected by online and technology-facilitated sexual harms is lacking, as is therapeutic process research. This is important because there is clear evidence that effective support and treatments are needed to address significant emotional and psychological harms among CYP who have experienced online and technology-facilitated sexual abuse, or who have been exposed to graphic and disturbing sexual content. My exploratory study is aimed into this gap. As a contribution to the limited research base in this area of practice.

Chapter 3

Empirical Study

3:1 Introduction

The empirical study focusses on practitioner clinical experiences from within a single professional discipline: child and adolescent psychoanalytic psychotherapy. This modality is one recommended intervention for those CYP who have emotional and psychological problems following being subject to child sexual abuse, when longer term interventions may be needed (Trowell *et al.*, 2002; National Institute for Health and Care Excellence, 2017; McQueen *et al.*, 2018; Midgley *et al.*, 2021). Considering the cross-over of online and offline sexual harms and abuse, child psychotherapy can reasonably be assumed to be one appropriate intervention for those affected by such harms too. Exploring clinical practice from this profession may contribute towards expanding understanding of the nature and impact of technology-facilitated sexual harms among young people, what might make young people vulnerable to harm, and what helps CYP and families recover. This empirical study, to my knowledge, is the first to approach this. The study sits in comparison with and builds on existing research on professional responses reviewed above.

3:2 Aims and research questions

The empirical study sets out to explore how child psychotherapists experience understand and manage working with children, young people and families who have been affected by online and technology-facilitated sexual risks and harms. The study aims to access practice-based experience and knowledge to explore the research questions below:

- i) How do child psychotherapists experience the phenomena in their work? E.g. How does it present? What is their felt experience of working with this issue? Does it bring up any dilemmas and challenges for them as clinicians?
- ii) How do they and the young people affected understand and make sense of it?
- iii) How is this issue managed clinically? For instance, in terms of clinical decision making and treatment, network liaison or parent work, and safeguarding practice.

3:3 Methodology

Design

I use a qualitative research design to explore the research questions. Data was collected via individual semi-structured interviews with qualified clinicians. An important pragmatic consideration was that the scope of the project was achievable for me as a solo researcher working within the confines of the professional doctoral academic cycle. Working within such constraints, I aimed to gather a rich set of data to explore my research questions and to create a coherent design which displays methodological integrity (Levitt *et al.*, 2017; Levitt, Morrill and Collins, 2020). This requires that the design supports the unique objectives of my study, is apt to my position in relation to the inquiry and is tailored to the characteristics of the subject matter and participants (Levitt, Morrill and Collins, 2020). Research procedure and protocol are detailed below.

3:4 Participants

Selection and recruitment

Purposive sampling was undertaken with the following inclusion criteria:

1. Being qualified professionally registered members of the Association of Child Psychotherapists (ACP).

2. Having had experience of working clinically with children, young people and families affected by technology-assisted sexual risks and harms.

I excluded trainee child psychotherapy registrants. I assumed that interviewing qualified clinicians would yield greater access to depth of experience. Working clinically was inclusive of direct individual or group psychotherapeutic work with CYP, parent/carer work, care co-ordination, supervision, and clinical interventions that involve specialist assessment or consultation to professional networks. I wanted to investigate how the issue presents within the range of clinical practice. I specified that participants have experience of at least one substantial case where the issue was of significance in the clinical work.

A total of seven participants were recruited to the study. I used a combination of methods which included:

- i) Direct approach to clinicians known to me through professional networks (yielded N=3).
- ii) Invitation email to child psychotherapy discipline networks within my own NHS Trust, and one other in the north of the UK (yielded N=2).
- iii) Snowball recruiting. Participants passed on details of the study to interested work colleagues (yielded N =2).
- iv) Invitation to participate advert placed in the bulletin of the Association for Child Psychotherapists over two consecutive months (yielded N=0).

The different sampling methods were designed to recruit specialist and non-specialist clinicians. For text of invitations to participate, see Appendix B (p.134).

Participant characteristics

All participants were UK based. Two worked in the north of the UK, 5 in the South. All had greater than 6 years post-qualification clinical experience. Two had senior leadership roles within their workplaces. There was variety in their work contexts, from specialist NHS

services, generic NHS CAMHS and private practice. A summary of participant characteristics is presented in table 4.

Gender	Female	4
	Male	3
Ethnicity	White other	3
	White British	4
Approximate age range	Mid 30s- 60yrs	
Work context	NHS Specialist CAMHS services	3
	NHS CAMHS	3
	Private practice	1

Table 4: Summary of participant characteristics

3:5 Procedure

Data collection

I used the individual semi-structured interview to yield depth of access to participant experiences (see Appendix E, p. 140 for indicative interview schedule). The method relies on the expressive and reflective capabilities of both the participant and the researcher in using language to construct meaning and knowledge (Kvale, 1996; Polkinghorne, 2005). The sample of experienced clinicians would be well equipped for this I assumed. I felt that I was potentially well placed to build rapport with participants due to my position as an ‘insider’ in terms of professional training (Toy-Cronin, 2018).

Interview procedure

Prior to interview, participants were sent an information sheet (Appendix C, p. 135), consent form (Appendix D, p. 138) and indicative interview schedule (Appendix E, p.140) via email. The research process took place in the context of the COVID-19 pandemic. Consequently, six of the interviews were conducted via video conferencing technology (Zoom Video Communications Inc, 2022). One was conducted face to face at a time when UK restrictions allowed. Participants were interviewed during work hours in their workplace in a private office, except one interviewed at home. The interviews were audio recorded and transcribed verbatim. In the transcript, pauses and non-verbal utterances such as ‘er’ and ‘ummm’ were captured to give a sense of the natural flow and rhythm of the talk.

3:6 Data analysis

I selected reflexive thematic analysis (reflexive TA) because it is rigorous, systematic, and suitable for use in studies looking at psychology, the meanings of experiences, social contexts and processes, and psychotherapeutic processes (Braun and Clarke, 2006, 2021). It calls for the adoption of an open, iterative and interpretative stance whilst taking account of the researcher’s position in relation to the participants, the subject matter and the data. As a practitioner-researcher conducting a study within my own profession, it was important to use an analytic method that could take account of this position, and reflexive TA is well suited in this regard (Drake and Heath, 2011; Braun and Clarke, 2022a). Codes and themes may be created in explicit semantic ‘participant-driven’ ways at a descriptive level, or in implicit latent ‘researcher-driven’ ways at a more conceptual interpretative level. (Braun and Clarke, 2022b, p.57). I coded at both these levels and adopted an inductive orientation towards the data set consistent with the exploratory nature of my study. Saldaña (2021) has noted that the use of software programmes can help achieve a rich and layered analysis, accordingly I used

ATLAS.ti Web (Version 4.3.1-2022, 2022) software as a tool to organise and visualise my data as I wanted to do justice to the complexities of the data set, and volume of transcript material.

Analytic procedure

The analysis was achieved by following established guidelines that detail a six-phase process (Braun and Clarke, 2006, 2022b. p.35)

i) Familiarisation with the data set.

I read through each transcript twice checking back against the audio and making corrections. Throughout the analytic process I made research memos noting my responses, analytic ideas and insights in relation to the data.

ii) Coding.

I made two rounds of coding of all seven transcripts keeping the frame of my research questions in mind as an orientation. I attended with equivalent effort and detail to each interview. I added, deleted, or combined codes as the analysis progressed. I used the code graph displays feature from software to assist with this.

iii) Generating initial themes from coded and collated data.

Candidate themes were those that seemed to me to capture shared patterned meanings in the data, addressed the research questions, and that resonated with my developing understandings and existing knowledge.

iv) Developing and reviewing themes.

I checked candidate themes against the collated data extracts, noting the relevant dominance of each theme, used theme mapping as a visual aid to my thinking and discussed themes with a work colleague. The process of articulating themes to others, alerted me to poorly defined or incoherent themes.

v) *Refining, defining and naming themes*

I was guided in final theme selection and naming by evaluation of the relative dominance of the themes, and by their richness in contributing to forming a narrative in relation to my research questions.

vi) *Writing up the report*

Extracts presented in the analytic section were ‘tidied up’ for readability. When longer quotes are used and words have been removed, this is indicated via use of square brackets [..].

Quotes are edited to retain what is pertinent to the theme. I have taken care not to remove contradictory or relevant material. This was done to preserve the texture of any tensions, complexities, and nuances in the accounts of participants.

3:7 Ethics

The study was sponsored by the Tavistock and Portman NHS Foundation Trust and ethical approval for the study was granted by the Tavistock Research Ethics Committee (TREC).

The research was conducted as part of a professional clinical doctorate and approved and validated by the University of Essex. Care was taken to ensure that participants were fully informed about the nature of the research, prior to their signing the consent form. This was achieved through the provision of a participant information sheet. Opportunity was given to speak with researcher for further clarification if needed. Appropriate debrief information was provided (Appendix F, p.141). Participants agreed to taking part with the understanding that if there was to be any future dissemination of the research their confidentiality would be protected. Transcripts were anonymised and identifying details relating to participants were deleted. Data was stored on a password protected NHS laptop computer in this de-identified form, with only participant numbers used. The context of the research i.e. clinical doctoral

research study conducted under the auspices of a named training institution with participants who are members of a relatively small profession, means that matters of confidentiality of participants are particularly sensitive (Drake and Heath, 2011; Floyd and Arthur, 2012). Every effort was made to take this into account in the conduct of the study. To protect the confidentiality of young people and families, if individual clinical examples were referenced by participants during the interviews, they went beyond anonymising and acted to omit or alter any potentially identifying characteristics of young people. Composite examples were used, or general patterns in clinical work were talked about, for example. At all stages of data collection, transcription, and in the editing of material for write-up of the analysis and findings, care was taken to respect and protect confidentiality.

3:8 Reflexive statement

The findings of the study are situated and contextual in terms of my role, responsibility, and positioning with respect to the subject matter and participants. This is an assumption of the analytic method used: Reflexive TA (Braun and Clarke, 2021, 2022a). With this method, the subjectivity of the researcher is emphasised as a resource, ‘rather than a problem to be managed’ and the researcher is encouraged to own their perspectives (Clarke and Braun, 2018, p.107). Along with being the researcher, I was a trainee child psychotherapist at the time of data collection and am now qualified in the same professional discipline as the participants. In addition to this, I was professionally acquainted with some participants. As such I was conducting what has been termed ‘insider practitioner research’ (Drake, 2010; Taylor, 2011; Floyd and Arthur, 2012; Greene, 2014; Toy-Cronin, 2018). As an insider by experience of clinical work and by professional group, I found this positioning allowed for access and the development of trust and rapport with participants, as well as some understanding of the nuance of the clinical context. These aspects represent some commonly

cited advantages of conducting insider research (Greene, 2014; Toy-Cronin, 2018). At the same time, this insider status affected my take on the interview data and critical stance in relation to the project. Over-interpretation and selective attention to familiar narratives within data can be a pull for researchers (Drake and Heath, 2011; Greene, 2014). I tried to remain mindful of this and bracket aspects of my subjectivity to stay open to the material and to surprises. I strived to be mindful of any conscious personal biases and of when these might be acting to constrain or foreclose findings. Where my subjectivity in the process seemed particularly salient, or insistent, I made analytic memos of this, and was able subsequently to utilise these to support an ongoing critical process of what Schwandt (2014, p. 268) terms ‘methodological reflexivity’. The memos provided a useful point of triangulation, along with discussions with my research supervisor.

Certainly, immersing myself in a subject of clinical relevance to my practice was helpful, it opened up my thinking and resonated with my ongoing work with young people and families. I also noted that there was an amount of anxiety attached to the process of research interviewing, for both parties. I was practising a new skill, which felt exposing. At the same time, I was anxiously hoping for an interaction that could yield ‘good enough data’ (whatever that might mean), whilst protecting confidentiality of participants, some of whom were explicit in wanting to be a provider of a ‘good enough’ conversation. The participants and I were mindful too of the sensitive nature of this area of practice and the delicacy of discussing experiences of clinical work in a meaningful way that does not compromise the confidentiality of the CYP involved.

Adopting dual roles as trainee clinician and novice qualitative researcher was interesting and demanding, I found. There are many useful skills that can usefully be transferred from the clinical to the researcher role, but they are not equivalent (Kvale, 2003; Midgley, 2006). . Midgley and Holmes (2018, p. 66) highlight that even for explicitly psychoanalytically

informed methods of research interviewing, there are still ‘enduring differences between research and clinical settings’, and they caution against making within-interview interpretations. I found there were moments of ‘role confusion’ or tension for me, a phenomenon consistently referred to in writings on insider practitioner research (Drake and Heath, 2011; Floyd and Arthur, 2012; Greene, 2014; Toy-Cronin, 2018). I illustrate with an example of this. During one of the interviews, a participant suddenly remarked ‘I think you’re straying into interpretation there’. This was at a juncture where they had alluded to themselves as a parent and offered a vignette of an experience they had with one of their teenage children. This minor rupture in the interview was swiftly repaired in the moment, with an acknowledgement and a change of tack. On reflection I noted that I had taken a therapeutic line of thought (as one might in a clinical parent work session) which had shifted my stance slightly for the participant in a way they found jarring. I learned that an unintended subtle shift in my stance transgressed a role border for the participant in that moment.

3:9 Findings

Range of behaviours reported by participants

Before introducing and discussing the themes I developed through the reflexive TA process, I give a brief overview of the range of risks and harms described by participants. This information is presented below in Table 5.

Types of behaviours	Age and gender of YP and contextual information
<p><i>Peer to peer image based sexual abuse</i></p> <p><i>Peer to peer intimate images exchanged</i></p> <p><i>Risk taking behaviours, exploited by peers</i> Early sexualization via exposure to pornography at young age, receiving and sending nude images, arranging offline meetings for casual sexual encounters via digital media.</p>	<p><i>Females ages 11-14yrs reported being victimised by male peers to clinicians:</i> An image or images had initially been shared within a relationship consensually, then distributed beyond the relationship without consent. In other cases, pressure, coercion or deception was involved in obtaining images. Age gap at times between peers – older boys targeting younger girls. Clinicians made aware at time of referral, often school involvement.</p> <p><i>Two males age 14yrs involved:</i> Parent of one boy reported images found on phone to social services. Consent unclear: this was a concern of adults in network, not expressed by the young people involved.</p> <p><i>Non-binary 21 yr old</i> Reported non-recent events from early adolescence during treatment.</p>
<p><i>Use of digital technology in a coercive, controlling and sexually abusive relationship.</i></p>	<p><i>Non-binary 16yr old</i> Victimised by older male partner. Monitoring via digital technologies, sexually abusive messages. Combined with offline abuse. Young person disclosed the abuse during extended assessment.</p>
<p><i>Online child sexual exploitation</i></p>	<p><i>Males age 13-14yrs</i></p>

<p>Harmed via online grooming by adults in chat rooms and on social media apps. Exposed to pornography, encouraged to share nude images of themselves, and to livestream images of themselves engaging in sexual acts such as masturbation, self- penetration and medically harmful acts.</p>	<p>Disclosed to clinicians during treatment.</p> <p><i>Female aged 14yrs</i></p> <p>Concerns raised by parents, known at time of referral to CAMHS.</p>
<p><i>Viewing pornography</i></p> <p>Early exposure to pornography. Compulsive searching for and viewing of pornography, addiction to pornography.</p>	<p><i>Male from age 5-10yrs</i></p> <p>Concerns present at assessment, more emerged during extended CAMHS involvement.</p> <p><i>Female age 9yrs</i></p> <p>Known at time of referral, exhibiting sexualised behaviours at school.</p> <p><i>Males 15yrs - early 20s</i></p> <p>Reason for referral</p> <p><i>Male 14 yrs</i></p> <p>Known a time of referral</p>
<p><i>Viewing, downloading, collecting and exchanging images of child sexual abuse.</i></p>	<p><i>Males ages 17- early 20s</i></p> <p>Referred following detection of offence and legal processes concluded. Clinicians aware of behaviours from point of referral.</p>

Table 5: Range of risks and harms reported by participants.

Thematic analysis findings

The thematic findings of the analysis are now presented. Four main themes and 11 sub-themes were identified. These are displayed in table 5 below.

Theme	Sub-themes
1) A significant and complex problem	1.1 Gendered harms among peers 1.2 Blurred lines between victimisation, perpetration and participation
2) “Are we protecting our children here?”	2.1 Minding the gaps 2.2 Parental roles, safeguarding, and the need for regulation
3) The affordances of digital technologies and the interaction with vulnerability	3.1 Smartphones, accessibility and young minds 3.2 Addiction and compulsion 3.3 Trauma and sexualisation 3.4 Seeking, searching, becoming lost
4) Therapeutic processes and relationship	4.1 Taking the time 4.2 Trust and exposure 4.3 Developmental steps

Table 6: Themes and sub-themes

The story of each theme speaks in a cross-cutting way to participant experience, understanding and management of their case work with young people and children affected by online sexual risks and harms. Participant quotations are used to evidence findings. Quotes

are labelled with participant number. A theme map used in the process of mapping, identifying, selecting and linking the final themes is presented in figure 2:

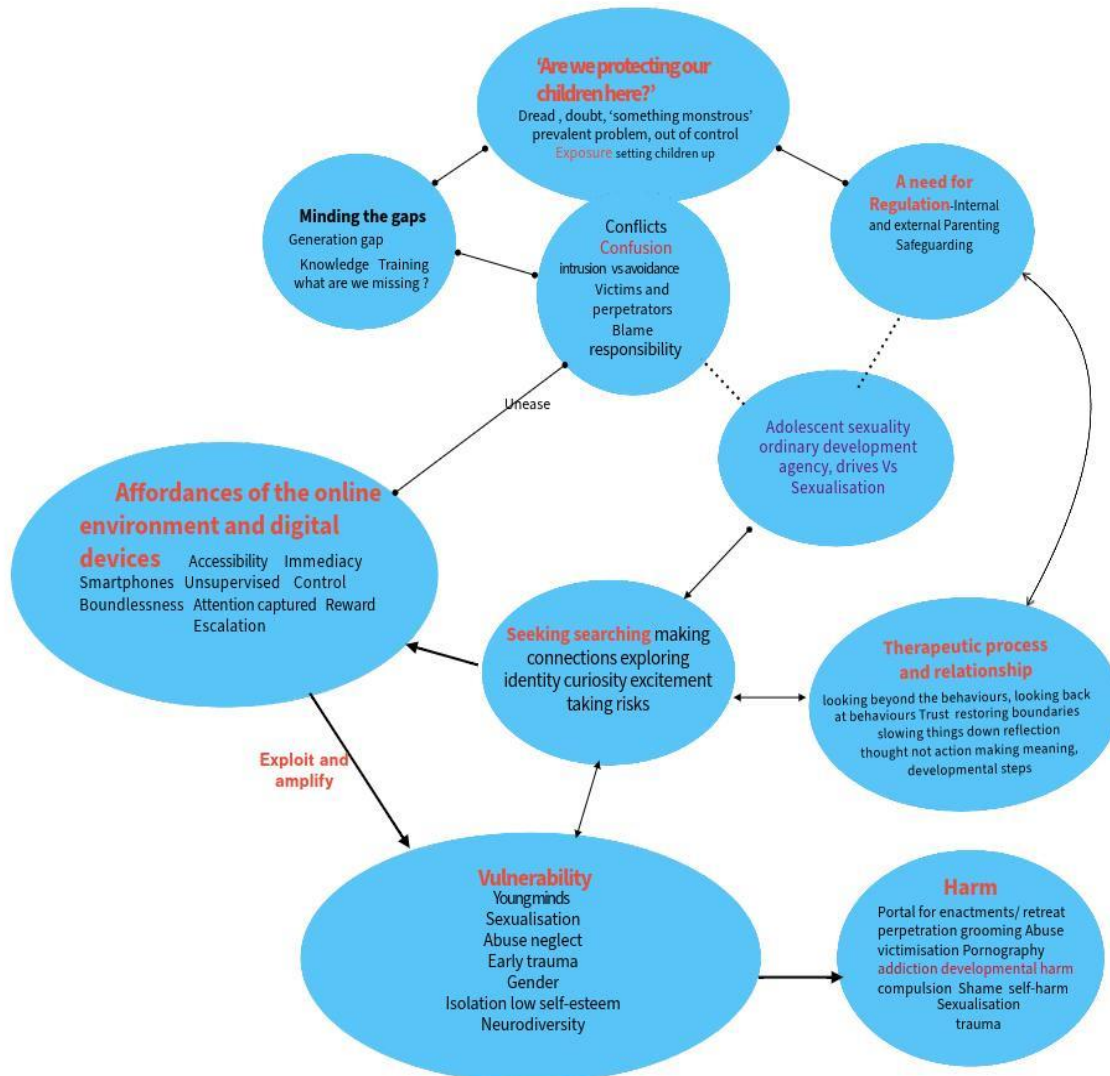


Figure 2: Theme Map

Theme One - A significant and complex problem

Six out of seven participants described encountering the issue of online sexual risks and harms among CYP frequently and increasingly in their work across various clinical contexts.

P4: *It's an increasing part of the work [...] since five years ago.*

P3: *It's certainly a theme across the whole of CAMHS.*

Participants reported that they experienced working with CYP affected by the issue as a complex and often disturbing task, which raised a variety of challenges and concerns for them, and their colleagues. A sense of dread was articulated as part of the experience.

P3: *How young people manage issues of digital media and sexuality, I think it's a theme in almost every one of the cases that I dreaded coming up. You know, if you're working with younger kids, you know it's going to come up at some point. But I do have a dread for it when it does come up, because I think it's saying that other things are going to go more... more wrong ..or become more complicated.*

It was an area where clinicians could be unsure with regards to their practice and would seek support with this via supervision spaces:

P3: *From the caseload that I do it... it's a huge... frequent conversation in supervisions[...] It comes up frequently in terms of people being not sure how to work with it... how to work with it from both a case management perspective, and from a psychology perspective.*

There was an association between experiences of online abuse and mental health crisis presentations. Online sexual risks and harms were understood as part of a matrix of adversities, risks and difficulties affecting vulnerable young people as they navigate early adolescence.

P3: *In emergency CAMHS, lots of the things that come in as real cries for help are very often associated with some sort of digital media. Whether that's bullying or sexual images.[...]It's not usually in the reason for referral though. The reason for referral is often self-harm or suicidal ideation, or suicide attempts.*

P2: My experiences are mostly the girls that are vulnerable in different ways. That are vulnerable because of complex trauma and attachment issues, and in foster care or adopted, who are sort of shocked by this developmental change of becoming adolescents and being seen as sexual beings. Or girls that are erm.. more on the trajectory towards developing eating disorders. And the body becomes a different type of space. And the relationship to it is complicated in that way. And they become particularly vulnerable to finding themselves in places where they could be invited to expose themselves online.. to accept an interaction online.

1:1 Gendered harms among peers

Peer-on-peer image-based abuse was a prominent theme among clinicians working in non-specialist settings and seen to be a growing, significant problem. Females being victimised by male peers was the most common presentation and was described as a disturbing new norm among young people. Victimisation, perpetration and gender were discussed by all participants. Those working within specialist services worked more often with males referred for perpetration of harm, and problematic use of pornography. Exceptions to this pattern, female referrals, were mentioned in some accounts but described as rare. Compulsive use of pornography among young women was one such rarity. A more common problem with pornography for girls was thought to be distal and filtered through male use of porn and pressured expectations.

P2: I had several girls telling me that they got caught up in situations involving Snapchats with peers, very often with peers that they know socially. But sometimes it does expand into being contacted by people they haven't met in real life, and things getting even more problematic.

P4:

My experience has been mainly with girls who have been well....coerced into sending pictures of themselves, which subsequently get shared. And then there's the fallout from that. I'm sure it affects um boys as much. But in terms of people I'm seeing myself, it is just the girls so far.

I'm aware that there are ..em quite a lot of boys, also, generally, from the perspective of, you know they're... seen as perpetrators, rather than victims of this. And a lot of it is ...the sorts of things that if it weren't for the fact that it persists..or some people make it persist. Some of it is...fairly innocuous. And the intention doesn't seem to be particularly serious. But there are other cases where there is quite a lot of very serious abuse going on, as well.

Participant 4 goes on to expand on the nature of such abuse, and an element of normalisation that they have become aware of among young people:

What's common I think is it seems to blend into a sort of bullying, you know, that sort of dynamic. And I think there's ..there seems to be an expectation that because everybody's doing it, it means anybody can do this. So you know, this notion of collecting a bit of an archive of em photographs of people. And the bullying aspect, the coercion. That: "I looked after you by telling somebody else to whatever ...leave you alone... so you.. you should do this for me". You know. It's very unpleasant.

Participant 2 talks about their work with one young person as a specific example of how CYP can experience both internal and external pressures to engage in the sharing of self-taken nude images when online:

P2: *In the early adolescent phase, when she was particularly vulnerable...that experience of sitting even in the safety of her own room and being explicitly asked by boys to send pictures of herself was I think something that very strongly contributed to her thinking: 'Okay, well, that's what I have to do. That's what I have to do. If I want to have any friends, if I want to be accepted, then I better use my body in this way.'*

Participant two then explores thoughts about the role of vulnerability in boys and the nature of the online environment in relation to encouraging nude image exchanges with their peers and then sharing these without consent:

P2: *I'm interested also in thinking about how, on the other side of the screen in this case, the boys who were looking for that sort of satisfaction of their immediate desire ...erm .. pick up on that vulnerability of the victim and how they can home in on it. Well, this is speculation. I wonder if they had their own vulnerabilities...then they're making friends by sharing her as an object really for exploitation and they end up feeling much bigger than they are in reality.*

You know..all of them bigger, more powerful, less... less fragile. Sexual pseudo-adults. It can reverberate in one's development in such a powerful way for such a long time.

The role of the 'pornographic object' was taken up in an account of the problem with pornography for girls.

P5: *There are exceptions of course, but overall, I think the problems girls have in relation to... to the pornography is the fact that boys watch pornography too much. And therefore ...girls can find themselves having to provide whatever it is that the boys are watching. So they become 'pornographic objects.'*

1:2 Blurred lines around victimisation, perpetration and participation

In all interviews young people were described as presenting both as victims and perpetrators of online sexual harms, a distinction that could become blurred. It was also often reported that children may not initially appreciate that they are becoming involved in abusive situations and continue to participate in behaviours that were objectively highly concerning for others.

P3: *So we've got a specialist forensic service. [Pause] ... so it's then about not just harm towards the young person, but how do young people sometimes create harm as well?*

P7: *But you know, something that's actually ongoing, I think this will be ...often will be concealed by the young person. For a number of reasons. Such as they may not even realize it's happening. They are involved in thisum....and they feel out of control or don't even know what they feel about it. They're not aware, you know, they're not alert to the fact that this is a form of abuse at that stage.*

There was often a discrepancy between what professionals would view as risky or abusive behaviour and how the young person's awareness of their experience was framed. This was associated with younger age, developmental stage, grooming processes, and neurodevelopmental diversity.

P4: *Is it a risky situation as we are seeing it? Or is it as the young person sees it currently? So often the young person doesn't realize, you know, the risk and so on. These situations come up... quite a bit in fact.*

Participant 6 refers to having noticed a particular pattern in their work with young people who have had early experiences where they have been groomed by adults online, and not recognised the following abusive interactions as harmful at the time. They would come to an awareness of this as victimisation only when they were in treatment having been convicted of offences as perpetrators of sexual harm themselves.

P6: *So I have had many cases where young people are being groomed online, but don't realize they're being groomed and then abused. I tend to see them more when they reach their sort of early 20s, when they've been prosecuted or not for, for 'child pornography'.. for looking at illegal images of ...images of child sexual abuse. And something that I noticed recently is hearing these accounts erm of, of how it's sort of slipped from one thing into another. So that they would start off... they'd have these kind of online chat room exchanges, and then be sent images and then be encouraged to... to upload images of themselves or there'd be a role play of a fantasy, which would then be .. well.. the sending of the illegal images was included in that. So, I am struck by the confusion between victim and perpetrator here.*

A different sort of 'slipping from one thing to another' was described in an account of peer-to-peer grooming, that had started in early puberty.

P2: *And soon after, maybe a year into high school where they were starting to be noticed and talked about and boys were making approaches, the interactions migrated also onto the online dimension. So it was.. you know, it started with peers, and then friends of friends, that sort of thing. And older boys, as well. And telling me the story, they said that without even noticing that something was a bit odd, or uncomfortable, they started to be asked to send photos of themselves....ehm...and that sort of led to, to just thinking 'As long as they want to be talking to me, and they want something to do with me. Why not? I'm going to send them what they want.' And it spiralled next into... to becoming a bit, I think, addictive.*

Participant 1 described the disturbed and conflicting feelings experienced by the parents of a young woman who was a victim of adult grooming and abuse online, but who continued to compulsively seek out this sort of contact despite their efforts to protect her once the abuse was discovered. The positioning of her as an ‘innocent’ victim seems to have been troubled and disrupted by a perceived display of agency and participation from her in the abuse.

P1: *She was stealing. Yeah, she used to steal devices. And so while the parents were very concerned about risk to her, recognising that she was very young and vulnerable. I think they also were very provoked and disturbed by... by recognizing that the deliberateness of what she was doing and the excitement that she was getting from what she was doing, and that it wasn't a sort of .. straightforward seeing her as being a victim of abuse. It was something she was actively sneaking around to do. So that's why they sought help from us.*

Feelings of shame, and anticipation of being blamed for not doing enough to protect herself were factors that participant 4 felt had contributed to one young person minimizing the effects of being victim of image-based sexual abuse (Pictures she had sent within a relationship were shared without her consent around school).

P4: *She immediately minimized it, played it down. Her mother said she was just trying to be very brave about it...front it out ..but she could tell that she was very upset by it.*

[..] I do worry that possibly people are ..much more aware now.. that maybe they feel that if it does happen, that in some way...you know that victims have been a bit lax in not sort of taking precautions that they should.

The worry articulated here links to the potential for ‘victim-blaming’ to occur in cases of online sexual harm. In this case, as a paradoxical effect of educating young people on the risks of exchanging first person-produced sexual images with peers.

Theme two – “Are we protecting our children here ?”

This theme is intended to capture a hanging question, and a sense of unease that I detected was threaded through all participants accounts in both explicit and implicit ways. It was clear that they felt that CYP were being exposed to a phenomenon that was threatening and which had the potential to cause them significant developmental harm, and to impact their emotional, physical and mental wellbeing in ways that were not yet fully understood.

Protection was needed but was lacking at various levels of young people’s interface with online risk. The first sub-theme illustrates something of this unease in relation to generational and knowledge gaps. The second sub-theme sets out different levels and mechanisms of protection and regulation, and the role of parents and professionals in this. It was a notable and surprising aspect of the interviewing process for me that participants spontaneously referred to their own experiences as parents at points. There were no questions directed toward their personal lives. In combination, the contributions related to this theme link clinical, personal, and broader social perspectives with reference to current public debates around CYP’s exposure to online and technology-facilitated sexual harms. This speaks I think to the penetrative quality of this issue.

2:1 Minding the gaps

Five out of seven participants referred to a generational digital divide in developmental experiences between themselves and the CYP they worked with. The generation gap was a dominant theme. Gaps were also noted in organisational terms by one participant: training and assessment tools not available to them in their workplace. It was noted that young people’s introduction to sexuality was now almost universally likely to be mediated via digital technology. This was appreciated to be a different qualitative experience to

participants own generation, and to bring with it a landscape where there was a sense for some that norms were being re-established, in a way that was difficult to gauge.

P3: I think for the introduction to sexuality... it's more visual. Visual..and experienced through digital media and through social media, rather than through interpersonal experience and imagination. I think it's maybe reactive rather than reflective, and something quite powerful is happening. Which is so different from my upbringing and my background, that I'm not entirely sure I can get my head around it. And I do think there's a problem.. in not being digitally native, and really understanding what's ordinary and what's not ordinary here. And the whole field to me feels compromised by people not knowing that. Also, thoughts about protecting children have been conflated with being old fashioned or out of touch. And I think that can stop proper conversations about how to protect young people. [...] I think it's easier to dismiss somebody who's let's say 50 plus, I think it's easier to dismiss the take on digital .. on sexualised digital media... “because they're old and they don't understand it”. When, the points that might need making are simply “Are we protecting our children here?”

I think that there are many forces in society that are quite happy to continue as is and to allow access to things...really harmful things...not only to exist, but be promoted and developed, I suppose to make money out of this situation as well.

The idea that responsibility ought to rest with young people to navigate online situations in a hyper-vigilant and suspicious way and to protect themselves on commercialised platforms was questioned by one participant.

P7: It's all very well to say to young people, ‘you need to be on your guard. These are the signs and symptoms of someone dishonest’. But it's probably developmentally kind of ‘corrupted’ to ask people to be constantly suspicious. Is that the default now to ask young people to be suspicious of others? As the default that is a terrible way to bring someone up, I think. You know.. if we're going to rely on young people because the online providers have been, and still are, so completely useless.

Interviewer: They're not ‘good parents’

P7: No... on a massive scale, not good parents.

Some young people's agency and ability to speak up on issues of abuse and consent online, was noted as a positive generational difference. In this extract the participant had been making a comparison with large scale offline sexual abuse scandals of the 1960's, 70's and 80's which had long delayed investigations and prosecution, and where victims had been ignored or silenced. An underlying worry that young people were currently being failed at a societal level, however, was also present.

P1: *On the one hand, you have adolescents who are very good at being quite vocal and like with "hashtag MeToo", and Everyone's Invited, with reporting things, and consent. All of these issues and much more. They're much more articulate than our generation was... completely, and it's something that's spoken about in school a lot now.*

Yet, at the same time, the incidence of sexual harm that certainly we know about... there seems to be more going on? Again, it's hard to know whether or not girls and boys are being more ...speaking up about it more. But I do feel like there's more. I wonder about the exposure of young minds to pornography at a much earlier age and the access to it and how you can find whatever you want...em yeah, and how that's having an impact in terms of sexually harmful behaviour. Maybe we'll look back on this decade and go, What the hell were we doing? And why didn't we do something about it?

What it might mean to be in a digital age where images and conversational exchanges between adolescents are retained, discovered, exposed to adult gaze, scrutinised and judged was explored by participant 4. The idea of there being a perennial generation gap concern about adolescent sexuality quite apart from any specific technology or behaviours was used in their thinking.

P4: *Maybe because I'm too old, and I can't quite remember ..eh ...how I felt about things I may have done as an adolescent, you know that I didn't tell my parents. I think I knew how they would have reacted, and I wouldn't have wanted them to know. [...] I think there is something quite ordinary about that from a generational point of view. You know, the older generation are horrified by the behaviour of young people, and that's not changed. But what **has** changed is the medium by which the adult world comes to know about these activities, ...it's through social media. So a lot of it is retained in a very concrete way. But without ..the context around it. So people are being presented with facts that eh ... yeah... that really are being interpreted very baldly at very base value.*

And then I fear that isn't the case. That it is a big, horrible iceberg and that online abuse is the tip of it. What we hear about sexual bullying in schools and harrassment ... maybe this really is much more the norm for young people... more than ever before. And this is only going to get worse because it will be involving younger children and more children and will affect how they develop through adolescence and into their adult sexual body [long pause].

There's something a bit unknown here... I don't know. There's something a bit monstrous about this isn't there? There seems to be something going on. You know... it's quite intangible. Something monstrous stirring. [Pause]. But perhaps this is ... on the other hand... this is something about, you know, a new adult anxiety about developing sexuality in the young, really emphasised.

The experience of having a window on retained concrete exchanges between young people is vividly described by one participant who had been shown a group exchange on their daughter's phone. The emotional impact of what was shown is clear.

P7: *And it was a kind of gang hate on one particular girl. And the ..and the vituperative comments, especially by the boys, using sexualisedthe language was absolutely mind blowing.*

The same participant later described how they felt that a generation gap between themselves and the CYP they worked with impacted upon their own effectiveness and confidence in assessing for online risks and harms. This was compounded for them by a lack of training and the availability of specific assessment tools. The practice of making detailed assessments of online risk was not embedded in their service, they reported.

P7: *But essentially, I think we need guidelines for how to make an assessment as mental health professionals of online activity. Because although we are all trained in holistic mental health assessments, what we don't have is a checkbox list of questions to help us map someone's online activity. And we are actually all so old that we don't know what we're talking about a lot of the time [smiles]. You know, if someone says to me, 'I play with them online' - because I probably have a natural sort of boredom about thinking about gaming I can't picture it very well. So, I won't ask follow-up questions. But really, there are so many follow-up questions that you need to know, what platforms? What games? What time of day? for how long? How many people can be on a game? Is there a forum where you can chat as*

well as play the game? How do you communicate outside of the game? I think it's outside of our skill set, and knowledge. I think it's a huge uncharted area. Nobody I know asks detailed questions about online behaviour, or social media.

Lack of knowledge about digital technology was cited as a potential barrier to understanding risk.

P4: *Yeah these online sexual issues come up a lot ...increasing to the point where em... I think ...I'm starting to feel that I need more training on the sort of technology that allows this.*

Participant five talks of generational difference by making a comparison with their own childhood media environment to illustrate their views on the effects of unregulated use of digital technology on children. They are explicit about their concern that children are currently facing a new danger that pre-digital generations have not.

P5: *If I think about my own childhood, er kind of older people ...before the internet, and before the kind of constant presence of these things, you know, everything was more or less regulated by the environment. I would go watch telly. I watched the programme, then it's over. It started at a time that I don't control, and it ends at a time that I don't control. When it's finished there's nothing else to do. Now, if I sit there [makes a face, shrugs] ...nothing else. I can't press a button and see another one and another one. And another one. I get bored, I have to do something else. But now, you don't have these environmental regulators. You can just press a button and you have more and more and more. Endless. Boundaryless. So that's dangerous for children because they don't have the capacity to stop themselves. Just don't have it. And they have brains that are much more likely to get addicted to things than adult brains. So it's dangerous. There's something about the actual technology, which is dangerous for children, if you don't regulate it for them. Regulating it for them is another challenge in parenting because you have lots of conflicts and fights over it.*

This quote anticipates and links to theme 2:3 in raising the 'need for regulation'. It also anticipates theme 3 which relates to the affordances of digital communication technologies and the interaction with vulnerability (in this case, younger age).

2:2 Parental roles, safeguarding and the need for regulation

This theme brings together material relating to various mechanisms of protection and regulation, both internal and external. It is drawn from participants accounts of their experiences of safeguarding CYP and their work with parents, carers and networks. The importance of working together to respond to risk and harm was highlighted as a basic standard of good practice. This involved targeted, individualised safety planning and active liaison with a clear developmental focus on the age and stage of the child.

P3: *To me the most important thing was that the safety plan was genuinely tuned in to his vulnerabilities and accounted for them. So it wasn't just generic but could be understood by somebody with a communication difficulty. And it was bespoke for him and the people around him, which started out with his mum and then we were on to foster carers to make sure they understood how to communicate with him, and how to support that plan over time, in a way that made him feel noticed for looking after himself rather than noticed for harming.*

The complexities of working with parents and carers were described in some detail in accounts, where thinking about the internal and external world informed safeguarding and parent work. There was discussion of family dynamics where parents were highly disturbed or angered by their child's behaviours and frustrated by their child evading or circumventing efforts to keep them safe from harm. In other cases, parents were seen to be enabling a young person's involvement with sexually harmful behaviours in some way either consciously or unconsciously through neglect for example and acts of omission or commission.

In this excerpt the participant seems to feel and communicates the shock and disturbance they found to be lacking from the parents' response. They also offer an interpretation that the parents' paralysis may have partly been due to a generational lack of awareness which contributed to their difficulty in perceiving and responding to an unfamiliar phenomenon.

P7: *I remember, a shocking description of a scenario where a young person was in some kind of online grooming situation where the groomer would explicitly order them to leave their laptop open with the camera on so that the groomer could see them sleeping at night, and they did this. And the parents were paralyzed with inaction. They weren't reacting in the right way. They weren't reacting protectively. I think because... I think that they had only gone so far as to close the computer when the young person was asleep. And we had to sort of, you know, it's, I don't think they were neglectful parents... but they were unable to see what was in front of their eyes. I think it was that sort of thing.*

Interviewer: *A sort of a blind eye?*

P7: *No, I wouldn't call this a blind eye, I would call it something so new, that it hasn't got a place to be categorized in the brain. Not knowing what they were seeing, no reference points at all. Part of our role was to increase anxiety in the parents.*

The clinical team sought to activate the parents in protecting their child. The actions of removing devices or switching off broadband at home were measures of protection discussed. There was a recognition though, that these practical steps may not provide a long term, or even temporarily effective solution to difficulties.

P3: *Any young person is going to object to their phone been taken off them. But sometimes it is required if they're putting themselves in active harm, or if a predatory adult has got direct contact with them that's unsupervised. But I do think that to have a phone now feels like a human right to young people and em... you can't really take it away depending on the age.... You can't take it away for long..but you can replace it with ones without a camera. But again, it doesn't go down very well. And it's not a permanent solution, either. They get a secret phone. That's what happens and it becomes even more... even riskier.*

The importance of parental support was considered key in young peoples' recovery. In longer term treatments, when appropriate and possible, participants reported that having parent or carer work running alongside a child treatment could allow for a deeper engagement with problematic family dynamics that may have been contributing to and perpetuating difficulties within the young person.

The metaphor of a hostage dynamic was employed by participant 5 to talk and formulate clinically about their experiences doing this sort of work. They were discussing a common presentation seen at their clinic, where a young person, usually male was completely withdrawn to a room and compulsively watching pornography and spending all their time online to the exclusion of other activities. This would almost inevitably, in their experience, bring up highly ambivalent feelings in parents towards their child, and a deep sense of dread.

P5: *So the son would be watching pornography all day. You will have a parent who is extremely worried because the child is stuck there and isn't coming out and is getting worse and it's terrible. But also you can with certain disturbed parents, see a degree of ...of... well collusion because somebody is paying for the Broadband. Somebody is feeding the monster and somebody has kind of.. let a relationship deteriorate.*

In that territory... and even with the less disturbed parents... they will become... It's kind of like parents with an addict. They will oscillate between feeling extremely worried and scared that the child will literally die, or fail to thrive completely, to being furious with ..with 'the kidnapper'. The problem is that this is the same person. But they would oscillate in this way. Or if there's a parental couple, they would fight each other around it. [...] They feel completely..em.. impotent, because they are scared that they will hurt the child if they are too firm. And it literally feels to them that the child they once knew has been abducted.

They move to describe how, for such parents, taking even simple measures to protect their child feels threatening, due to the nature of the life-or-death anxiety evoked.

When you ask them 'Why don't you turn the Wi Fi off?'. They will say 'If I do that, well, I don't know what will happen. He might kill himself'. You know, it will usually take 15 seconds for them to get to the picture in which the child is dead. [...] They're terrified if they do something that the child will become acutely suicidal. And you know, sometimes this actually happens.

And what you help them with is to look for that elusive, therapeutic in between... of being both firm and kind.

In the example below, the young person had been affected by engaging in risky sexual behaviours that encompassed both on and offline encounters and had also been subject to peer-abuse in their early to mid-adolescence. The compelling physical excitement of the offline encounters sought by this young person was reduced during COVID lockdown. Having more available parental presence seemed to allow for a more benign use of technology and different sorts of connections with friends.

P2: [referring to sexual behaviours] *But when the lockdown happened, it all stopped very interestingly, including online. So, the online activities changed from being about risky sexual connections with guys and became more sort of innocent video games with friends. That is interesting. It's.. it's something like no one's hurt, the body was safe. Also, I think it's important that I add that the protective... the massive protective factor for this young person is that they had supportive parents and a good relationship with their parents.*

Even with parents involved and on board, dilemmas in safeguarding were still present. For example, balancing the building of trust with young people in therapy with the need to protect them. This could also be complicated by the fact that disclosures by young people were not always clear and complete.

P1: *We had the parents working with us. They were in agreement that they needed support from social care and that was helpful. There was often a kind of fine line being walked in terms of... 'What has she just told me in the session has she... has she told me she stolen an iPad and she's back online? You know what, what do I need to do about this? How do I keep something going with the therapy but also keep her safe? How do I get her to talk about this stuff? And not shut it down completely with safeguarding referral straight away. Which is quite complicated [..]*

While young people might object to a clinician sharing a disclosure with other adults in the network, this was seen to be the necessary step in the short term in terms of immediate protection from sexual harms. Over the longer term, it could still be helpful therapeutically when following conflict, there was an eventual alignment between the young person and

clinician over what was in their best interests. This was considered diagnostically as a sign of improvement in terms of a neglected young person starting to think of themselves as worthy of protection.

P3: *If I was aware of sexual harm. I would always have a safety plan, it's not necessarily agreed with the young person, either but talk to the young person and negotiate it and then share it. Even if it was against their will, I would still share that [...] I've only had one case that I can think of where that has been a bone of contention between us and actually it turned out to be, eh, quite a useful one. Over time, not immediately... at first it was very difficult. Over time, there was some sense of appreciation that I had helped them.*

The need for regulation of harmful sexual behaviours perpetrated against and by young people included that provided by the legal system. Although police involvement would not necessarily end in any charge or pursuing prosecution, especially in cases of peer-to-peer image exchange and non-consensual sharing. For those young people detected to be viewing, downloading, exchanging, and collecting images of child sexual abuse, charge and prosecution was likely. In the case below, boys who had shared images of a girl without her consent around school were met with school sanctions for their behaviour.

P4: *There was quite a gap between the children sharing these images and it coming to the attention of the school staff. And then soon as that happened, the police were involved, and she was very reluctant to tell her mum at that point. So the police were involved and they identified two boys in her class. So, what happened was, the two boys were both, they were sort of ... they were suspended if you like.*

Participant 6 discusses regulation from the perspective of their work with a forensic group of older adolescents who had histories of perpetrating online sexual harms. They describe a formulation about how getting involved in compulsive and illegal sexually harmful behaviours online had functioned at one level as an unconscious defence against the anxiety related to taking on the adolescent developmental task of separation for these young men.

The online world was functioning as a sort of retreat, but one that would end up pulling in those around them when their behaviours escalated, were detected, and investigated.

P6: In the group talk that day, it was all about regulation. The anxiety about not being able to manage...It's the anxiety of there being no regulation. And the hatred of too much regulation [...] I have a certain proportion of the young people I see who have been regulated by probation, and their police case officers. So we could say that they found 'mummy' in the external world, or 'daddy' in the external world to do that for them. And sometimes we might relate that to anxieties about separation, you know. You can argue, I think, particularly in these younger children, in early adolescence .. one of the developmental aspects of it is that if you do this illegal sexual stuff online, there's a....it's a joy to be hidden. But you will also want to be found. And if you are found, you're going to find yourself under very strict supervision, and have more of a childlike dependence on the parents again. Then you don't have to go out and grow up and do all the scary stuff, where you're in charge of your own stuff. Scary.. actual... life. Because part of it sometimes, I think a lot of it, can be understood in terms of a defence against ordinary development and the ordinary anxieties which, for lots of reasons, these young people are ill equipped to navigate.

One implication of this formulation is that internal regulation, and a sense of internal safety is lacking for the young people, thereby fuelling the behaviours that ultimately elicit regulation from the external world. But of a sort that they can resent, where a prosecution feels like a persecution. Three participants noted that in their experience, this sort of addictive pornographic retreat can be a maladaptive way to stave off an adolescent breakdown.

In these cases, a history of early failure in attachment relationships was reported to be a common vulnerability. The concept of vulnerability in young people was referred to by all participants, which is understandable given the clinical context of this study.

Theme Three- The affordances of digital technologies and the interaction with vulnerability.

Theme three represents one dominant strand of understanding among participants about difficulties with online sexual risks and harms among CYP. In the interviews, there was an overall sense of the online environment and digital technologies not being neutral entities. Rather, the affordances of digital technologies were seen to interact with and impact ordinary developmental drives and psychological processes in CYP in an active, exploitative way. Pathways from risk to harm were seen by participants as most likely to occur when CYP had pre-existing vulnerabilities. There could then be an amplification or escalation of harms seen as a function of this interaction. The sorts of vulnerabilities described included having a history of complex trauma in the form of physical and sexual abuse, neglect, living with parental ill health, neurodevelopmental diversity, being a looked after, care experienced or adopted child, and those CYP identifying as LGBTQI+ who had experienced minority stress.

3.1 Smartphones, accessibility and young minds

Smartphones were the most frequently discussed technology. The combination of camera with phone, the younger age of smartphone ownership, accessibility, and lack of supervision were considered significant features in relation to sexual risks and harms. The integration of the phones into everyday life, and the idea that they are too much for young minds to handle was highlighted by participant five with a story about their own child.

P5: *I can see from my own kids, you know, my son, he started secondary school. I got him a smartphone. Because of the pressure to not exclude the child, and also, I pick him up, I need him to have a phone so we can coordinate stuff. He has no way of managing it, really. He needs me and his mother to manage it for him. Because if we weren't there, he would just be on it all the time. And it has, it does nothing good to his mind. You know, nothing at all.*

So I think the children ...younger and a little bit above [pause] I don't know when they reach an age in which they can manage it... but they can't manage it. And they can't manage being members of WhatsApp groups of children or... Because the problem about these groups is that there is no adult there and children can't cope without an adult. Really. And an environment in which an adult doesn't belong, and you just have kids there forever without an adult ever looking, is dangerous. It's bound to escalate, and it's bound to turn weird and dangerous, even. They have no way of managing it because they can't manage feelings without help. They can't regulate without adults.

Accessibility, impulsivity and sexual drives were thought to combine with features of smartphones to cause risk of harm for younger adolescents, so age and developmental stage is the vulnerability here. The issue of the legal age of consent for sharing sexual images came up in relation to the potential for young people to be criminalised for such activity. The clear line to referred to below refers to the age of consent.

P3: *I think it's a very helpful clear line. I do think there's a big difference between sending your photograph to a 35-year-old who's looking at that and sending it to a peer. And I don't know if legally the system is sophisticated enough to cope with the difference. But also, going back to my earlier point, I feel that we've set our adolescents up with not just a camera, but a camera connected to a phone where you can distribute the image. I mean it's ... it's not proportionate to the impulsivity in the sexual drive of an adolescent.*

Accessibility, age and vulnerability interacted for a young person struggling with issues around social communication, identity, low self-esteem and impulsivity who used her smartphone to exchange sexual images with peers, and to arrange potentially risky offline sexual encounters.

P2: *There is something about how immediate and easy it all is practically. Sitting holding that screen. And just deciding yes or no, without having the space to think. Or having something that could slow you downnot having to lie to your parents, or arranging something with friends to cover up for meeting those boys...you know, that sort of adolescent situation. It's all just in the matter of a split second you decide, am I going to do this? Am I going to say yes to this request? Or am I going to sign off and close the screen? And for someone who was so confused about how to be a teenager, and so desperate to be accepted that.. it appears.... well that was just extremely, extremely powerful.*

For an older adolescent who had found himself in a self-destructive compulsive cycle involving several addictive pursuits and had sought treatment for this, his smartphone afforded an opportunity for instant gratification and risk-taking. There was not a claim, however that his phone was responsible for the problem.

P6: *He was describing, how he's looking up escorts on his phone while at work. So he's both, in a self-destructive way, sort of waiting for someone to look over his shoulder and see the naked lady on his phone and swiping left and right and finding an excitement about who he's going to choose. It's kind of so.. in that version..it is digital. He's risking his job. Money, you know, he losing .. he spends all his money on it. One night is half his pay check, you know..so I think there is perhaps something about the availability. Which must be..well must be.. different with this generation.*

The combination of smartphone and camera could lead to risk of young people with vulnerabilities criminalising themselves. When underage, exchanging images with peers could also be perceived as abusive or suspect by others dependent on the situation, even when not seen as such by the young people involved.

P4: *He would come across probably as the corruptor in that relationship, if there was, if you wanted to look at it from that perspective, which parents might want to do...I think the other boys parents did want to do that, in that circumstance. I don't think it was particularly, I mean, compared to some of the other cases, I think it was probably just fairly tame what was exchanged. Problem is that he was under the age of consent when he did it and it was illegal.*

3.2 Addiction and compulsion

Addictive and compulsive processes were framed as being enabled and amplified by the affordances of technology, and the online environment, particularly with relation to viewing pornography. Evidence of this was provided in the account of a participant who had experience of long-term work with CYP affected by problematic and compulsive use of pornography. They commented on trends of increasing prevalence, noticed over years of practice in a specialist service. In many cases there had been an escalation of the addiction,

which could involve a type of content progression, often accompanied by grooming, which could end in young people viewing images of child sexual abuse. This was explicitly linked to advances in technology, specifically: faster internet speeds, increased access to smartphones, and changes in the porn industry that led to the wide availability and promotion of free pornographic material.

P5: *So, they could in their living experience... and they were just kind of a very specific generation that will never repeat. Okay. So you can see with them, that ...their adolescence mirrored two things: the appearance of smartphones, kind of screens in the pocket.. em ..because that was kind of the first iPhone. And the acceleration in internet speeds. And Pornhub was kind of was at the end of this, of this..*

Interviewer: *Evolution?*

Evolution. And they ...because they were also fragile, and because let's say they didn't have the overall benign presence of parents who could regulate these things for them, they just got they got deeper and deeper as the internet speed got higher and higher. They got more and more addicted.

Participant six describes working with young people who seek help for compulsive use of pornography, many of whom had been accessing illegal images.

P6: *I think it is very much about addiction. Within the group, and with lots of patients I tend to see. And what is actually quite helpful in the group, is there are lots of other addictions spoken about too. So there's multiple... to drugs and alcohol and all the rest of it. I guess by the time they get into their early 20s... this is how they present. And so, so I sort of think of it as two-pronged in that there's the, you know, there's the original way in which we might understand what's behind the behaviour, and what's led to the behaviour like I was describing with that young man just now. But then, like any addiction, it takes on a life of its own.*

Easy access and endless availability of pornography via digital communication technologies was not framed as sufficient for creating the addiction. It was the addition of vulnerability

into the interaction that was key. The example of a more ordinary developmental trajectory involving a pornographic habit that makes a benign progression was offered: a developmental turn away from the screen and out toward getting going again with life.

P5: *If you look at it from the other end, not all teenagers are kind of eh ...addicted to pornography. So this boundaryless availability is not enough to create addiction.*

Interviewer: *Yes, but the question comes to mind why not?*

P5: *[laughs] Why not? Because I think for most adolescents ...masturbation is something that you do. But it's not as good as having sex with another person. And they would like to have a boyfriend or girlfriend. They would like to have intimacy, they would like to move on in their lives. And they get bored. So... so they get kind of feeling sort of yucky. And they want some fresh air. So most of adolescents go with.... where development should take them. Which is about gaining...gaining more freedom, and experiencing sort of good thingsnot just bad things. Learning from their experience, and you know, falling in love getting... getting intimacy going.*

The development of an addiction to pornography, of long-term compulsive use, was formulated in terms of filling a need beyond the immediate experience of masturbation. One which had its roots in trauma.

P5: *And with online pornography, it creates its own problems, but it doesn't necessarily have to become an addiction because there isn't ...they.. they're not looking for a solution for some unresolved thing. For mastery over...or an avoidance of pain relating to early trauma. They're not..they're just...they're just wanking. And then hopefully there'll be bored of it, or they'll end up with something which is more of a relationship, which ...well ..they will go.. 'Oh ! That's much better than all this wanking I've been doing!'*

3:3 Trauma and sexualisation

Participants commonly linked early traumatic experiences and sexualisation of children with vulnerability to compulsive pornography use, having re-victimisation experiences, and with perpetration of harm. Digital technologies and online environments were both portrayed as

instruments of sexualisation, through early exposure to pornography at sensitive periods of development for example, *and* as the media through which sexualised children could be exposed to further risk and harm. Especially on reaching adolescence.

P6 : *You think of a normal adolescent and how preoccupied with sex you can be as an adolescent. Well as...as you should be. But then, if your body has been sexualised, way too early, the feelings are that much more intense [...]. Across the board our patients have been sexualized pre-adolescence. That's almost everyone I think that I see.*

For the young woman described below, her early exposure to neglect and experiences of abuse left her again very exposed to maltreatment and exploitation by adults when online. Encounters became sexualised through grooming processes.

P1: *Almost that the young person was available for others to use and make of what they wanted and create in their own way. So they were just sort of without a possible ...a personal boundary of their own that was protective. It was as if it hadn't developed from very early on, and I think that was because of the trauma they suffered. Um, definitely the physical trauma and neglect, we don't know definitely about sexual ..um..abuse. But that there was something they hadn't had early on in their life that develops boundaries and a sort of clear definition of you and me.*

For some young people, the online world accessed via their devices was perceived by the participants to offer them a portal for repetition of traumatic experiences that were unprocessed. In the case of those using pornography for this purpose, and who had been drawn in to accessing images of child sexual abuse, it was suggested that there were complex processes of identification involved. These were linked to the young people having experienced victimisation themselves. In the watching of violent and abusive images, the identification processes might oscillate between placing the young viewer in the position of either perpetrator or victim.

P6 *So I think it's, it's because of identification when they're looking at this material. I think the problem is it also becomes compulsive for certain reasons..em.. it becomes like a heady kind of mix.. the sexual side of it, and the illicit side of it combined I think with the feeling of*

guilt and shame after they have viewed the images. This shame is also baked into the experience of abuse that they're repeating. I think it's also arguably a way, what they're looking at, I don't know, is arguably a way of processing the trauma. And you could argue it's a better solution than the Contact offence, obviously. But if you think about the sort of boy I was describing, he's... there's a kind of difference between being in em in identification, with the aggressor...and this is probably more commonly the case. But there's some patients who are in identification, I think with the child when they watch this material.

Processes of sexualisation were also referred to in the psychoanalytic frame with a different emphasis, where they were seen to be functioning as part of an unconscious defensive mechanism against pain connected to early relational trauma. The availability of endless varieties of online pornographic materials displaying countless categories of scenarios, was seen as a feature which allowed for unconscious fantasies to find a concrete 'match' which became uniquely compelling. This was a phenomenon described by a participant who had treated many young people who had difficulties with compulsive use of pornography.

P5: *The dynamic they bring again and again and again... is that they describe some free floating exploration into pornography. And they they click away and click away online through pornographic images. And there's a sense that the hand that clicks away, is connected to the unconscious, or to the unconscious ..the unconscious fantasies. And the masturbation fantasy is connected to trauma, and to relational difficulties. So... the enactment eh.. which is, where the index offence is like a dream, you know, it contains all the molecules, of the personality and the trauma. And the difficulties that get into that ..enactment get spiced up with sex, turned into excitement, and ..that links them. Then this is how you sexualise something ...something very specific in relation to your trauma and to your pain. And then it becomes extremely addictive, because you transform it through the sexualisation, usually in a kind of sado-masochistic way, and then you consume it as a high, instead of being at the mercy of it as something that causes you pain. So that's what makes it extremely addictive to our patients. You see it a lot with humiliation and being belittled in a traumatic way [...] And then the pornography use becomes a more general solution to just experiencing pain in daily life.*

3:4 Seeking, searching, becoming lost

The activities of searching and seeking for information, excitement and connection online were associated with healthy developmental drives. This was understood as a way of exploring, and of gaining a sense of agency, autonomy and control. The risk of taking wrong turns and becoming lost or ensnared could come along with these opportunities. Again, this was associated with various forms of vulnerability, with feeling isolated or lonely, and largely, though not exclusively, with early adolescence.

P2: *It's to be expected in that early adolescent stage, exploring online. They may be online for lots of different reasons, looking for all sorts of different bits of knowledge as well. And are feeling....a bit sort of at sea and not knowing what's happening. And looking for some sort of answer. Because all the answers must be available. So you know, there is the looking for the knowledge as well as looking for connection. And I think the other thing in common between those girls that I've heard talking about being caught up in sending nude or sexual images of themselves on Snapchat is having a lack of a proper strong friendship group in the offline world. Very often. So they are looking for some type of group to belong to or some sort of connection. The invite to share images then becomes that way of connecting. But with the element of excitement as well. That comes with it. But very often this excitement is muddled with ...with a very fragile sense of self. Extremely fragile sense of self.*

Participant three refers to a boy who had very early and repeated exposure to pornography online (from around 5 years old) who had special educational needs, a history of complex trauma, and some profound difficulties functioning in many areas of life.

P3: *He couldn't read or write. But he could still look up the internet for things about naked girls on the internet. It was just astonishing, just from that young age, how he could find ..for somebody that couldn't do anythinghe could find.. And em... obviously, he had a childish idea of what he was looking for, but somehow the seeking for sexual content on the internet, seemed to get the best out of his developmental abilities.*

And the sense of agency that that must have given him that he could find that and make that happen. And how rewarding must that be as well. In an ideal world he'd be looking at

Minecraft, or something sort of age appropriate and more pro-social, but he was looking at what he was interested in, I suppose.

Some participants had worked with several adolescents who were dependent on the online dimension, and who showed similar patterns. They had been exploring illegal sexual and violent content, making connections with groups of adults who were corrupting influences and abusers with perverse interests, and accessing the dark web. The young people would describe an excitement and thrill in this for them, and a feeling of being powerful, and special, even if this was especially 'bad'. There was often an accompanying pattern of withdrawal from other activities, and a history of social difficulties. When in treatment, away from the screen, underlying feelings were surfaced.

P6: *But just this idea, this kind of .. this world where you can find anything you want. Where there is this illusion of freedom. This illusion of ...where they get lost in for hours. But then ...then they feel sort of slimed and dissatisfied because they have this illusion of something but ... it's not real freedom, because it's fantasy life really. It's something that becomes very dispiriting [pause].*

I think, if I remember rightly, in the Lion the Witch and the Wardrobe...This is what it reminded me of anyway, what they were describing.. You know when the Queen gives Edmund this Turkish delight that seems to be wonderful...which then becomes addictive. It seems delicious but it's empty. And it's that kind of thing that....it never quite satisfies. It's never enough. Never. But it's something about the freedom...and it's something around the lack of regulation. It's completely unregulated. But, they need some regulation. It must be such a freaky experience to find something that seems to meet a need, and then leaves it so deeply unfulfilled on a sort of...on a more primitive level. So yes, it can be a retreat. But also, the thing about the internet is it makes you feel very powerful, because you feel like you can do anythingand no-one can ...and you're protected.

The seeking of connection, attention, and a feeling of liveliness online was also portrayed as a way of compensating for vulnerabilities linked to neglect and relational trauma. Such as feeling cut-off from the body, or deadened and having been denied very basic levels of mindful and loving attention.

P1: *I was going to say about her not having friends and things, is that it felt like her life was very much online. That was the where the excitement, and the connections were. And that's where her, you know, her body responses were and her, you know, and she was sexually excited by the conversation.. by putting the videos online there.*

P3: *I think just looking to be noticed as the primary...to exist really... to be in somebody's mind. [pause] I think people... I just think people underestimate how important it is to be noticed.*

Theme Four - Therapeutic processes and relationship

The participants referred to their clinical practice across a range of therapeutic interventions aside from once weekly or more rarely, intensive 2-3 times weekly psychotherapy. This range included parent work, specialist group work, assessments, and care co-ordination roles where there was liaison with and consultation to professional networks, with regular intermittent therapeutic contact with the young person. Overall, longer term work was described in the accounts, sometimes spanning two or more years with complex cases. Within participants accounts of therapeutic processes and relationship, there was a sense that certain aspects of therapeutic setting that were antithetical to what might be afforded by online and digital connections were the site of action. The setting of therapy was a limited, boundaried, and regulated landscape in which to explore and take risks. Therapeutic processes and relationships offered a way of slowing things down, taking time to make a connection, to reflect and to make links that were thought through. Face to face therapy required experiencing the unmediated embodied presence of another and allowed for the effects of this to be an active source of change.

4:1 Taking the time

Taking time was a theme that applied to the passage of time needed by some CYP before they felt ready or able to address distressing experiences related to online sexual harms.

In many accounts the young person had been looking back on themselves and events with the clinician, and exploring in a way which was paced to their needs.

P2: *I'd basically been hearing a story about a trauma that had been happening throughout their adolescence that involves their sexuality and their identity. At a moment when things were more settled.*

P7: *And then later, they began to frame it as abuse .. when they wanted to talk about it. They had, in their mind come to realize that this was abuse. Only then did they say, I need to talk to you about this, I want to talk.*

P4: *We're a couple of years further on, and this is the point at which she has agreed to accept some support [...] I think it's just a very gradual process. Having been so keen to dismiss it at the time, which was a good couple of years ago, she thinks very differently now. She acknowledges that she has a very different personality now, that she's older. But I wonder about all that time in between when she's had such a time of actually not..not giving something very much thought at all.*

In the quote above, there was a situation where had been a few times when the CYP was referred for assessment and support from CAMHS but had not accepted when offered. The provision of opportunity for further engagement when she was ready had been important for her. It could take time for the significance of experiences of abuse to find articulation.

P1: *I just sort of repeatedly went back to this sort of, 'Yes and what else?' and 'but did it feel like this?' about it. And 'let's think about that.' So just .. um .. not letting the stream of porn talk hijack the sessions, basically.*

In this scenario, the regularity of sessions and the sustained engagement with a young person over time allowed for them to move through and past engaging with the therapist in a limited, defended manner. One that had been focussed on relating tales of their problematic, and 'disgraceful' pornography use, in a way that seemed to block thinking about more ordinary

developmental anxieties. These anxieties had seemed to be more exposing and unapproachable than the ‘presenting problem’ for this young man.

4:2 Trust and exposure

There was a clear appreciation expressed by participants of the difficulty and sensitivity of working therapeutically with the issue of online sexual harms or risks, and a young person’s sexual life. From the perspective of the CYP, there was a strong sense of how exposing the work could be. Enough trust would have to be built for such work to be approached, and to offer a space and relationship that could be helpful to them. Feelings of shame, exposure and discomfort were present for clinicians too, in the countertransference. That is, in the widened sense of this word, referring to the ‘total emotional response’ of the therapist to the patient including conscious, pre-conscious and unconscious (Rusbridger, 2019, p.2).

***P1:** This is a private space that these young people create online for themselves, and then bringing it out into the light feels very weird and complicated. Exposing. I don't know that there's some ... shame ... around somewhere. I don't know what it is, but that it's wrong to expose these young people. There's something wrong in exposing something [..]. I feel very protective of them.*

That's the experience in the countertransference, I think, in the sessions with these young people is you do feel like you're working with them in a very, very private area of their lives. Because asking for help with stuff like that.. And to just.. to feel like there's something wrong with you. There's something wrong with you. And this is so private. For a young person to say.. ‘Can you help me with this? I'm in trouble. I'm worried about myself’.

Exposure and receptivity to the body-mind states of sexually traumatised children in therapeutic work evoked other strong countertransference experiences in clinicians. Participant 1 gives another example of this in relation to recurring episodes of the loss of their capacity to think in sessions with a young person. (The quote refers to a recurrent safeguarding issue).

P1: I couldn't really get hold of a clear action that should be taken. It was very, very hard to think. And you know... well that's where the trauma was really. These unthinkable areas of the mind and relationships that would be recreated in the room.

There was understanding that disclosures or talk about sexual behaviours may not be made to the clinician involved with the young person but might be more easily expressed to another person in their network, or not expressed at all. In the excerpt below, there was a trusting relationship, but the young person saw the clinician in a certain way that made it extremely awkward to talk about an incident he had been involved in.

P3: *But what happened was some inhibition... about bringing that... even though we're talking about all sorts of things to do with his previous traumas when he was a young child, and his adjustment into his adoptive family. And he was really brave. He could talk about anything. But then when that happened, he stopped himself bringing that. And he was able to describe it later ...from a psychotherapeutic point of view. The problem for him was he felt as if he knew me too well. He thought of me more like an uncle, or somebody who could talk to you. He was somewhat embarrassed about just bringing it into this established relationship.*

[...] But it did ...act as ...I think it was an example to me of how, this material isn't always available and young people do keep secrets or do start to keep secrets. I didn't eh ..get much shame from him, I must say ..but he said...it was more of... it was the cringe of having to tell me. I think there was something cringy about it.

P2: *And they also talked about their fantasies and use of pornography that they made sort of throughout the years, in a quite, quite a distressed way[...]. So that seemed to be something ..something they hadn't really talked about before. And it was very exposing and distressing at the same time. Because there was there was an incongruence mentally.. between..you know.. the young person who has quite clear sort of political views about...gender and... what's right and what's wrong. And then in their intimate life, what they seem to be drawn to and sexually excited by is an image where there is a male prevaricating over a woman in a nasty, abusive way. And the way they brought this to me was also sort of asking for help, to understand. Why? And what they ended up taking in over all those years. Through all those interactions online and off.*

The surfacing and discussion of actively seeking out and watching pornography that relates to fantasies or to traumatic experiences is something that represents a very particular form of exposure. It was an important step for this young person to want to broach the confusion and shame they felt around this, and to seek understanding about this. To put words to something that had seemed unthinking or unthinkable.

4.3 Developmental steps

Changes in the therapeutic relationship, positive developmental steps outside of it, and developments in the way CYP were interacting with or thinking about the online environment and making use of digital technologies were often linked.

P1: *I was very, I just felt very interested in the reduction of her behaviours online. So as she got older, became an older teenager and she was allowed access to the internet, more for her studies and things like that. But there did seem to be a lot less acting out online as her life became more engaged offline. In that she became more lively, and that me and her had a much more lively relationship, in which a much wider spectrum of emotions could be expressed. There was a very narrow range of emotions when she first came. And so something about that relationship brought things to life. And so I think there was less need for the online 'excitement'.*

The task of therapy was frequently framed to be an unsticking of something, where development had been stalled or subverted in some way and needed help to get moving again.

P1: *I think I worked more on a line of 'You can do it.. separation. Come on ..okay. I'm alongside you. Let's say.. let's face the ordinary stuff. It doesn't have to be super special, like the police coming around that time, it could be that you could just manage this bit, this task, and you will feel a bit anxious and you will feel horrible... but then ..yes a shift will be possible.*

Addictive cycles were one way for young people to get stuck. Participant five talks about the difficulties with working with such repetitive cycles of behaviour:

P5: *It's a challenge, because I don't think that psychoanalytic psychotherapy is enough to deal with it. Because of the addictive aspect. You need to... you need to, to map out the addiction, and not just dig for the trauma. Because if you only dig for the trauma and you sit like a psychotherapist who only makes interpretations and focus is in the transference and all in the past, you either won't touch the addiction or you might even make it worse. So you have to deal with the addiction, the behaviour ...and in parallel look for the trauma and the pain. Because the addiction is always about the avoidance of pain. [...]*

It's a cycle. So you show them in the addiction work, that when they invest in shame and guilt, they actually feed the cycle, this is not something that prevents them from doing it again, this is just something that....sort of.. equilibrates the whole thing. 'I've done this, I've sinned, now I'm feeling guilty, and I punish myself through shame and whatever it is that I ... you know ..my depression.. my suicidal thoughts' ..or whatever it is that they're going through. And then after, it finishes. They go back to baseline, until they do it again. There is no learning there whatsoever. The minute they see that, they start investing less in the shame and guilt too.

The development in these cases described by participant five was achieved through the clinician developing and adapting their technique. Making space in the sessions and in the young person's mind for thought and understanding, instead of compulsive action. This resulted in the breaking of a cycle for some young people that allowed for a move forward into a new phase both in the therapeutic work and in their lives, into the possibilities of new relationships with themselves and others. Below, participant two had been discussing how a young person had been experimenting with new ways of relating:

Interviewer: *So..when you say that, it sounds like sort of steps towards something. Like an emotional connection, without the behaviours?*

P 2: *Yes, exactly. The steps towards connecting emotionally with a partner. And a real..a real desire for.. which is conscious and they talk about, they want a relationship, they want their physical intimacy, they want to do cuddles, they want to feel warm and all of that. [Pause]*

And actually, they always have wanted that but, on the evidence, it didn't seem possible. It didn't seem available to them and the only way to connect was in an explicit sexual way without boundaries. And now it's sort of a slow recovery out of that and into being able to connect and find real intimacy with someone else. But it's a very, very scary journey I think.

3:10 Discussion

This study has set out to access practice-based knowledge of child and adolescent psychotherapists to explore how they experience, understand, and manage working with CYP and families who have been affected by online and technology-facilitated sexual risks and harms. The issue seemed to resonate at different levels for participants: interview talk ranged between the clinical, emotive, personal, and political. This echoes for me the penetration of digital technologies into our lives and specifically into the psychosexual lives of children and young people. One interesting aspect of the interview data was that participants referred to their experiences not only as professionals, but as parents. They also evoked their own adolescent experiences. Online sexual risks and harms were understood by participants in the context of a matrix of adversities, risks and difficulties that may affect the development and wellbeing of vulnerable young people as they navigate early adolescence. However, the affordances of digital communication technologies and the ubiquity of the smartphone were recognised as highly significant factors in the development, exacerbation, and maintenance of problems. The four main themes identified were: 1) A significant and complex problem 2) “Are we protecting our children here?” 3) The affordances of digital technologies and the interaction with vulnerability 4) Therapeutic processes and relationship. Each overarching theme addressed the research questions in a cross-cutting way, covering aspects of participants’ experience, understanding and clinical management of this issue.

Comparison with previous research findings on practitioner experiences

Some findings of the current study corroborate those from existing empirical research focussed on professionals' experiences in working with the issue (El-Asam, Lane, *et al.*, 2021; Hamilton-Giachritsis *et al.*, 2021; Slane, Martin and Rimer, 2021; Quayle *et al.*, 2023).

These were:

- i) The significance of the problem, its complexity, and the emotional impact of the work with affected young people and families.
- ii) Lack of training and assessment tools.
- iii) The importance of working with parents and other professionals to protect children, and the difficulty of working with parents.
- iv) A sense of disturbance related to the idea that the online environment and digital communication technologies are out of control and a threat to young people.
- v) The complications of responding to peer-on-peer abuse.

Peer-on-peer image-based abuse was a prominent theme in the interview data from non-specialist clinicians and seen as a growing and significant problem across participants' accounts. Females being victimised by male peers was the most common presentation and was described as a disturbing new norm among young people (Children's Commissioner, 2023b; Dully *et al.*, 2023).

- vi) The idea of there being a generational gap in experience between professionals and young people.

In previous studies, the generation gap discourse has been seen as an unhelpful in terms of encouraging a passive ignorance among professionals, and in discouraging them from taking an empathetic interest in the digital lives of young people (El-Asam, Lane, *et al.*, 2021; Slane,

Martin and Rimer, 2021). While one participant showed an explicit awareness that they were lacking in training and interest in aspects of online pursuits such as gaming, there did not seem to be any evidence of passivity or lack of empathy in the interview data. Rather the participants showed evidence of thinking into this gap and using the counterpoint of their own childhoods and adolescence to extend curiosity, using the difference as a starting point to gain further understanding.

- vii) The affordances of technology and how these interact with and can amplify vulnerability to harm in young people, while also offering opportunities to pursue ordinary developmental drives to explore (El-Asam, Lane, *et al.*, 2021).

Key findings and clinical implications

Emotional experience of clinicians

The emotional and countertransference experiences reported by participants were coloured in some cases by feelings of responsibility and helplessness. Also, by feelings of exposure, shame and intrusion, cut-off states and difficulty in thinking. These sorts of experiences are commonly reported by clinicians working with children who have been sexually abused, or who have abused others (Alvarez, 1992; Trowell *et al.*, 2002; Lanyado, 2018; Nathanson, Music and Sternberg, 2022). It was clear that participants felt CYP were being confronted with something boundless, potentially threatening with the potential to cause them significant developmental harm and to impact their physical and mental wellbeing. Participant concerns were articulated at the level of public health, as expressed by other psychoanalytic clinicians (e.g. Woods, 2018; Lemma, 2021, 2024). With this concern came emotional discomfort. This discomfort may align with the idea that children and young people are the ‘canary in the goldmine’ (Livingstone, 2019) as regards their exposure to digital sexual risks and harms and

have been failed by adults. The complexities of adopting a contextual safeguarding approach (one that attends to risks encountered by young people out with the home and immediate family system) to these forms of harm are also considerable (Firmin *et al.*, 2022). And this consideration is one that could likely evoke a deep sense of anxiety over the responsibilities for safeguarding children at risk of harm or of harming others.

Victimisation, perpetration, and 'participation'

It was a prominent feature in participants' accounts that children may not initially appreciate that they are becoming involved in abusive situations and continue to participate in behaviours that were objectively highly concerning for others. The lines between victimisation and perpetration could become blurred. There was often a discrepancy between what professionals and parents would view as risky or abusive behaviour and how the young person's awareness of their experience was framed. This was associated with younger age, developmental stage, grooming processes, adverse early experiences and neurodevelopmental diversity. These findings are corroborated by qualitative research looking at experiences of CYP who have been groomed and then abused (Hamilton-Giachritsis *et al.*, 2020; Joleby *et al.*, 2020).

The activities of searching and seeking information, excitement and connection online were associated with healthy developmental drives to explore and gain a sense of agency, autonomy and control. However, the risk of taking wrong turns and becoming lost or ensnared in unsafe or harmful situations came along with these opportunities. A heightened sense of young people feeling they have participated in abuse, or being perceived by parents or carers to have done so (for instance when a child subverted attempts to protect them from harm), was a finding in this study that is important to clinical practice. It is reported elsewhere as a common feature of victim experience following online abuse (Hamilton-

Giachritsis et al., 2020; Joleby et al., 2020). For victims, feeling as if they had actively participated in abuse leads to increased feelings of self-blame and shame, and to defenses being mobilised against such feelings, this was evident in all accounts.

Trauma and sexualisation

The developmental and psychological damage done to children through their exposure to adult and perverse sexuality through the medium of digital communication technologies is an important overarching theme of this study. The disruption to psychosexual development characterised as an ‘erosion of latency’, is one basis for conceptualising such damage, and from which to elaborate new understandings of the problem (Guignard, 2013; Gilmore, 2017; Lemma, 2021, 2024; Wood, 2021). Early traumatic experiences and sexualisation of children leave them with vulnerability to compulsive pornography use, having re-victimisation experiences, and with becoming perpetrators of harm themselves (Nathanson et al, 2022). This was commonly stated in participants' accounts. It came through as a major source of concern. Digital communication technologies were both portrayed as instruments of sexualisation, through facilitating early exposure to pornography at sensitive periods of development *and* as the medium through which sexualised children could be exposed to further risk and harm. This could happen through the enactment of harmful behaviours as failed solutions to dealing with unbearable mental or bodily states. In this case the ‘online world’ offered a portal for repetition of traumatic experiences that were unprocessed. For those young people using pornography for this purpose, and who were drawn in to accessing images of child sexual abuse, it was suggested that there were complex processes of identification involved. These were linked to the young people having experienced victimisation themselves. In the watching of violent and abusive images, the identification processes might oscillate between placing the young viewer in the position of either

perpetrator or victim. Through these mechanisms, the unbearable feelings were either evacuated and projected into the victim, or ‘mastered’, or dissociated from the self through an identification with the aggressor. The psychoanalytic concept of traumatic enactments is one that has evolved significantly over the years from Freudian origins (Garland, 2002; Nathanson, Music and Sternberg, 2022). It is beyond the scope of the current study to trace all of these developments. In terms of recent thinking from child psychotherapists, there is an emphasis on the need for conducting a ‘developmental psychotherapy’ with traumatised and abused children (Alvarez, 1992, 2012; Horne, 2018; Hurry, 1998; Lanyado, 2018) and adopting a bio-psycho-social lens to understanding trauma and applying this to clinical practice and technique (Emanuel, 2021). This adoption of this stance largely came through in accounts of participants, and an appreciation of the need to adapt technique to take account of compulsive behaviours and ‘addictive’ cycles.

The affordances of digital technologies and the interaction with vulnerability

The greater vulnerability of children who have experienced other forms of developmental trauma to technology-facilitated sexual harms has been a consistent finding across quantitative and qualitative research (El-Asam and Katz, 2018; Moreno and Uhls, 2019) and demonstrates how the affordances of technology interact in a unique way with individual and social contexts which in turn affect levels of risk and harm for young people (Quayle, 2020b). A developmental trauma framework (Spinazzola, Van der Kolk and Ford, 2021) is complementary to a psychoanalytic understanding of why affected children may be at increased risk of problematic use of digital technologies, and of being re-victimised. The constellation of sensory and attachment issues, boundary confusions, difficulties with impulse control and decision-making and cognition, with emotional regulation, hypervigilance and

dissociative experiences, fragility of self-esteem and difficulties with identity formation are all difficulties which amplify risk of harm online.

Therapeutic process

Within participants accounts certain aspects of therapeutic setting, process and relationship that were highlighted as antithetical to what might be afforded by online and digital connections, were identified as key sites of therapeutic action. The setting of psychoanalytic psychotherapy is a limited and boundaried landscape in which young people could explore and take risks. Things could be slowed down, time could be taken to make an embodied connection, to reflect and to make links in the presence of an adult attentive and containing mind (D'Alberton and Scardovi, 2021). Having the capacity to work with complexity and emotionally disturbing encounters and material were key factors in the clinical work described by participants. Formulations that take account of unconscious and compulsive processes and the impact of traumatic experiences of abuse or neglect, when shared carefully and thoughtfully with networks and parents have the potential to help parents and those around CYP to understand experiences and behaviours that on the face of it can seem highly confusing, or unthinkable and can illicit strong feelings of anger, frustration, helplessness and disgust. This was demonstrated within the interview data. In addition, signposting parents and young people to the many available sources of information and support around online abuse and other issues of digital safety is recommended.

Make space to ask direct questions

Finally, as noted by Lemma (2024, p. 128), it is vitally important for clinicians to 'ask the question' about young peoples' digital lives routinely at assessment, and not to avoid asking about exposure to sexual harms and risk. In less direct ways, it is also crucial that as

clinicians we make a space in our minds that is receptive and available for attending to this complex and disturbing issue.

Limitations

The study has limitations. It is a small scale, single-researcher project with 7 participants. A larger sample size may have opened further perspectives, producing a richer data set and analytic findings, as might a co-researcher. The interviews to gather the data were done in one meeting. Single interviews can be prone to producing ‘surface, restrained accounts’ (Polkinghorne, 2005, p.124). This may have been counteracted somewhat by my professional acquaintance with four of the participants. The study was limited by a lack of consideration of impacts of culture, race and ethnicity, and other demographic differences. These are highly relevant to digital lives (Mulholland, 2017; Noble, 2018). For reasons of confidentiality case material was stripped of identifiable information during interview and this has contributed to inhibiting the exploration of difference and diversity. I also refrained from gendering participants, to offer better internal confidentiality. The study could have been improved by adding questions in relation to sameness, difference and diversity to the interview schedule.

3:11 Conclusion

Technology-facilitated and online sexual risks and harms among children and young people are a legitimate source for concern because of the effects they may have on CYPs wellbeing and development. Research shows there is evidence of harm, and that young people with pre-existing vulnerabilities are worse affected. The study demonstrates how important it is to gain as good a sense as possible of online and digital habits and how these integrate into the life of the child or young person and interact with their vulnerabilities and strengths. The onus is on clinicians to manage this task. Very little research has thus far focussed on treatment and intervention after harm has occurred, or the experiences of clinicians engaged with this work.

As the clinical population seen by child psychotherapists within the NHS context are particularly vulnerable, it was important and of relevance to examine how this issue is presenting in the work of CAPTs and how they experience, understand and manage the problem. The current study approaches this task with a limited sample. The psychoanalytic and developmental frame utilised by child psychotherapists, and a treatment model where there is the capacity to undertake longer term individual or group work, to pace an intervention to the needs of the child or adolescent, to address both underlying trauma and the enacted behaviours is helpful, along with working together with parents, carers and professional networks. Access to high quality supervision is also a vital component, as with any complex clinical work. More research is indicated that reaches directly to the voice and experience of the affected young people and families and that explores issues of difference and diversity. Consistent with findings from previous research, more attention to training of professionals and the routine assessment of risks in this area of practice could be beneficial. Those working outside of specialist services commented on lack of training in this study for example. A multi-agency training model, or framework is appropriate as the issue touches on areas relating to mental health, legal, educational and child protection domains. While there are unique aspects of technology-facilitated and online sexual harms, for example the high incidence of peer-to-peer image-based abuse, the persistence of images related to the abuse, and significant challenges in safeguarding, it is important to note that the findings of this study, previous research and psychoanalytic clinical accounts suggest that core professional skills of the child and adolescent psychotherapist supported effective therapeutic practice. Further clinical process and outcome research is indicated to support, challenge or refine these assertions.

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APPENDIX A

Concept 1 – search with limiters

 online OR internet OR technology mediated OR technology assisted OR technology facilitated


Limiters - Published Date: 20130101-20230531; Peer Reviewed; Publication Type: Peer Reviewed Journal; English; Age Groups: Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs), Adulthood (18 yrs & older), Young Adulthood (18-29 yrs); Age Groups: Childhood (birth-12 yrs), Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs), Adulthood (18 yrs & older), Young Adulthood (18-29 yrs); Population Group: Human; Abstract Available; Publication Year: 2013-2023; Age Related: Infant: 1-23 months, All Infant: birth-23 months, Child, Preschool: 2-5 years, Child: 6-12 years, Adolescent: 13-18 years, All Child: 0-18 years, Young Adult: 19-24 years; English; Research Article

 [View Results](#) (199,905)  [View Details](#)  [Edit](#)

Expanders - Apply equivalent subjects

Search modes - Boolean/Phrase

Concept 2 – search with limiters

 ["child sexual exploitation" OR sext* OR "sexually harmful behaviour" OR "sexually harmful behavior" OR "child sexual abuse" OR porn OR pornograph* OR "image based abuse" OR grooming OR "sexual risks" OR "digital risks"]


Limiters - Published Date: 20130101-20230431; Peer Reviewed; Publication Year: 2013-2023; English; Age Groups: Childhood (birth-12 yrs), Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs), Adulthood (18 yrs & older), Young Adulthood (18-29 yrs); Intended Audience: Psychology: Professional & Research; Year of Publication: 2013-2023; Exclude Book Reviews; Age Groups: Childhood (birth-12 yrs), Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs), Adulthood (18 yrs & older), Young Adulthood (18-29 yrs); Population Group: Human; Publication Year: 2013-2023; Human; Age Related: Infant, Newborn: birth-1 month, Infant: 1-23 months, All Infant: birth-23 months, Child, Preschool: 2-5 years, Child: 6-12 years, Adolescent: 13-18 years, All Child: 0-18 years, Young Adult: 19-24 years; English; English Language; Human; Age Groups: Fetus, Conception to Birth, Infant, Newborn: birth-1 month, Infant: 1-23 months, Child, Preschool: 2-5 years, Child: 6-12 years, Adolescent: 13-18 years; Language: English

 [View Results](#) (9,045)  [View Details](#)  [Edit](#)

Expanders - Apply equivalent subjects

Search modes - Boolean/Phrase

Concept 1 and 2

 S1014 AND S1016

Limiters - Peer Reviewed

 [View Results](#) (1,439)  [View Details](#)  [Edit](#)

Expanders - Apply equivalent subjects

Search modes - Boolean/Phrase

APPENDIX B

i) Extract from invitation email circulated via professional networks:

I am exploring the issue of digital and online mediated sexual risks and harms among children and young people, as it presents within the work of child psychotherapists. I am looking to recruit qualified child psychotherapists as participants who would be willing to share their clinical experiences, views and understandings of this issue. The method is via individual semi-structured interviews, that will undergo qualitative thematic analysis.

Such behaviours could include the use of or exposure to illegal or extreme pornography, viewing images of child sexual abuse, compulsive pornography use, sexual solicitation or online grooming of CYP by adults or through peer to peer contact, the exploitation, abuse or bullying of CYP through sharing of images or chat, including the exchange of images between young people that may be circulated without consent, and risky use of hook-up apps and other digital media platforms to share or view sexualised content.

As well as looking at clinical examples that show clear harm, I am also interested in trying to find out whether young people are presenting as affected by, or are worrying those around them, with behaviours at the borders of what might be thought of as ‘risky’ or potentially harmful. Those close to but diverging from developmentally appropriate exploration, or self-expression, either because of young age/vulnerability/ or other troubling aspects.

ii) Participant recruitment advert placed in Association of Child Psychotherapists monthly e-bulletin:

Call for research participants

Technology-assisted harmful sexual behaviour among children and young people: A qualitative study which explores how child psychotherapists experience, understand and manage this issue in their clinical work with those affected. Marion Sangster

Do you have clinical experience of working with children, young people and families who have been affected by digital and online sexual risks and harms? If so, I would be interested in speaking with you. I am a trainee ACP member and I am seeking to recruit qualified child and adolescent psychotherapists to take part in my qualitative research project. I aim to explore the issue of what has been termed technology-assisted harmful sexual behaviour (TA-HSB) as it presents within the work of child psychotherapists via one hour semi-structured interviews with individual participants.

For more information please contact

APPENDIX C

Participant Information Sheet

Digital and online sexual risks and technology-assisted harmful sexual behaviour (TA-HSB) among children and young people: How do child psychotherapists experience, understand and manage this issue in their clinical work with those affected?

You have been given this information sheet to invite you to take part in a research project. This information sheet describes the study and explains what will be involved if you decide to take part.

Why is the research being done?

In recent years, a significant amount of interest and concern has been generated over how CYP can make use of digital technologies and the internet in ways that can leave them at risk of becoming victims and/or perpetrators of harmful sexual behaviours. Children who have existing vulnerabilities may be particularly at risk of harm.

Such behaviours could include the use of or exposure to illegal or extreme pornography, viewing images of child sexual abuse, compulsive pornography use, sexual solicitation or online grooming of CYP by adults or through peer to peer contact, the exploitation, abuse or bullying of children or young people through sharing of images or chat, including the exchange of images between young people that may be circulated without consent, and risky use of hook-up apps and other digital media platforms to share or view sexualised content.

While exposure to such risks and harms can negatively impact development and mental health, there is a lack of empirical research in this area within the field of child and adolescent mental health.

Who is conducting this study?

My name is Marion Sangster and I carry out this research as part of my training to become a child and adolescent psychotherapist at the Tavistock and Portman NHS Foundation Trust. This project is being sponsored by the Trust and has been through all relevant ethics approval (TREC).

Criteria to take part in this study?

I am interested in interviewing qualified child and adolescent psychotherapists who have clinical experience of working with children, young people and families who have been affected by digital and online sexual risks and harms. This would be experience of at least one case, or a number of cases. Experience could be from direct clinical work, or via a consultation or supervisory role.

What will participating in this project involve?

The project involves one 30-75 minutes interview that will be audio recorded. During the interview I will ask you about your experience of working with children, young people and families who have been affected by digital and online risks and harms. The interviews would be scheduled at a time that is convenient for you over the next 2 months and will be carried out via video link.

You wouldn't need to prepare for the interviews in any way. I would send you an indicative question schedule in advance so that you could read through this if you choose.

Do I have to take part?

You are not obliged to take part in this study, and are free to withdraw at any time. Should you choose to withdraw, you may do so without disadvantage to yourself and without any obligation to give a reason.

Are there any risks to taking part?

I do not anticipate that there will be any risks involved with taking part. However, in the event of adverse or unexpected outcomes occurring during the interview I will offer: To end the interview or stop recording, to re-schedule the interview, and to do a debrief if needed.

What's in it for you?

I hope that participating in this study would be an opportunity for you to reflect on the experience of engaging in clinical work where such issues come to the fore. In doing so, you will be contributing to the first qualitative study aimed at accessing child psychotherapists' practice-based knowledge, experience and clinical understanding of this issue.

What will happen to the results of the study?

The results will be written up as a Doctoral thesis in Child and adolescent psychotherapy, and may also be submitted for publication in academic journals, or for presentation at conferences.

What will happen to any information I give?

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study and I will act as the data controller for this study. This means that I am responsible for looking after your information and using it properly. I will keep identifiable information about you from this study for 5 years after the study has finished. During the interview, I would ask you to disguise the identity of patients and to avoid using details of cases that would be recognizable. The audio recordings of interviews will be transcribed, made anonymous (using pseudonyms), and stored in a locked cabinet or password protected file on a secure NHS server

To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you

about the research study. I am the only person who will have access to information that identifies you.

Quotes from the transcript will be used in the write up of the project, although these will be anonymised and should not be recognisable by anyone except yourself.

I would keep you informed of the progress of the study and would also welcome any additional thoughts you might have after the interview about the material discussed or an area of interest that we didn't discuss that you felt may be relevant.

Contact details:

Researcher: Marion Sangster

**Tavistock and Portman NHS Foundation Trust, Tavistock Clinic, 120 Belsize Lane,
NW3 5BA**

Supervisor:

Dr Felicitas Rost

If you have any concerns about the conduct of this research, the researcher or any other aspect of this research project please contact Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

APPENDIX D



Consent Form

Project title: *Digital and online sexual risks and technology-assisted harmful sexual behaviour (TA-HSB) among children and young people: A qualitative study which explores how child psychotherapists experience, understand and manage this issue in their clinical work with those affected.* **Name of researcher:** Marion Sangster

- I _____(name of participant)_____voluntarily agree to participate in this research project.
- I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. Yes/No
- I understand that my participation in this study is voluntary and that I am free to withdraw, without giving a reason, at any time up to three weeks after the completion of the interview. Yes/No
- I understand that the interview will be digitally recorded and transcribed as described in the participant information sheet. Yes/No
- I understand that the information I provide will be kept confidential, unless I or someone else is deemed to be at risk. Yes/No
- I understand that direct quotes from the audio recording may be used in this research study but will be made anonymous to the reader and held securely by the researcher. Yes/No
- I understand that it is my responsibility to anonymise any examples referring to cases I chose to discuss during the interview. Yes/No

- I understand that the results of this research will be published in the form of a Doctoral research thesis and that they may also be used in future academic presentations and publications. Yes/No
- Participant's Name (Printed): _____
- Participant's Signature: _____ Date: _____

Contact details:

Researcher: Marion Sangster

Supervisor : Dr Felicitas Rost

Thank you for agreeing to take part in this study. Your contribution is very much appreciated

APPENDIX E

Indicative Interview Schedule

RQ 1 **How have you as a clinician experienced this issue in your work?**

How has this issue shown up in your work? In what context?

Can you think of a case that you would like to talk about?

Did this case present you with any particular dilemmas or difficulties?

How was the experience of working with this issue, the child or young person involved? e.g. counter transference, any specific anxieties?

RQ 2 **How do you understand and conceptualise the issue?**

What is your understanding of the behaviour in relation to this child or young person?

Where there any particular theoretical ideas and frameworks you were aware of using to make sense of the behaviour?

Did these conflict with / augment understanding of others involved in the case? (e.g. the young person, carers or parents, other professionals).

RQ 3 **How did you manage the issue?**

Any aspects of case management that stood out?

Dilemmas around safeguarding?

Parent carer involvement? Network liaison and consultancy?

What length of treatment and what sort?

Closing

Are there any other aspects you would like to talk about that have not come up thus far?

or would like to expand upon?

APPENDIX F**Participant de-brief letter**

Dear _____

I am writing to thank you very much for your contribution to my Doctoral Research Project. I hope you found the interview process interesting. I am very grateful for the rich discussion we had on _____ this week where you shared your clinical experiences and thinking. Please feel free to get in contact if you have any questions, requests, or would like further information from me about the study. Or if there is anything you wish to discuss further, or would like to add, we can arrange to talk again. These are my contact details:

If you have concerns about how the study has been conducted please contact myself, my supervisor _____

Kind regards,

Marion

APPENDIX G

Additional participant quotes by theme:

Theme One – A significant and complex problem

P4: *It's coming up so... so frequently in supervision.*

P7: *Mental health populations relate to online spaces and stimuli a bit differently I think from the majority of the kids in the class. [...] I mean, sometimes the risk is.. as close as the barrier that the child can put up themselves.*

Sub-theme 1:1

P1: *I do think it tends to be ... getting into difficulties online links with what's going on at home.*

Theme Two – “Are we protecting our children here?”

Sub-theme 2:1

P7: *They pretty much control the world, you know, Google and Meta. So if they are not going to do their duty, and just say, “but it's up to the individual young person to be able to recognize a groomer or dishonest person”, then we ...they are saying what we need to bring up our next generation to be suspicious. That's the consequence of not taking responsibility at provider level.*

Sub-theme 2:3

P 4: *I'm thinking, ‘How do I make sure his vulnerabilities are properly accounted for’? For me that was thinking about his difficulty in social communication in terms of, does he really understand these interactions and is that potentially developmental? You could see that as through neglect or through emotional harm, but you could also see it as on the autism spectrum, which I think was useful for us too. And looking at very practical things about safety plans, making sure we've got a sexual abuse and sexual harm team involved, social workers, and that everybody shared the common safety plan.*

Theme Three - The affordances of digital technologies and the interaction with vulnerability

Sub-theme 3:1

P4: *I think risk is increasing for younger kids because of so many ...the prevalence of smartphones amongst primary age children and access to everything, yeah and a kind of natural curiosity? But..you know...alongside that the lack of oversight, lack of supervision.*