

PSYCHOLOGICAL TREATMENT OF CHILDREN SEXUALLY ABUSED DUE TO A CONTACT ON THE INTERNET

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PURPOSE OF THE STUDY

This study suggests a model of practice in the treatment of Information and Communications Technologies (ICT)-related sexually abused children in describing what characterizes Danish children exposed to ICT-related sexual abuse and the themes that are important in their psychological treatment. The characteristics of the children, the assault and the offender will be presented along with the psychological consequences and the themes typically represented in the treatment. On this basis we present a model of practice for the psychological treatment of children and their parents exposed to ICT-related sexual abuse.

BACKGROUND

Information and Communications Technologies (ICT) have brought forward a new creative scene for self-presentation, especially for young people to share in a social community and to network in cyberspace. The expansion of interaction opportunities has created both advantages and risks. The risks for children to become exposed to sexual abuse, sexual exploitation, verbal harassment, indecent exposure and cybersex have now become an issue for professionals as well as parents to deal with (Mischna, Cook, Saini, Wu, & MacFadden, 2009).

The online grooming process (O'Connells, 2003) and prevention issues are well-described in previous research, (Wolak, Finkelhorn, Mitchell, & Ybarra, 2008) as well as in the fields of child pornography and sexual exploitation (Quayle, Lööf, & Palmer, 2008). Only a few studies include information about the psychological treatment and the recovery of children who are victims of ICT-related sexual abuse. Some national studies such as in Sweden (BUP Elefanten, 2009) and Germany (Von Weiler, 2010) draw special attention to children who have been victims of abusive images and exploitation.

During teenage years, appearance and presentation of self become increasingly important issues in everyday life (Steinberg & Morris, 2001). Above all, the Internet offers unique opportunities for experimental self-presentation and impression management, which means that the child, through technology, can test their own identity in ways not seen before. Hidden behind the

computer screen, the child feels greater courage, and shyness and insecurities disappear—making it easier to play with the expression of identity, and therefore sexuality, online.

Young people in Denmark are brought up in what we could call a porno-graphical youth culture, where it is well-known and accepted to consume pornography to varying degrees. The Internet is the first avenue for young people to do their research in the pornographic world. Adolescents' knowledge about sexual matters has become more accelerated than in previous times. But experience does not come along with knowledge. The age of sexual debut has not changed significantly over time (Nielsen, 2007). This means that child expression and self-presentation on the Internet are at a far more advanced level than a child is aware of or ready for. This increases the risk of being drawn into a world of fantasy and curiosity, which can lead to sexual abuse. Blogs and chat rooms make it possible for older people and peers to get in contact, and even to present a false identity (to some extent) in order to lure children through the grooming process which results in sexual abuse.

ICT-related sexual abuse is often defined as online grooming - luring children into a sexual relationship. It is a process that begins with the offender taking a particular interest in the child online and making them feel special, with the intent of forming a bond. Face-to-face meetings with the child follow. Currently, online grooming is defined as a conscious action planned in detail by the adult. It is not something that accidentally happens because the child takes the initiative and agrees to meet. The image of a sophisticated and manipulative grooming paedophile is an image much discussed in official and public spheres in many western countries' legislation and prevention strategies.

Increased risk of ICT-related sexual abuse

Denmark is a small country situated in Scandinavia in the north of Europe with a population of 5.5 million citizens. Within a few hours, you can travel from one end of the country to the other. This makes it possible and easy to meet offline (in-person) with online friends. In Denmark, 75% of children between the ages of 6 and 17 have daily access to the Internet in their own room, and 98% have access at home. Seventy-four percent of Danish children have a profile on a social networking

site (such as Facebook), and 11% have met someone offline that they first met online. Meanwhile, 42% had online contact with someone they never met face-to-face. Twenty-nine percent of Danish children using the Internet have viewed sexual images online (Levingston, Haddon, Görzig, & Ólafsson, 2009). Additionally, out of 4,000 children in the 9th grade (15 –16 years of age), 1,650 children have met with a virtual friend offline. Eight percent of boys and 5 % of girls have been forced into doing something sexual against their will (Helweg, Larsen, Schütt & Bøving Larsen, 2008).

METHOD

Concept definition

In this study we use a broader definition of online grooming than is usually used. We find the online grooming definition too narrow, because not all cases of sexual abuse due to contact on the Internet involve luring or grooming (Wolak, Finkelhorn, Mitchell, & Ybarra, 2008). In some cases, the child was aware of the offender's age, and that the offline meeting was intended to involve a sexual relationship. The child has not been lured, but has been acting through with his/her own and/or the offender's sexual fantasy triggered by puberty and pre-puberty issues. In other cases, the child has been groomed and lured into an offline meeting with no knowledge of the meeting having a sexual agenda. However, what all the children have in common is developmental difficulties in understanding the consequences of their actions and activity on the Internet.

Participants

The participants of the study referred to in this paper are 28 children (boys = 4, girls = 24), who between 2002-2011, were referred to the Centre for Sexually Abused Children at the Copenhagen University Hospital in Denmark. These children constitute the total number of children referred to the centre because of exposure to sexual abuse by means of contact on the Internet. The ages of the children range from 11 to 16 years of age ($M = 13.5$, $SE = 1.26$). All the children in the study have been in contact with their offender through ICT. For example, one child was contacted by her teacher on Facebook, and they communicated in an ongoing way with cell phones and on Facebook. Another child chatted with a stranger on the Internet who forced her to pose in front of a web camera and to send pornographic images of herself to him, though they never met offline. The other 26 children had been in communication with an unknown man or male peer on the Internet and were sexually abused in an offline meeting with the offender.

Source population

In order to describe the special characteristics of ICT-related abuse and children who have been exposed to it, we compare with a source population of children of the same age who have been exposed to non-ICT-related sexual abuse. These children represent the total number of children who were referred to the Centre for Sexually Abused Children at the Copenhagen University Hospital between 2001-2011, due to having been raped or sexually abused by an individual who was known to them without ICT contact. This group represents 405 children (boys = 48, girls = 357). Their ages range from 11 to 16 years of age ($M = 13.3$, $SE = 1.19$).

Procedure

At the end of the child's treatment, their sociodemographic data, as well as data about the abuse and the treatment, were registered in a database. The data has been analyzed in combination with clinical and medical records for the 28 children abused through ICT contact. Descriptive statistics about the ICT-related sexually abused children will be presented in this article as well as statistics revealing significant differences between the group of children exposed to ICT-related sexual abuse and the control group.

RESULTS

In all cases the offender was male, and the majority of the offenders were adults. Two offenders were 13-14 years old and nine were between 15-18 years old, while for the rest of the children the offenders were adults, typically in their thirties. In 89% of the cases (25 children), the abuse was reported to the police. Nine of the ICT-related sexually abused children were from families who were already known by the social authorities before the disclosure of the sexual abuse. The other 19 children were from families not previously known by the social authorities, indicating that not only socially isolated and low-functioning children are exposed to ICT-related sexual abuse. All kinds of children use the Internet to explore their sexual identity with the risk of being lured into sexual activities.

Characteristics of the assaults

In 20 out of the 28 cases of children exposed to ICT-related sexual abuse, assaults involved penetration. Pearson's chi-square reveals a significant association

between the involvement of ICT and whether or not the abuse involved penetration: $\chi^2 (1) = 5.76, p < .05$. This seems to represent the fact that based on the odds ratio the risk of children being exposed to sexual abuse involving penetration are 2.7 times higher if the abuse is ICT-related than if it is not. Additionally, in 46% (13 out of 28) of the cases with ICT-related abuse, the assault took place in the home of the offender.

The length of treatment

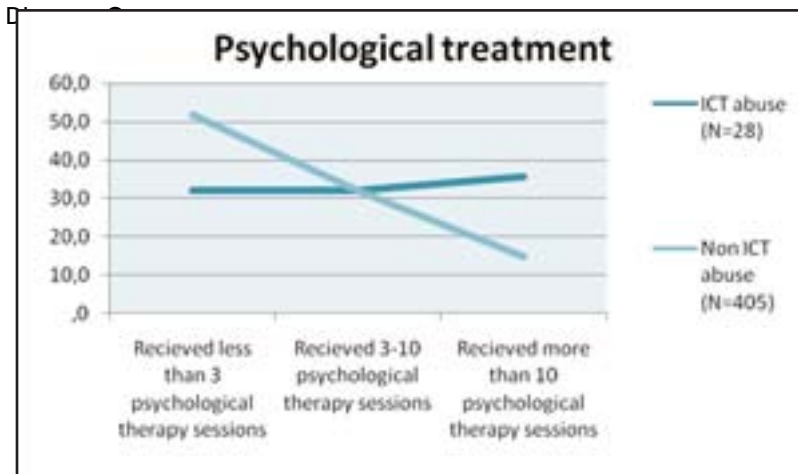
Children who have been lured and groomed by the offender often require treatment for a longer period of time. Pearson's chi-square reveals a significant association between the involvement of ICT in the abuse and how much psychological treatment the child has received: $\chi^2 (2) = 8.69, p < .05$.

Diagram one illustrates the difference in the amount of psychological treatment between children exposed to ICT-related abused versus non-ICT-related abuse. As illustrated, ICT-abused children generally receive a greater amount of psychological treatment than non-ICT-abused children do.

DISCUSSION

This study is one of the first studies of ICT-related sexual abuse and therefore has several limitations. Some of these include the small number of cases in the sample, the lack of developed systematic methods in recording the necessary data, and a lack of proper control groups that would upgrade the above results. However, the importance of the subject and the pioneer status of the work with these children and their families justify the presentation of the above results and the discussion and suggestion for treatment as described below.

A majority of the children represented in this study have "played" with or explored their sexual identity on the Internet. In some cases, they have had a childish and innocent flirtation happening online which has been detected and disrupted by an adult with sexual intentions. In this way the child is being interrupted in a process of creating an identity, which has nothing to do with grown-up sex. In these explorations, the child was not looking for a sexual relation, but rather searching and surfing, creating her or his own identity.



Police referrals

There is a significant association between the involvement of ICT in the abuse and whether or not the children are referred to the clinic from the police: $\chi^2 (1) = 7.94, p < .01$. This indicates that ICT-related sexually abused children are more often referred from the police than children exposed to non-ICT-related sexual abuse.

The majority of the children in the sample have experienced online activities as something unreal, like a game or a role-play and have had feelings of security because they were participating in online activities while in their own home.

Some children have felt almost addicted to the fast and

positive feedback response from another person that online communication offers, especially for children feeling lonely and isolated from their peers. The attentiveness that they can experience while chatting on the internet might be greater than what they experience in their everyday life together with family and friends.

The fact that adolescents are still children developing towards adulthood and not always capable of judging how risky their online behavior is, makes it easier for the offender to convince the child that the online relationship should move on to an offline meeting.

One explanation of the higher rate of penetration in ICT-related sexual abuse might be that the grooming process manipulates the child into perceiving the relationship to the offender and the sexual act as non-abusive. This makes it easier for the offender to convince the child to have sex. Another reason might be that the child felt unable to avoid the sexual act at the offline meeting because they had communicated with the offender and presented themselves in a sexualized way, and therefore felt obliged. Finally, some of the children perceived the offender as a boyfriend they were having their sexual debut together with. This is confirmed by the fact that nearly half the children went to the home of the offender mainly because they thought of him as a good friend or a boyfriend due to the grooming process. However, a common reaction from all of the children is that they did not describe the sexual act as a positive experience afterwards.

The extent of the sexual abuse is not pivotal to the child's psychological reaction to the abuse and need for treatment. The extent of the therapy often depends on both the child's experience and how the family and environment are responding. Those children who have been manipulated to think of the abuse as a romantic or sexual relationship can be difficult to treat psychologically because they initially do not feel abused and therefore do not feel the need for any treatment. It is a long process for these children to realize that they have been abused, and they often need many treatment sessions. The children that perceive the sexual act with the offender as their sexual debut are often struggling with feelings of shame because their first sexual partner was a grown-up.

Psychological treatment

The approach used therapeutically for the ICT-related sexually abused children is a combination of family therapy, narrative practice and trauma-focused therapy. Characteristic of the ICT-related abuse therapy is the focus on the social relations that have suffered

from the abuse – especially the relationship between child and parents. Most Internet-related abuse has put the child in a situation where trust between child and parents has been reduced or even disappeared. This means that there is a great need of relational treatment. The treatment also involves psycho-educative elements for the child as well as the parents, in order to facilitate an understanding of how sexual abuse on the Internet can take place and what grooming is. The aim of the treatment is to bring the child back onto a positive developmental track and to help them understand their victimization in the grooming process without making the child scared of using the Internet. Both the child and parents have parallel sessions with separate therapists, either a psychologist or a social worker, both with special training in therapeutic processes. The model implies that due to the different states of crisis related to the child and parents, it is appropriate to treat the child and parents separately some of the time. The family is then gathered for family therapy at the end of a parallel session, in order to focus on the relationship between child and parents, with the purpose of communicating difficulties and sensitive issues between parents and child. In some cases, siblings and other family members attend the family sessions as well.

Disclosure, guilt and shame

The treatment for ICT-related sexual abuse victims distinguishes itself from non-ICT-related abuse victims in various ways. In all cases, the severity of the abuse, the child's age and the duration of the abuse must be considered. The disclosure of the abuse is also vital to the process of treatment that follows. In cases where the child makes the disclosure, it is the child's active decision to disclose the abuse and the motivation for treatment is high (Söderström, 2006). When a second agent, friend, police or parent is making the disclosure, it often prevents the child from engaging in therapy because feelings of shame and guilt can be overwhelming. However, some children feel relieved that there was disclosure from someone else.

Feelings of connectedness, responsibility, and shame have other significances in ICT-related abuse than if the offender is someone from the community or a person closely attached to the child. In therapy, with children who have been groomed online and have presented themselves in a sexualized way, feelings of guilt, shame and responsibility are often more persistent. This is related to the shame of having played along with the offender's sexual fantasies. The guilt is often connected to the fact that the child on several occasions has had the opportunity to prevent the abuse. In other words, the child feels responsible for the abuse. It is difficult

for the child not to feel guilty if they have been presenting themselves as willing. It can be difficult to stress that they should not have feelings of guilt for their participation. Compared to other children exposed to sexual abuse, children groomed online have a tendency to take responsibility for the abuse in a different way, which also has to do with the lack of knowledge of their offender.

Children who do not feel that they have been sexually abused are more difficult to motivate to participate in therapeutic treatment. The same finding appears in some of the cases where abuse has unwillingly been disclosed. In such cases, the treatment and the counselling are at first concentrated on the parents. The reason being that this kind of secondary treatment may protect the child from further abuse, and that parents can help the child back on track towards healthy teenage development. The child's own feelings towards the need for treatment have to be understood in a developmental process, and the maturation of the child's experience might change over time. A close contact with the family for a period of time is necessary – keeping the door open for treatment.

Themes in counselling parents

The communication between parent and child is often insufficient before disclosure of abuse and during therapy. The treatment therefore focuses on the re-establishment of a trusting relationship between parent and child. The parents are often worried that they cannot trust the child again, and in the beginning they might have difficulties understanding the grooming process and what their child actually has become entangled in. Some parents feel betrayed by the child as well as by the offender. Lasting contact with the offender has put the child in a position where the child has been lying and made up stories in order to hide the abuse from their parents. Often the child fears that the parents will be angry with them if they find out about the abuse and the fact that the child might have initiated the contact with the offender. In cases where the child has contacted the offender, it is difficult for the parents not to ascribe blame and responsibility partly to the child. The same problem appears when the child has been experimenting with self presentation in a sexualized way. Therefore it is a part of the treatment to increase the parents' understanding of the manipulative characteristics of the grooming process. This makes it possible for the child to let go of the feelings of guilt and responsibility and for the parents to better understand their child's behaviour.

Parents play an important role in the therapeutic treat-

ment process and it means a lot for the child to have the relationship with their parents restored. Sometimes the child focuses on the damaged relationship with their parents and do not deal with the implications and feelings associated with sexual abuse. In other words, the child needs understanding and support to gain strength enough to come to terms with the sexual abuse.

Relationship to the offender

The relationship to the offender ends with exposure of the abuse. For the child the exposure might involve feelings of anger because of the deception or even feelings of sorrow caused by the loss of a friend. It can be very painful for the child and people around the child might not understand that the child actually grieves over the loss of a good friend. The child often goes in and out of this grieving process, which sometimes makes it necessary for the child to hold onto a positive image of the offender. This positive image also helps the child keep an understanding of why the abuse could take place at all. Some children in the sample regarded the offender as a personal and close friend, someone they trusted and who had for a long time been a part of their everyday life.

In some cases, there was longstanding contact before the sexual abuse started. However, it is important to clarify that an extended time period is not essential for a successful grooming process. The first meeting on the Internet and the sexual abuse can take place within hours of one another, especially if the child is in a vulnerable state of mind, for instance during or after a conflict with a parent or peer. A sad and emotional child is an easy target, especially if the child is seeking and surfing for comfort.

In the case of a subtle and sophisticated grooming process, the child might not think that they have been exposed to sexual abuse, but rather that they have had their sexual début. Some of these children struggle with the shame connected to the fact that their first partner was a much older man, while others experience a kind of pride that an adult wanted to have a sexual relationship with them. It makes them feel grown-up and mature. In this case, a part of the therapeutic process involves gently making the child aware of the grooming process and its manipulative character.

For many of these children, it is a painful process to recognize that they have been abused, especially when they have a childish interpretation of the abuse as their sexual début (something they believe they equally participated in). The process is long and it is important

not to force the child into understanding, but to slowly reach this recognition without creating a secondary trauma for the child. One of the methods used to help the child through this process is to look deeper into the grooming process together with the child, in order to analyze how the relationship to the offender slowly and over time was distorted, and got out of control for the child. It is important to be gentle and to allow the child to change back and forth between total denial, and acceptance of an understanding of the relationship to the offender as being abusive. As a therapist, it is important to follow the child during this process and to give the required space and time. The children who have experienced a close friendship with the offender, or even believe to be in love with him, are often not angry with the offender. The lack of anger from the child is worrying, because it might encourage the child to maintain the idea of being guilty and responsible for the abuse. It exemplifies what a successful grooming process can do.

Implications

To develop better treatment for children who have been victims of ICT-related abuse, we need research that provides a deeper understanding of the grooming process. Treatment programs that are using different kinds of psychological approaches need to be evaluated for more information and knowledge of what works for whom and why, in order to develop a model of best practice. Finally we need to look more at the child-parent dynamic in order help the whole family when a child has been a victim of ICT-related abuse.

CONCLUSION

This Danish study of 28 children between the ages of 11-16 years who were referred to the Centre for Sexually Abused Children in Copenhagen because of ICT-related abuse indicates that the psychological treatment in some regards needs to differ from the treatment of children who are not abused due to ICT, and their families. The feelings of guilt, shame and responsibility as well as the procedure for the disclosure vary. The assaults have a much higher occurrence of penetration than in non ICT-related abuse. The treatment often focuses on reestablishing the trust between parents and child, since the abuse often has put the child in a position where many family rules have been broken. The child needs the parents' support in order to be able to recover from the abuse. The Internet is often used as a scene for experimenting and testing the child's identity and sexuality. Children's interest

in meeting new friends online places them at a risk of being groomed online. Children in the search of social contact and recognition because of loneliness, illness or disabilities are therefore at a greater risk of being groomed on the Internet. However, the urge to find friends, to gain recognition, and to explore ones sexuality can also emerge from puberty issues that all children can experience. The naïve curiosity and experimentation make adolescents vulnerable and easy targets for grooming.

ABOUT THE CENTRE FOR SEXUALLY ABUSED CHILDREN

The Centre for Sexually Abused Children was established at Copenhagen University Hospital in 2001. Since 2001, the Centre has received more than 2,000 enquiries about sexually abused children between the age of 0 and 15. During the last three years, approximately 300 children have been referred to the Centre each year. In half of these cases the Centre provides telephone counselling to professionals and relatives. The other half of the cases concern children and families who receive psychological, psychosocial and physical treatment at the Centre's outpatient clinic. A multidisciplinary team consisting of psychologists, social counsellors, paediatric doctor and nurse provide the treatment.

Due to close cooperation with the paediatric clinic at the hospital, the Centre is able to offer a 24-hour service to families and professionals who suspect or discover that a child has been sexually abused. Children in danger are admitted to the paediatric clinic at once. If evidence of sexual abuse has to be documented, a forensic examination is carried out in close collaboration with the Forensics Institute situated at hospital.

Along with the clinical work the centre holds a National Centre of Research and Knowledge. Since 2006, the Centre has among other research topics focused on the psychological treatment of children who have been sexually abused due to contact online.

ABOUT THE AUTHORS

Helene Almind Jansen, MA graduated from the Faculty of Psychology, University of Copenhagen in 2001. Since 2006, she has worked as a clinical psychologist at the Centre for Sexually Abused Children at Copenhagen University. Since 2009 she has been the coordinator of the National Centre of Research and Knowledge. Helene has been engaged in the psychological treatment for children sexually abused due to a contact

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Anne Wodschow, graduated from University of Sussex with an MSc in Experimental Psychology and from University of Copenhagen with an MSc in Sociology. She is now working as a research assistant in the National Centre of Research and Knowledge, Centre for Sexually Abused Children, Copenhagen University Hospital, Rigshospitalet. Along with her research work, she volunteers as a telephone and chat counsellor for the organization Children's Conditions that works to improve children's rights and well-being in Denmark.

Dr. Svend Aage Madsen is a specialist in Clinical Psychology educated at University of Aarhus and University of Copenhagen in Denmark. He obtained his Ph.D. in 1995 at the University of Copenhagen with the "When Being a Mother is not Just Happiness" project. Since 1996 Svend Aage Madsen has been Head of Department for Psychology, Play Therapy & Social Counselling at the Centre for Sexually Abused Children, Copenhagen University Hospital, Rigshospitalet, and head of the psychological and psychosocial research at the department and at the Centre for Sexually Abused Children and Centre for Victims of Rape.

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