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CONTENTS

1. STUDYING SUB-TOPICS OF CHILD SEXUAL ABUSE

1.1. INTRODUCTION

Stroebel et al (2013) noted that there is "a very extensive literature on child sexual abuse (CSA) [1]. As a result, more recent reviews focus on sub-topics..." (p584). Here are a selection of these sub-topics.

1.2. FATHER-DAUGHTER INCEST

Father-daughter incest (FDI) has negative consequences for the girl. Programmes to combat it teach children to protect themselves against CSA. "Unfortunately, by the time children are old enough to assimilate information about how to protect themselves against CSA, they may already have become victims of FDI ... Another potentially more fruitful approach to prevention would be to identify risk factors for FDI and then make this information available to families so that preventive measures can be implemented within families before the incest has occurred. This information could be presented to mothers and fathers as empowering families in the prevention of incest" (Stroebel et al 2013 p584). The greater risk is from stepfathers rather than biological fathers (eg: 7-15 times greater risk; Stroebel et al 2013).

Stroebel et al (2013) lamented the lack of recent studies on the risk factors for FDI. For example, Paveza's (1988) case-control study of thirty-four cases and sixty-eight control families identified four key risk factors - low mother-daughter closeness, low marital satisfaction, violence by the father towards the mother, and low income. This study of FDI in Illinois and

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[1] CSA is a factor in adult mental disorders like dissociative identity disorder (appendix 1A).

Wisconsin, USA, used cases referred by child protection services or law enforcement agencies, or self-referrals, and all the data were from the victim's mothers. These are not necessarily typical as most cases do not come to the attention of the authorities. Thus, the families were in treatment, and this "would tend to bias mothers' answers toward defensively placing themselves in the best possible light because they had been sensitised by the family's treatment for FDI. These circumstances would be expected to bias their answers with respect to marital satisfaction, their closeness to the daughter, and violence between the abuser and the spouse" (Stroebel et al 2013 p585).

    The controls were recruited from the local telephone directories and included those with income to afford a telephone, and where the mothers were willing to talk frankly about sexual attitudes and behaviours in their families. "Those families selected as controls were presumed not to have been victims of FDI, but it would have been unlikely that potential controls would have volunteered information that would have subjected themselves or loved ones to prosecution on paper forms as no anonymity was provided" (Stroebel et al 2013 p585).

    In a Finnish study, Sariola and Uutela (1996) asked nearly 4000 young teenage female pupils about their experiences of FDI via an anonymous questionnaire completed at school. Stroebel et al (2013) noted: "This made it likely that some cases of FDI were not reported by the young students even though they were told that their reports were anonymous (children are aware that grades and misbehaviors are routinely reported to parents by schools)" (p586).

    Stroebel et al (2013) summarised the methodological concerns about studies like these:

    a) A self-selecting sample.

    b) Face-to-face interviewing more likely to increase under-reporting due to the embarrassment of admitting to illegal taboo behaviours in front of an interviewer.

    c) Finding appropriate controls.

    In their study of the risk factors of FDI, Stroebel et al (2013) recruited 2034 women at six mid-Atlantic college campuses in the USA [2]. The anonymous computer-assisted self-interviews covered human sexuality from "cradle to the grave". Sixteen questions related to incest and its risk factors were integrated with general

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[2] West Virginia.

questions about sexual behaviour. Table 1.1 gives
examples of the questions on CSA. CSA was defined as
happening before the respondent's age of eighteen years,
and involving an individual over eighteen and at least
four years older than the respondent.

- The best way to describe my family of origin's experience with CSA
  at the hands of my parents is as follows: (A) There were never any
  parental behaviours that could be described as CSA. (B) Whatever
  CSA that did occur was never brought to the attention of the
  authorities in any way. (C) CSA of me or my siblings did occur,
  and it was brought to the attention of the authorities.

- I was sexually abused by my father or father figure.

- Before I hit puberty, in my family of rearing, it was common for
  me to see my father nude while he was dressing or in the bathroom,
  etc.

- Before I hit puberty, in my family of rearing, it was common for
  my father to see me nude while I was dressing or in the bathroom,
  etc.

- Select the phrase which most closely describes the way that your
  mother demonstrated affection for you: (A) My mother never kissed
  or hugged me. (B) My mother seldom kissed or hugged me. (C) My
  mother often kissed or hugged me.

- The best way to describe my parents' relationship while I was
  growing up is as follows: (A) My parents' relationship was not
  good: There was verbal fighting, anger, criticism, distance, and
  little or no love or affection. (B) My parents relationship was
  very mixed: There were periods of love and affection interspersed
  with verbal fighting, anger, criticism, or distance. (C) My
  parents' relationship was reserved: I did not see fighting,
  criticism, or physical display of affection, but I believe that
  there was quiet love and respect underneath. (D) My parents'
  relationship included a lot of physical fighting and/or brutality.
  (E) My parents' relationship was very good with lots of love,
  support, and physical affection and few times when there was
  fighting, anger, criticism, or distance.

(Stroebel et al 2013 pp589-590)

Table 1.1 - Examples of questions on CSA and FDI, and
related factors.

     Fifty-one respondents agreed with the statement, "I
was sexually abused by my father or father figure". The
researchers looked for significant differences between
these individuals (FDI group) and the rest of the sample
(control group).
     The FDI group were more likely to have lived in a
nuclear family in which a divorce had occurred and a new
partner had moved in (ie: stepfather). The risk of FDI
was over three times greater than in an intact biological
family.

The following three other risk factors were evident from statistical analysis:

1. Verbal and/or physical fighting and/or brutality between the parents (ie: unsatisfactory parental relationships) (figure 1.1).
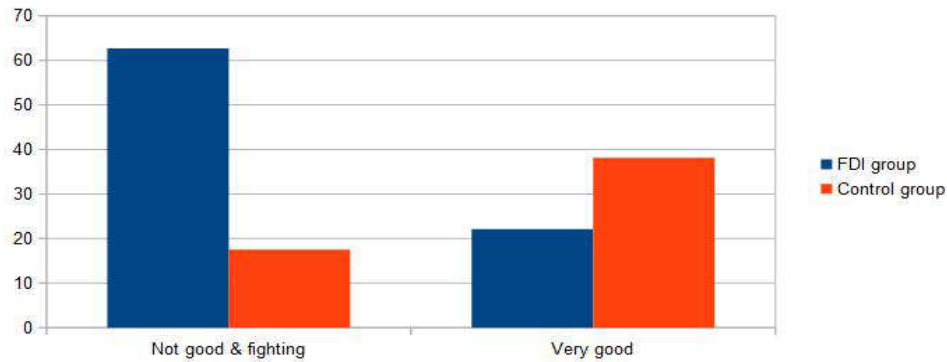
(Data from Stroebel et al 2013 table 3 p595)

Figure 1.1 - Percentage of respondents reporting statements about parents' relationship (significant difference only).

2. Families with father-daughter nudity, but not mother-daughter nudity (ie: family-tolerated reciprocal father-daughter nudity) (figure 1.2). This may be a risk factor in different ways - the children are more open to engaging in sexual activities; some men interpret the girls' behaviour as seductive; for some men, this is part of a grooming process for incest (Stroebel et al 2013).
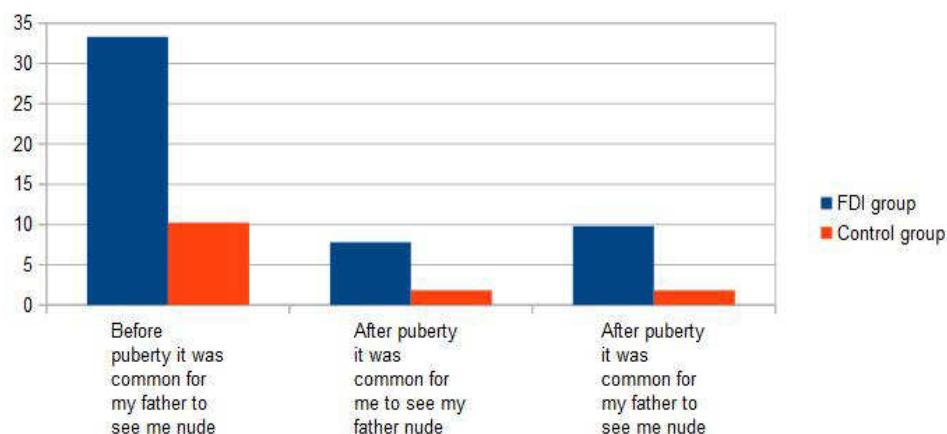
(Data from Stroebel et al 2013 table 3 p595)

Figure 1.2 - Percentage of respondents reporting statements about family nudity (significant difference only).

3. Low maternal affection (eg: mother never kissed or hugged daughter).

Stroebel et al (2013) asserted the following strengths of their study:

- Use of anonymous computer-assisted self-interview. Anonymity also overcame concerns for the researchers about having to report illegal information to the authorities.

- Within a study of human sexuality generally, "and the items used to obtain information on FDI were scattered unobtrusively among items unrelated to FDI but clearly useful to other topics related to human sexuality" (p597).

- One click agreement with the statement about FDI/CSA. "This low-key approach permitted us to obtain data from victims of FDI with the smallest possible chance of triggering either defensiveness or a posttraumatic stress disorder (PTSD) reaction" (p597).

- Use of the term "father or father figure" to include "stepfathers and men transiently living with single-parent mothers or divorced women to whom they were not married" (p597). Only 25 respondents reported FDI with the person described as "father".

- No need to hunt for controls.

However, Stroebel et al (2013) admitted that the sample size of the FDI group was small (ie: 51). Though this was larger than previous studies - eg: 34 (Paveza 1988) and 17 (Sariola and Uutela 1998). However anonymised and well designed the computer-assisted self-interview, it still depends on the honesty of the participants, or even awareness that FDI happened (ie: defining CSA as such).

The sample overall was self-selecting (volunteers) who were well educated (college students). In their defence, Stroebel et al (2013) stated: "It can be questioned whether the results can be applied to different types of populations (eg: families destined to give rise to less well-educated offspring, or ultra-wealthy families etc). The fact that our study was not based on a random sample means that the results cannot be used to determine prevalence or incidence of any behaviour or outcome, because a random sample would be required to provide such measures. Nevertheless, convenience samples have been, and continue to be, useful to answer other kinds of sexological questions such as those addressed in this article...

Furthermore, studies that have attempted to obtain random samples to obtain data on CSA and other types of sexual behaviour have run into sampling problems..." (p603).

1.3. SIBLING SEXUAL ABUSE

Sibling sexual abuse (SSA) is more common than FDI, but it is severely under-reported (Caffaro and Conn-Caffaro 1998).

A lack of consistency in definition has not helped. For example, whether to include forced exposure to pornography or just physical sexual assault [3]. Morrill (2014) used the following definition: "sexual behaviour between siblings that is not age appropriate, not transitory and not motivated by developmentally appropriate curiosity. Some examples of this behaviour include inappropriate fondling, touching, sexual contact, groping indecent exposure, masturbation, exposure to pornography, oral sex, anal sex, digital penetration and intercourse" (p206).

The normalisation of abuse by parents is a key element for SSA. "When parents either model inappropriate sexual interaction or are unable to acknowledge inappropriate sexual interactions in their children, it is likely that one child will begin or continue to inflict sexual abuse on a sibling because he or she is modelling the actions of his or her parents" (Morrill 2014 p205).

Other risk factors include power imbalances in the family with rigid gender roles, differential treatment of siblings, and lack of parental supervision (Morrill 2014). "An exaggerated sexual climate in the family or a rigidly repressive sexual family environment increases the risk of sibling sexual abuse. These environments may also contain multiple offenders of sexual abuse within the family, thus increasing the challenge of detecting and dealing with sibling sexual abuse specifically... Each offender may use denial as a means to protect himself or herself from experiencing shame and to maintain the abuse; therefore, the likelihood of any one member of the family reporting the incest is reduced" (Morrill 2014 p206). In a study of nineteen female survivors/victims of SSA, minimisation of the abuse when disclosed was also evident (Rowntree 2007) [4].

SSA tends to continue over a long period of time, and involves more force than other types of CSA (Morrill

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[3] Seto's (2010) meta-analysis of fifty-nine studies found that forced exposure to pornography (particularly sexual violence) lead to anxiety, low self-esteem, and social isolation.
[4] The average delay in disclosing the abuse can vary from three to eighteen years (Morrill 2014).

2014). The consequences for children include premature sexualisation and/or confusion about sexuality, difficulty with peer relationships, aggression, and problems with the development of the self (Rudd and Herzberger 1999). As adults, there are psychiatric problems, maladaptive coping strategies, and the risk of revictimisation in interpersonal relationships (Morrill 2014).

One major effect of SSA is upon adult self-esteem. Morrill (2014) investigated this consequence with a survey of students at a college in the USA. Eighty-seven respondents indicated that they were a survivor/victim, perpetrator, or both of SSA.

The questionnaire used included thirty-six items on SSA (eg: "A sibling sexually touched me"; "I forced a sibling to view pornographic material"; scored 0-5). Then ten questions related to self-esteem.

Lower self-esteem was associated with any experience of SSA as a child (ie: survivor, perpetrator, or both). The association was stronger for survivors of the abuse.

This study had certain methodological limitations:

- A convenience sample (ie: students available who willing to respond).

- Though the questionnaire was anonymous, individuals may still have had difficulty disclosing.

- No independent verification of SSA disclosed.

- No distinction based on gender, for example.

- Morrill (2014) admitted: "This study did not consider the effect possible interaction of experiencing other forms of abuse in addition to sibling abuse may have on the outcome. Future research modelling this study can modify the survey to include questions addressing other abusive family experiences" (p210).

1.4. CLERIC SEXUAL ABUSE

Since the 1990s reports of sexual abuse by priests in the Catholic Church have emerged in increasing numbers. "Media accounts portrayed offenders in the clergy as a singular, highly predatory group who perpetrated acts of abuse on numerous children over many years" (Holt and Massey 2012 p606). For example, "The Boston Globe" in 2002 had a series of articles about a local priest called John Geoghan, who was accused of sexual abuse over many years. These reports and others in the media presented a "highly specialised and methodical predator" (Holt and Massey 2012), that Jenkins (2004)

called the image of the "Paedophile Priest".

The majority of victims were male (over three-quarters; Holt and Massey 2012). Holt and Massey (2012) asked whether this "stemmed from sexual preference or other factors, such as higher levels of opportunity to offend against male youths". In other words, were the perpetrators homosexual before joining the priesthood or was there fluidity in sexual behaviour as a result of the social setting?

For example, Dietz (1983) developed the preferential-situational distinction for child sexual offenders. Preferential offenders have sexual fantasies about children and their sexual preference is aimed in that direction. Situational offenders have problems forming adult sexual relationships, and so target children this way. However, this distinction "focused solely on the dispositional factors attributed to sexual offenders, with little mention of the social environment and opportunity structure of the offender" (Holt and Massey 2012).

Other theories of sexual offending (and crime generally) see the behaviour as a product of individual dispositions and motivations (which can be stable or transitory), and the immediate situation. For example, routine activities theory (Cohen and Felson 1979), originally developed to explain property crime, describes crime as a product of a motivated perpetrator, a suitable/available target, and a lack of restriction (eg: no parent around). Cornish and Clarke (2003) [5] distinguished three types of offenders - anti-social, mundane, and provoked. Anti-social offenders are methodical and calculated with a high rate of offending. Mundane offenders are opportunists, while provoked offenders respond to situations of negative emotions (eg: a perceived wrong). Both these latter types tend not to be planners like the anti-social offender.

Applying the idea of the situation to institutional settings like the Catholic Church, these "are places where children congregate outside of the home and are placed under the care and supervision of guardians for some formal purpose. These settings offer opportunities for abuse to occur — including locations to meet children, locations to abuse them, strategies for gaining access to children, and strategies for being alone with the children" (Holt and Massey 2012 p609). Wortley

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[5] Cornish and Clarke have been associated with "environmental criminology" which "assumes that criminals choose to commit a crime based on environmental opportunities and situational constraints" (Brewer 2000). So, the way to reduce crime is environmental crime prevention (ie: making the environment "crime-proof"). In this case, do not leave children alone with priests or video record such interactions.

and Smallbone (2006) added to this the way that offending priests have been treated by the church authorities - eg: moved to another parish - in creating a "notion of permissibility or the ability of the offender to free himself from self-blame" (Holt and Massey 2012) [6].

Haywood et al (1996a) compared thirty Roman Catholic clerics accused of child sexual offences, 39 non-cleric alleged child sexual abusers, and 38 controls using the Derogatis Sexual Functioning Inventory (DSFI) (Derogatis 1978). The clerics were different to the non-cleric abusers in the following ways:

- Older.
- Better educated.
- More male victims (77% vs 46%) [7].
- Older victims (63% 14-17 years old vs 49% under seven years old for non-clerics).
- Fewer victims (median: 1-2 vs 15).
- Little other paraphilia behaviours.

In a further study of 157 cleric and non-cleric abusers, Hayward et al (1996b) found that sexual abuse in childhood was common to both groups. Comparisons between cleric and non-cleric abusers is difficult because the former are older and better educated than the latter. These variables need to be controlled for (Langevin et al 2000).

Langevin et al (2000) studied 24 (mostly Roman Catholic) clerics in Canada charged with or accused of sexual offences (21 with children and three with adults). They were compared to 24 selected sex offender controls (eg: similar education level, religion, and marital status), and to a sex offender database. The authors concluded: "It seems that cleric-sex offenders are similar to non-cleric sex offenders matched for age, education, and marital status, so the same battery of tests used here to assess sex offenders in general can be used for standard assessment of clerics charged with sexual offences. Their behaviour appears to be mainly motivated by sexual deviance" (p542).

About 70% of the clerics were rated as sexually deviant, and the remainder may have been motivated to abuse children by a "combination of loneliness, social isolation, and substance abuse". Deviant sexual behaviour

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[6] Also many priests have reported the belief that sexual problems are removed on entering the priesthood (Marshall et al 2006).
[7] Loftus and Camargo (1993) examined information about Roman Catholic clerics treated for psychological problems. One hundred and eleven of 1322 men had had sexual activity with child (mostly with boys).

was measured by the Clarke Sex History Questionnaire (Langevin et al 1990), and phallometry.

Key characteristics of sex offenders generally are sexual deviance, substance abuse, anti-social personality disorder, psychosis, history of crime and deviance, neuropsychological impairments, and endocrine disorders (Langevin and Watson 1996).

Langevin et al's (2000) sample of clerics were less likely to use drugs, but just as many had alcohol problems as the control offenders. They were not psychotic, did not have anti-social personality disorder, nor a history of crime. The clerics showed no neurological impairments, but five had endocrine abnormalities (eg: diabetes).

Wortley and Smallbone (2006) outlined seven characteristics of child sexual abuse by priests that suggested situational determinants (ie: different to preferential child sexual offenders):

• Late onset of offending behaviour in priest's life.
• Low level of offending.
• Previous offences non-sexual.
• Low level of stranger abuse.
• Low level of networking among offenders.
• Little use of child pornography.
• Little paraphilic sexual interest.

Holt and Massey (2012) explored the situational explanation for the majority of victims being male using 9540 reports of alleged cleric sexual abuse in the USA between 1950 and 1999. These reports came from a questionnaire completed by priests that the researchers had designed for the United States Conference of Catholic Bishops in 2002.

The majority of victims were male (81.3%). Overall, 3918 clerics perpetrated the cases reported, of which 71.6% had only male victims. Holt and Massey (2012) argued that situational and opportunity factors could explain the abuse for the following two key reasons:

i) The majority of cases were in the 1960s and 1970s (before girls were allowed to be altar servers in the church).

ii) Most abuse (of either sex) took place on church grounds during church-related activities.

Holt and Massey (2012) stated that they "found no evidence to suggest that males were sought out or targeted. It appears that the higher numbers of male victims may have been a result of opportunity that was facilitated by the unique structure of the Catholic

Church. Priests were trusted and revered men of God, who were charged with responsibilities that gave them access to youth and settings in which to abuse them. What is unique is that the capable guardians, who represent a key element in preventing offences, were the parents and families who viewed these men as the personification of God on Earth. Opportunity and the implicit trusts of capable guardians allowed priests to abuse their roles and offend against the youth whom they were given to protect and guide" (p616).

Though this study had access to data that other researchers do not, it was mainly a descriptive (quantitative) survey rather than exploring the feelings and cognitive processes/distortions of the perpetrators (qualitative). Not to mention the lack of information about the victim's side of the "interaction". Overall, questionnaire research does depend on the honesty of the respondents, and/or their understanding of the question (eg: the abuse may not be perceived as such by a perpetrator).

Disclosure of sexual abuse in schools run by the Roman Catholic Church in Germany in 2010 led to the founding of an Independent Commissioner for victims of institutional abuse generally. Between May 2010 and August 2011, there were 7565 calls and 3062 letters or emails. Sprober et al (2014) analysed the data of 4208 victims [8].
The majority of institutions were non-religiously affiliated (eg: residential care centres) (n = 586), followed by Roman Catholic-run (n = 404), and lastly, Protestant-run (n = 130).
More of the victims were male overall (60%), and particularly in the Roman Catholic context (70%). The victims were significantly older in the religious than non-religious groups.
The type of abuse, number of incidents, and offenders mostly being male were similar across all three contexts.
Around three-quarters of the victims reported at least one psychiatric problem and most frequently, depression, anxiety, or post-traumatic stress disorder.
Sprober et al (2014) noted the common factors in the institutions, whether run by a religious or non-religious organisation: group cohesion, hierarchical power structure and dependency, and credibility bias in favour of staff (ie: reports by victims would not be believed). These factors are "conducive to the occurrence of repeated sexual abuse over long periods of time". Secrecy, helplessness, entrapment, and fear of not being

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[8] The other data included contact by offenders (or associates), or associates of a victim.

taken seriously are all factors found to contribute to silence about the abuse in institutions. Summit (1983) called the factors together the "accommodation syndrome".

The data were self-selecting (ie: individuals motivated to contact the Independent Commissioner) with no independent verification. "Thus, we cannot definitively conclude from our data that the patterns of abuse we were told about did in fact commonly occur. However, the size of the sample and the fact that our results are consistent with those obtained by different international commissions support the likelihood that they paint a realistic picture of the conditions in German institutions for the periods that most victims described" (Sprober et al 2014).

There was no systematic collection of information (eg: common questions) as individuals were allowed to share whatever and however they wanted.

Sprober et al (2014) concluded: "With respect to institutional affiliations, our results show that sexual abuse is not a problem specific to Roman Catholic settings or to religiously affiliated settings in general, but rather that the risk to children is increased in any institution, regardless of affiliation".

1.5. ONLINE SOLICITATION AND SEXTING

Mitchell et al (2013) observed: "Media stories about 'online predators' have been a staple of news reports since the late 1990s, describing molesters who used the Internet to lure children into sexual assaults... According to news reports, these online predators lurk in Internet venues popular with children and adolescents... They contact victims using deception to cover up their ages and sexual intentions... Then they entice unknowing victims into meetings, or stalk and abduct them" (p1225). But this scenario is "extremely rare", and online requests for sexual activity or information are more likely to come from peers (ie: friends and acquaintances - adults under 25 years old). Furthermore, such unwanted online sexual solicitations (UOSS) have been declining in the last decade or so (Mitchell et al 2013) [9].

This statement is based on data from the Youth Internet Safety Surveys (YISS) in the USA in 2000, 2005, and 2010. These are nationally representative telephone surveys of around 1500 10-17 year-olds, who had used the Internet at least once a month for the past six months,

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[9] "Online sexual solicitations were defined... as requests of youth to engage in sexual activities or sexual talk or give personal sexual information that were unwanted or, whether wanted or not, were made by an adult... Defined this way, solicitations could range from fairly benign requests such as 'What's your bra size?' to the very serious but rare cases that pose concerns about the potential of offline sexual assault" (Mitchell et al 2013 p1226).

and a caregiver. Three questions were used during the thirty-minute interview with the youth:

1. In the past year, did anyone on the Internet ever try to get you to talk about sex when you did not want to?

2. In the past year, did anyone on the Internet ask you for sexual information about yourself when you did not want to answer such questions? I mean very personal questions, like what your body looks like or sexual things you have done.

3. In the past year, did anyone on the Internet ever ask you to do something sexual that you did not want to do? (Mitchell et al 2013 p1228).

The degree of distress of the event was rated 1-5, where 4 and 5 were very or extremely upset or afraid. Offline contact with the perpetrator of the UOSS was also recorded.

The first YISS in 2000 found that 19% of respondents had received UOSS. No cases fitted the stereotypical pattern of Internet predator (Mitchell et al 2013). In YISS-2, the rate of UOSS was 13%, and 9% in 2010 (YISS-3) [10]. Table 1.2 shows the significant decline in responses to two of the three research questions.

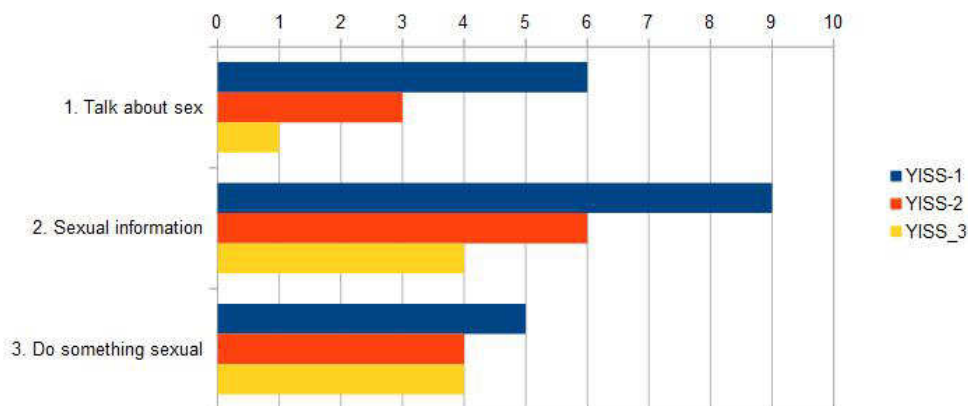Table 1.2 - Percentage of respondents to three research questions.

Notwithstanding the decline in overall UOSS, the number of solicitations from individuals known offline before increased from 3% of UOSS in 2000 to 32% in 2010.

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[10] Similar rates of UOSS have been reported elsewhere - eg: in 2008 in the Netherlands, 19% of female adolescents, and 16% of Danish girls (Mitchell et al 2013).

In terms of the youth who had been solicited, in 2010, there were significant differences to non-solicited individuals - more frequent use of Internet (eg: 5-7 days per week), for longer (eg: more than two hours per day), greater chat room and social networking use, and talked online with individuals they knew offline and only online. Mitchell et al (2013) explained the latter characteristic thus - "as youth have migrated to social networking sites like Facebook for their online interactions, they have gravitated away from more open access sites like chat rooms and have confined more of their online interactions to people that they already know. This might explain some of the overall decline in solicitation, and could mean that rather than making youth more vulnerable, the social networking revolution may have provided an additional measure of protection, at least against unwanted and inappropriate contact from online strangers. However, the increasing number of solicitations coming from prior offline acquaintances provides some cause for concern" (p1233).

Mitchell et al (2013) summarised positively: "The analysis of trend data from three YISS studies from 2000 to 2010 reveals encouraging news in several respects. Not only did unwanted online sexual solicitations decline by more than 50%, but the proportion of youth receiving multiple solicitations also declined. Moreover, the declines were greatest among younger children (10-12 years old), who may be less equipped to handle such solicitations. It is further positive news that more youth who received a solicitation, talked about it with others: 53% in 2010 versus 39% in 2000" (p1233).

The YISS have two key limitations in terms of generalisability of findings:

i) Participants were recruited via random digit dialling of landline telephones. This misses households without a landline and/or with mobile phones only.

ii) The wording of the questions including the definition of UOSS. Online use and behaviour are rapidly changing, and questions devised in 2000 may not be relevant ten years later. Also it may not be possible to know the age of the online contact, and thus the solicitation was not perceived as from an adult.

1.5.1. Sexting

Sexting is "the sending, receiving, or forwarding of sexually explicit messages, images, or photos to others through electronic means, primarily between cellular phones" (Klettke et al 2014 p45).

Klettke et al (2014) performed a literature review of studies on sexting behaviour between January 2000 and August 2013, and found thirty-one articles.

The variation in the definition of sexting proved problematic. Some studies distinguished sexually suggestive texts from sexually explicit photographs, others combined them. The term "sexually suggestive" was also open to interpretation, while the sexually explicit nature of photographs varied (eg: nude or semi-nude). These differences were important enough for Klettke et al (2014) to describe them as confounding variables producing the risk of measurement error.

Furthermore, studies varied in their detail about the sender and the receiver in sexting (eg: friend or stranger). And importantly, age as there are legal ramifications related to "minors".

In relation to this issue, Klettke et al (2014) found twelve studies of school age samples (varying from 10-19 years old). Almost exclusively from the USA, it was estimated that around 10% of adolescents had sent sexts, and about 15% had received them (from studies using nationally representative samples). The rates were higher in studies with non-representative samples (eg: 25% and 31% respectively) (Klettke et al 2014). Kelttke et al (2014) found nine studies of undergraduates, and four others of adult sexting prevalence. Up to half of the samples had sent and/or received sexts. Klettke et al (2014) warned that all these figures were only tentative because of the variation in definitions.

There was a limited number of studies comparing demographic groups, and a few patterns emerged:

- Age - No difference for adults.

- Gender - Females more likely to send and males more likely to receive. "These gender differences may be explained, in part, by findings from studies suggesting that females perceive pressure from others to send sexts as a causal factor in sexting behaviour" (Klettke et al 2014 p52).

- Ethnicity - No clear pattern.

- Sexual orientation - More likely among non-straight than straight individuals.

- Relationship status - Adults in relationships more likely to send them.

- Other - Education level, employment status, and religious affiliation - no clear pattern.

Eleven studies looked at the relationship between sexting and sexual behaviour, and sexually risky behaviour. For example, senders of sexts were more likely to be sexually active than non-senders. A small number of studies found an association between sexting and having unprotected sex (Klettke et al 2014).

In terms of the attitudes towards sexting, not surprisingly, there was a positive relationship between viewing it positively and engaging in it. But about three-quarters of adolescents and young adults did accept that sending sexts "can have serious negative consequences" (The National Campaign to Prevent Teen and Unplanned Pregnancy 2008 quoted in Klettke et al 2014).

Henderson and Morgan (2011), for example, was one of five studies found on the motivation for sexting. From a list of reasons, "to be sexy or initiate sexual activity" was endorsed by over 80% of undergraduate respondents, followed by "gaining attention from a dating pattern", and "to be fun and flirtatious".

Other studies reported motivations like feeling pressurised, boredom, and as a form of self-expression or self-presentation (Klettke et al 2014).

1.6. MEDIA ACCOUNTS OF CHILD SEXUAL ABUSE

McKee & Birnie (2009) found seven main differences between journalistic and academic reports of CSA in Australia. The researchers compared 1614 articles in Australian newspapers between 1st December 2007 and 27th December 2008, and academic articles over a number of decades. Textual analysis, which is a qualitative method, was used.

i) Academic reports suggest that CSA is less than other types of abuse, and neglect, whereas journalistic reports suggest the opposite. The latter showed "a trend whereby any abuse of children is turned into a story about sexual abuse - even if there is no sexual abuse involved... Indeed, to such an extent does journalistic coverage think of child abuse as meaning only child sexual abuse that sometimes the terms are used as synonyms, with 'child abuse' used as a synonym for 'sexual abuse'..." (McKee and Birnie 2009).

ii) CSA is decreasing, according to academic reports (eg: Dunne et al 2003), but increasing in journalistic ones. The latter more often rely on anecdotal evidence rather than statistics, and are critical of statistics that suggest a lack of sexual abuse.

iii) The main perpetrators are family members, for academics, as opposed to strangers and institutional

figures (eg: teachers, priests [11]) in journalistic reports.

iv) Journalistic reports present any sexual play in childhood as sexual abuse or a sign of abuse [12], but academic reports see innocent sexual play as a normal part of childhood.

v) Sex education as a prevention of CSA is encouraged by academic reports, but discouraged by journalistic ones, or conflated with increased sexual imagery in the media.

vi) Academic reports include data from victims, but journalistic reports are excluded from using such information.

vii) Academic reports include the voice of the perpetrators (to help in prevention), but journalistic reports exclude these.

McKee and Birnie (2009) concluded: "...we are here taking a poststructuralist approach. We are not insisting that journalistic representations are correct and academic ones are wrong, or vice versa. We have mapped out a number of differences between academic and journalistic representations of child sexual abuse that can be explained through the different social purposes served by academia and journalism. It is not simply that academics are doing their research wrongly, nor that journalists are deliberately distorting the truth. Rather, the functions served by each institution shape the texts it produces".

1.7. APPENDIX 1A - DISSOCIATIVE IDENTITY DISORDER

Multiple personality disorder (or more correctly, dissociative identity disorder; DID) holds "a unique place in the field of psychopathology; it elicits an unprecedented mixture of acceptance and rejection in the scientific community" (Boysen and VanBergen 2014 p15). On the one hand, it is a recognised diagnosis in DSM-5 and ICD-10 (the official classification systems of mental disorders), and there is supportive research from around

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[11] "The way in which these stories were told created a sense that no institutional figure can be trusted, that every one could potentially be a child sexual offender" (McKee and Birnie 2009).

[12] "We also know that in every generation a number of young people have started sexual behaviour before the legal age of consent. Once again, this is now taken as evidence of sexual abuse. A story notes that 'More than 170 Queensland children aged between 10 and 14 years contracted sexually transmitted diseases last year'. The response to this has been 'to investigate whether the children were victims of sexual abuse'..." (McKee and Birnie 2009).

the world that it is a special case of post-traumatic dissociation in the face of inescapable psychological distress ("the trauma model"). For example, many DID sufferers report childhood abuse, particularly sexual (Boysen and VanBergen 2013).

On the other hand, DID is viewed as a "fad" of the 1990s (Pope et al 2006). "Due to media depictions in the latter half of the 20th century, the concept of having multiple personalities became part of the cultural landscape in Western countries" (Boysen and VanBergen 2014 p15).

How common is DID? The answer depends on the type of sample studied.

i) Clinical samples (ie: individuals in contact with psychiatric services) - From 0.4% (Swiss psychiatric outpatients) to 14% (university emergency department in Turkey) with averages of 2% among outpatients and 5% of inpatients (Dorahy et al 2014).

ii) Community samples (ie: random cross-sections of the population) - About 1-3% for lifetime prevalence (ie: suffered from DID at some time in past), and 1.5% for 12-month prevalence (ie: in last year) (Dorahy et al 2014). But it depends on the criteria for diagnosis of DID used (eg: DSM-III-R or DSM-IV).

1.7.1. Simulating DID

The critics of DID are concerned that the symptoms could be "faked" (ie: it is "a social role enacted due to the influence of culturally-determined rules for expression multiple selves"; Boysen and VanBergen 2014; "the socio-cognitive model"). This concerns relates to the aetiology (or validity) of the disorder.

With the increasing cases, the number of alternative personalities/identities reported by sufferers has risen as did the scale of abuse allegations. Furthermore, "some clinicians appear to diagnose DID disproportionately more than others, and the typical presentation of DID is unusual in that the core symptoms tend to emerge only after treatment has started" (Boysen and VanBergen 2014 p15).

The disagreement between the trauma model and the socio-cognitive model has led to studies comparing diagnosed sufferers of DID with individuals deliberately simulating the symptoms [13]. For example, if blind judges

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[13] "One assumption about alter identities in DID is that they have different functions than the primary identity. Differences in function between trauma-aware and trauma-unaware identities is a subtle feature of DID and may be difficult to fake" (Boysen and VanBergen 2014 p23).

could not distinguish between the two groups, then this would support the socio-cognitive model, but if the two groups are clearly different, this supports the trauma model.

Boysen and VanBergen (2014) performed a literature review of such studies. They found twenty laboratory experiments published between 1982 and 2012 in English comparing individuals diagnosed with DID and individuals intentionally faking the condition. The two groups were found to show significant differences only on some measures. Two measures used are memory deficits, and eyesight variability.

i) Memory deficits - For example, DID sufferers have lower recognition and recall of previously seen material than simulators. This includes learning and recall in the same identity or between identities. The latter is known as inter-identity transfer of information - eg: the main personality has no recall of activities during an alternative identity. This amnesia between identities was similar between both groups, and Boysen and VanBergen (2014) felt that the failure to find any difference was the most important finding.

ii) Eyesight variability - Two studies attempted to establish objective differences between the alternative personalities by giving each personality an eye examination. These studies found that DID sufferers had greater variability in visual acuity, for example, between identities than simulators. However, the main researcher (Scott .D. Miller) "abandoned the research after reaching the conclusion that the effects were not reliable" (Boysen and VanBergen 2014).

The studies in the literature review varied in their methodology, which placed limitations on their findings:

a) Simulator matching - The matching with DID sufferers, where it occurred, tended to be age, gender, and education only. Students were commonly used.

b) Simulator training - This varied greatly from a few hours to two weeks, and the material used in training was also diverse.

c) Manipulation checks - This referred to assessing the simulator's ability to feign DID (eg: by judges blind to the participant's group).

d) Blinding - This involved blinding the participants to the research purpose and hypothesis, and/or the experimenters to the participant's group.

Boysen and VanBergen (2014) pointed out that the studies used DID sufferers who could switch personalities "on demand". "Although this is a methodological necessity for this research, exclusive use of participants with that characteristic could lead to problems in generalising the results to individuals who are unaware of alternate identities and cannot switch on demand" (Boysen and VanBergen 2014 p25). The sample sizes were also small (n = 20 or less).

Boysen and VanBergen (2014) were still upbeat in their conclusion: "Some have dismissed research of DID simulation by healthy controls as a logical dead end in terms of its ability to solve theoretical disputes..., but this review suggests that simulation has a great deal to offer. The extant differences between DID and simulators offer means for improving the quality of differential diagnosis and understanding basic phenomena associated with the disorder. Differences showed that DID may not be as simple as enacting social role. In contrast, overlap among DID and simulators illustrated how self-reports may not be a reliable indication of actual abilities and symptoms..." (p26).

1.7.2. Research Issues

Dorahy et al (2014) listed five issues for research on DID that mean it is "constrained by obstacles atypical for those of other psychiatric disorders":

i) Diagnostic concerns - Multiple personality disorder appeared as a "discrete diagnostic entity" in DSM-III in 1980, and was subsequently elaborated upon (including the change to the name DID). But it is classed among "other" dissociative disorders in ICD-10 (Dorahy et al 2014). "The discrepancy of definition hampers international research efforts. DID patients usually present a plethora of diverse symptoms in addition to core diagnostic features... This polysymptomatic profile may obscure DID unless dissociative symptoms are systematically assessed" (Dorahy et al 2014 p403).

ii) Cultural issues - "Whereas the 'Western' conception of self emphasises autonomy, DID challenges the notion of identity as fixed, unitary and autonomous. Thus it is not surprising that identity-related cultural differences complicate comparative DID research" (Dorahy et al 2014 p403).
Generally, there has been a criticism that DID is most often diagnosed in the USA (or in the "West"), but cases have been reported in a variety of countries (eg: Japan, Argentina, and the Philippines) (Rhoades and Sar 2005).

iii) Post-traumatic avoidance - DID is often linked to severe childhood abuse, where individuals are discouraged from telling by the perpetrators or not believed when they do report, and/or trauma that the sufferers want to avoid. Both of these factors can make it difficult to recruit participants for studies of DID.

iv) Cost-benefit issues - DID can be difficult to treat with limited benefits from medication, and this can discourage studies into short-term improvements.

v) Conceptual challenges - DID is challenging in a number of ways, including to the concept of the self, and whether to believe the subject experience of the sufferer. Hornstein (2013) went as far as to say that DID raised "core questions about what constitutes the appropriate data upon which to base our understandings of mental life" (quoted in Dorahy et al 2014).

Validity

The validity of a diagnostic category relates to to whether it "exists". In other words, are the symptoms as summarised in a diagnostic category actually present in individuals who are viewed as sufferers? Validity is established in different ways.

i) Content validity - The same symptoms are found among sufferers by independent observers. Dorahy et al (2014) argued that five symptoms are commonly present - identity confusion (or uncertainty), identity alteration, amnesia, derealisation (feelings of detachment from surroundings), and depersonalisation (feelings of detachment from self).

ii) Criterion validity - Consistency of symptoms across different methods of assessment, like the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) (Steinberg et al 1990), and the Dissociative Disorders Interview Schedule (DDIS) (Ross et al 1989).

iii) Construct validity - Sufferers can be distinguished from other disorders or simulators. In the case of other disorders, DID sufferers report auditory hallucinations, say, as do individuals with psychosis (like schizophrenia). DID sufferers are more likely to report more than two voices, but have better cognitive insight than individuals with schizophrenia (Dorahy et al 2014).

One way to establish that a diagnostic criteria is "real" is through neurobiology. This is the search for

unique aspects of brain activity among sufferers that are distinct from non-sufferers. Different ways of studying the brain find deficits in different areas. Dorahy et al (2014) reported three competing hypotheses based on the technology used - abnormalities in orbitofrontal cortex (single photon emission computerised tomography; SPECT), cortico-limbic areas (functional magnetic resonance imaging; fMRI), and frontal and temporal lobes (EEG).

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2. A PHENOMENOLOGICAL APPROACH TO ALTRUISM

Altruistic behaviour has been studied mostly from the outside, but the phenomenological approach prefers an insider approach as it "seeks to unearth... motivations, as well as reveal deeper insights into the nature, meaning and experience of the phenomenon being studied, through the participant's own description of the experience" (Mastain 2006).

Mastain (2006) set out to explore the "totality of the experience of altruism". This was done by using the descriptive phenomenological method (Giorgi 1989), which has five steps in analysis of the interview transcripts.

i) The researcher bracketed their previous knowledge about altruism (ie: set aside expectations, experiences, and ideas).

ii) The whole interview is studied as all parts of the transcript "are related to each other and that one cannot understand the relationships among the parts unless one goes through the entire description at least once" (Giorgi 1989 p48 quoted in Mastain 2006 p32).

iii) Then the interview transcript is divided into "smaller meaning units".

iv) These units are translated into "transformed meaning units" that "more directly, highlighting the psychological aspects of the description, what the subject said implicitly in his or her own words" (Mastain 2006 p32).

v) Patterns in the units are sought to give an overall structure of the experience.

Mastain (2006) interviewed three people she knew about their acts of spontaneous altruism:

• A 45 year-old woman who offered shelter to a homeless individual for a short time (P1).
• A 47 year-old man who helped some homeless children while visiting a Third World country (P2).
• A 43 year-old woman helping victims of a car accident (P3).

Fifteen themes were elicited from the analysis of the three thirty-minute interviews.

1. A sudden awareness or perception of an individual in need - eg: "I think part of what grabbed me, was that I felt like I could have been in that situation if I hadn't had the support of my family. I could put myself

in their situation and wanted to help" (P1) (p38).

2. Identification and empathy with the individuals in need.

3. A compelling desire to alleviate the other's suffering.

4. An assessment of the situation and their ability to help.

5. Awareness and consequent disregard of past conditioning, sceptical thoughts, personal limitations and potential risks involved in helping - eg: "I was kind of worried because I didn't know him. I was a little afraid he might be dangerous... but I couldn't let him move back out to sleep in the park" (P1) (pp39-40).

6. A conscious decision to act on one's desire to help another.

7. An initial effort to assist the person in need.

8. Awareness of the costs to themselves, and a limitation of one's giving - eg: "That was all I could do. I couldn't invite him to live with us. That's what I was afraid of - that if I opened myself more it would be more work, more of an investment, and I wasn't ready for that" (P1) (p40).

9. Increasing connection to and sense of responsibility for the individual's need - eg: "As the week went on I spent every night out with the children and learning more about them. Soon they looked for me to be coming to the park... During the week I became very attached to the children and I found it very difficult to leave them behind" (P2) (p41).

10. Creative processing of more effective ways to help - eg: "I found a local street vendor who I could hire for the night to feed all the children at the park who wanted something to eat. The food was much less expensive than [what I originally gave them] and the children were much more comfortable with it" (P2) (p41).

11. Ongoing concern for the well-being of the individual(s) one assisted.

12. Disappointed in not being able to help more.

13. An increased willingness to engage in additional altruistic acts.

14. A sense of satisfaction (even meaning) as a

result of helping - eg: "I actually looked forward to the daily meetings with excitement and caution. It was fun and exciting and felt good to work with the children" (P2) (p42).

15. An increase in self-awareness and ego-autonomy.

Mastain (2006) then drew out four experiences from the themes:

a) Love - "a sense of pleasure in relieving the suffering of another" (themes 2, 3 and 14).

b) Spirituality - "a deep connection with another" (themes 2 and 9).

c) Creativity - finding creative ways to help the other (themes 4 and 10).

d) Ego-autonomy - "a sense of confidence, inner directedness, and self awareness that grows as a result of the altruistic act" (themes 5, 6 and 7).

Mastain (2006) concluded that her insider view on spontaneous altruism showed these four experiences above combined to produce the motivation to help others. This compared with outsider theories of altruism that explain it as a product of learning and past reinforcements, or as evolved to help kin (ie: same genes), or as a personality trait.

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3. FORMING IMPRESSIONS FROM VOICES

Listeners form impressions of a speaker's personality based only on their voice very quickly, and this judgment influences future interactions [14].

Individuals do not form a full impression immediately, but it is key characteristics that matter. For example, based on listening to reading of passages of text, impressions were formed for dominance, likeability, and achievement (Zuckerman and Driver 1989). Giving an overview of previous research, McAleer et al (2014) felt that two dimensions were particularly relevant - one related to warmth/trust/likeability, and the other, strength/dominance [15]. Decisions about the speaker on these two dimensions links to other connected traits and an overall impression is formed of the personality. "These generalisations allow for rapid – though not necessarily accurate – judgements of personality in an enriched world and, in turn, for appropriate action in terms of approach/avoidance to be taken. Thus, a judgement on the warmth dimension would evaluate a novel person as a friend or foe, whilst a judgement on dominance dimension would evaluate that person's ability to act on their intent. A generalisation from a snapshot image to an enduring attribute appears to hold true for first impressions from faces, and indirectly in voices, using extended speech" (McAleer et al 2014 p2).

McAleer et al (2014) showed that this process occurs in response to one word (ie: less than one second of speech). The word "hello" was extracted from a read passage and used in an online experiment where 320 participants rated sixty-four utterances on ten personality traits.

Despite such limited information, the listeners produced high consistency in their ratings of the perceived personality of the speaker around the dimensions of likeability/trustworthiness (valence) and dominance. "Acoustical analysis reveals that Valence is related to pitch variation, whereas Dominance is related to more stable parameters. Furthermore, first impression of vocal attractiveness in male voices relates to perceived strength, whilst in females, vocal attractiveness relates to perceived warmth and trustworthiness" (McAleer et al 2014 p7).

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[14] Judgments of personality are made from seeing a face for 100 ms only (Willis and Todorov 2006).
[15] McAleer et al (2014) referred to these dimensions as "social voice spaces".

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